OPINIONS OF 45 FAMILIES IN A SELECTED COUNTY RELATIVE TO THE PUBLIC HEALTH NURSING SERVICES THEY RECEIVED

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A THESIS

Presented to the
University of Oregon School of Nursing and the
Graduate Council of the University of Oregon Medical School
in partial fulfillment
of the requirements for the degree of
Master of Science

Spring 1962

APPROVED:

[redacted]

[redacted]

(Chairman, Graduate Council)

ACKNOWLEDGMENTS

Most people desire to be helpful. This was apparent in the process of doing interviews for this study. The families received the interviewer with courtesy and interest and they answered the questions to the best of their ability. The families interviewed made the experience a pleasant one.

Appreciation is expressed to Lucile Gregerson, R.N., my faculty adviser, for her continued support and encouragement and for her assistance with organization and editing of this thesis. Acknowledgment is given for the kind assistance of other faculty of the University of Oregon, especially Dr. A. Weinzirl and Dr. J. Phillips.

Acknowledgment of the kindness and interest of the administrative and nursing staff of Marion County Health Department is made. Dr. W. J. Stone and Mrs. Bernice Yeary, R.N., graciously gave permission for the writer to do the study and they with their staff gave every assistance and encouragement during the time the interviews were done. This attempt to have the consumer contribute to the improvement of his community nursing services is submitted with the hope that it can be a helpful means of evaluation of nursing services for the agency.

Grateful acknowledgment is made to Vera Wolcott as the typist and to the friends and co-workers who gave freely of time and suggestions at various stages of completion of the thesis.

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CHAPTER I

WHAT IS THE PROBLEM

The nursing profession had a delayed start at the beginning of the century when professional education had its most vigorous growth. Writers agree that there has been significant progress (11). Leaders in nursing have been encouraging research by many people in many aspects of the profession. Most of the studies fall in the area of applied research and deal with the functions of nurses, job satisfaction, and aspects of nursing services. The study of the patient, or consumer of the services, with nursing viewed in its relationship to him has had less attention (1). As reports of findings in this latter group of studies are available, some of our basic assumptions in nursing appear to need changing. Dr. Abdellah points out that the patient has told us he wants professional nursing services, wants to be treated as an individual, wants explanation of his care, and wants to be a partner in planning his care. The human relations skills of the professional nurse are important to him (1).

The implications for the nursing profession of the studies of the patient with nursing viewed in its relationship to him have been the subject of many articles and much discussion. Most of the studies reported have been those in which the patients were or had been hospital-

ized and nursing as carried out in the hospital was the area studied. If we apply the concept that nursing helps patients and families to solve health problems (1) or if we nurse the "whole" patient, aspects of nursing in the home should be included with the above studies.

Lucile Petry Leone, in the foreword of Patient-Centered Approaches to Nursing (7), says that nurse and patient should conceive the continuity of his care pre-hospital, hospital and post-hospital. She states that present patterns of organization, administration and education do not allow this. The physical aspects of care have been stressed; now we need to stress others such as the patient as a whole, or comprehensive care. Dr. Faye Abdellah, one of the authors of the above mentioned book, introduces some of her ideas by focusing our attention on the challenge of the changing population. She points out that hospitals of the future are community health centers and that hospitals and public health personnel plan jointly as to how the patient needs are best met. She encourages coordination of facilities, staff, and services as in progressive patient care in which the fifth element is hospital-based home care programs. She indicates that the nurse's role as an assistant to the physician is increasing and this can be carried out in the hospital or the home. She observes that home care reduces need for hospitalization and reduces need for provision of more hospital beds (7).

Many studies and evaluations of public health nursing services and programs have been done, but there seem to be few reported studies of the consumer's opinions. This is the area of the proposed field study.

Mrs. Marie Cheatham, a citizen, gave the consumer's point of view (12) at a meeting of public health nurses in Little Rock, Arkansas. She indicated that families have many nursing needs. The families in the home in the less dramatic situations should have an opportunity to say what they would like in community nursing services. Do these patients and their families feel that the public health nurse helps them solve their health problems? Would a study of the consumer's opinions of public health nursing services have implications for instruction in this area?

It is anticipated that the study will show if families in Marion County, Oregon, find public health nursing services helpful to them. It may be hypothesized that there will be identifiable differences in the opinions expressed by families who have received public health nursing services. Age, education, and number of contacts with the services are all variables which might influence the replies of the informants. Other influences could be the family income, the size of the family, and cultural patterns.

LIMITATIONS

This study, done by interviews in the homes, was limited to patients and their families of the public health nurses of Marion County Health Department in Salem, Oregon. It was further limited to those families which had had their services primarily through the home visits of the public health nurse and had had two or more visits by her within the two month period prior to the time of the interviews. It is generally accepted by public health nurses that one home visit may not

give an adequate opportunity for the nurse to build a relationship with a family; therefore, the limitation which designated at least two visits. Home visits are a chief characteristic and a different aspect of public health nursing from other areas of nursing; thus, the home visit was chosen.

It is recognized that the personality, preparation and experience of the nurse who gave the services influences the opinions of the family regarding services received, but this study is not concerned with the individual nurse; for the purpose of this study those factors will not be considered. All interviews were done by the same person using the same tool for all. Both the interviewer and the tool may have limited the study further. The study is valid only for the area surveyed.

ASSUMPTIONS

It must be assumed that families have opinions and will express them accurately according to their concepts of the services received. Opinion studies are generally considered to show bias toward favorable responses; this bias, it is assumed for this study, will be equal for all items.

IMPORTANCE OF THE PROBLEM

Lyndall Birkbeck, in a paper presented at a regional conference for public health nurses in Portland, Oregon, in June, 1960, and reported in the January, 1961, issue of Nursing Outlook (10), stimulated thinking on the importance of clarification of "needs." She asked if public health nurses were meeting the agency needs, the program needs

or the nursing profession's needs. She pointed out that surveys produce factual information but may not identify needs. She quoted from one study which defined nursing needs outside the hospital. Miss Birkbeck emphasized the importance of all levels of personnel participating in studies and commented favorably on the renewed interest in evaluation of services and determination of meeting public health needs (10).

There are reports in the literature of progress and satisfaction regarding utilization of hospital nursing services in the demonstration progressive patient care plans. This grouping of patients according to medical and nursing needs should include a hospital based home care program. The number of these home care programs has increased and probably the number will continue to increase. Several pilot studies incorporating home care financed by insurance plans have been reported as highly satisfactory. In a report given at a hospital administrators' meeting, Dr. Vance M. Hoge of the United States Public Health Services, made the comment that home care is the least expensive service to provide and is used the least. With the continued rise in medical care costs he suggested that this program be explored (13).

The increased demand for public health nursing services has created staffing problems for most health departments. Both budget and personnel have been lacking. An opinion poll of families who have received services may give some ideas about the services which families feel are important and which they feel can be most helpful to them.

Such information would have implications for the preparation of nurses and for the nursing services offered to families.

Marion County Health Department is a tax supported governmental agency. There is no means test, as such, and services are available to all residents who wish to make use of them. No survey or study of the opinions of families of the public health nursing services received has ever been done. It is important for a tax supported agency to assess its effectiveness periodically. The agency does evaluate its programs yearly and make changes as seem indicated. These changes are made in the light of the staff's opinion of effectiveness with the helpful consultation of state public health personnel and the needs pointed up by statistics. It is important to the agency to have the consumer's point of view.

PROCEDURE FOR SOLUTION

Preliminary steps were obtaining official permission of the administrative staff of Marion County Health Department to do the study and verification of interest in the study of the public health nursing staff through discussion of the project. A letter of introduction signed by the health officer and director of nursing services was provided for the interviewer to use as seemed indicated.

The primary source of data was the family interview. The investigator received administrative clearance to utilize health department files as a further source of data. Information regarding number of family members, kinds of nursing services and source of family income were obtained from the family record on file in the health department.

Family names and addresses do not appear in the report.

Approximately 50 interviews were planned. This number is the average caseload of active service families in a public health nurse's area in the county. Due to the absence of several staff members during part of the time previous to the study, the staff nurses felt that there probably would be about 60 families that would have had two visits in the two months preceding the study. If the number of families would have been greater than the number of interviews planned, a random sample would have been chosen from each major district of the county. The number of families which met the requirements mentioned and could be interviewed was 45.

Two questions considered in defining the problem were regarding helpfulness of public health nursing services and possible implications opinions could have for instruction of the public health nurse. They were used as a basis for construction of the tool - an interview guide. These questions lead to many others, some of which may be outlined in this manner:

A. Are families who are receiving public health nursing services satisfied with the service?
    1. Do they feel the service is helpful?
    2. Is the service available when most needed?
    3. Does the nurse do what they expect she will do?
    4. Do they want the service that is given?
    5. What else would they like the nurse to do for them?

B. What do patients and their families feel public health nurses should do?

1. Have they had information from the nurse about illness and accident prevention?
2. Are principles of health preservation discussed?
3. Do they want the nurse to care for them in the home?
4. Did they know about the public health nurse before she visited them?
5. Should the public health nurse be available only to those receiving financial aid from welfare organizations?

C. What implications for instruction in public health nursing can be found from these opinions?

1. Does she help the family recognize their health problems?
2. Do nurses start working at the patient's level?

D. Do families see evidence of the accepted tools and skills of nursing in the home visits?

1. In communication?
   (a) Does she observe and listen?
   (b) Do patients understand what she says?
2. In relationships?
   (a) Is the nurse pleasant?
   (b) Does she establish a helpful relationship with the family?
3. Have the patient and his family learned about the community resources from the nurse?

4. Does the family feel that suggestions are practical?
5. Does the family recognize the health teaching done by the nurse?
6. Does the nurse work with the family physician?

This interview study should have answers to some of these questions for the limited area of the study.

The interview guide was validated by three methods, namely, review by appropriate persons, sample interviews, and use of literature. The tool was reviewed by 11 public health nurses for appropriateness and content. The original tool was rearranged and reworded using some of the suggestions received. It seemed appropriate and should get the information needed. Four sample interviews using the guide were done. The first was with a public health nurse who had been ill and had had public health nursing services. Thirty minutes' time was needed for the first sample interview. Some changes in the guide were made following this interview. Two other sample interviews were done with families from Marion County. A fourth sample interview was done by another public health nurse in another county using the same limitations as for this study. These sample interviews were not included in the report.

A third way the tool was made appropriate was by comparison with tools of related studies, by analysis to insure that questions asked were within the scope of public health nursing functions as outlined for public health nurses by the American Nurses' Association (8) and by referring to Ruth Freeman's book, Public Health Nursing Practice, a standard text in the field of public health nursing (15), and by com-

parison with the annual report of Marion County Health Department to be sure all items were within the scope of services offered.

The data recorded on the interview guide were analyzed statistically. Responses to the open ended questions were tabulated according to frequency of the response. Suggestions made by the families were grouped and tabulated. The families' opinions of satisfactions and their ratings of importance of areas of service were tabulated. Education, age, income and other statistics were related to the responses given.

It was anticipated that this interview study might reveal that services thought to be important because statistics point out a health problem may not seem important to families at all. This has implication for program planning in the agency. Families might feel that nurses do not talk to them in language they understand and do not listen to them. This has implication for preparation of the nurses to work with families. Another probable outcome could be a request for more services; this demand is known to be increasing.

No widespread deductions can be derived from opinions of this small number of families. There are, however, some possibilities which could result. One of these could be a definite need for study of continuity of patient care which would involve doctors and hospital nurses as well as public health personnel. The public health nurses in Marion County have felt there has been a need for this. Some hospital nurses in the country have also expressed this. The experiments of hospitals throughout the nation with progressive patient care and hospital-based

home care show the acceptance and advantages of these services in continuing patient care. Maybe public health nursing services should have a different emphasis. It is felt that more studies of the nature of this one should be done in a variety of areas and including larger numbers of families.

OVERVIEW

A review of the literature and related studies is presented in Chapter II. Chapter III describes the conduct of the study. Findings and interpretation of the results are described in Chapter IV. A summary of the study, conclusions, and recommendations are presented in Chapter V.

CHAPTER II

WHAT OTHERS HAVE DONE ABOUT SIMILAR PROBLEMS

The use of consumer opinion to improve a product or procedure for public consumption is as old as people. Whether it is an Indian blanket, a loaf of bread, or the laundry, the consumer's opinion influences. The satisfied customer is the good advertiser and the dissatisfied one is the opposite. For too long hospitals and nursing services have not given the consumer, the patient, an opportunity to help improve his nursing care or accommodations at the hospital. Patients come to hospitals because they need to and really have little choice in the matter. Hospital administrators have tried to improve physical facilities and by use of questionnaires or opinion polls have tried to determine dissatisfactions regarding food, noise, heat and other such items. They have found that sources of misunderstanding and satisfaction could be located and a course of action to improve the situation was often easy to work out (27).

During and after the Second World War the increased demand for all kinds of medical and nursing services brought many problems; the need for study of the situation was recognized. A brief review of a study done in 1947 by Margaret Randall, an instructor at the University of Minnesota School of Nursing, appeared in the October, 1947, issue of Hospitals (27). She indicated that hospitals and nursing service should

concern themselves with patient opinion in order to locate sources of dissatisfaction and misunderstanding and then should use the information to improve services. Patients then would be interested in contributing time, money and energy to support hospitals in the community.

Few hospitals used cards or questionnaires for follow-up purposes at the time of this study, so comments were selected from the results of interviews with patients and from the most frequent complaints made to the nurses. From this information the psychology department of the university constructed a questionnaire. After trial on a sample group, the questionnaire was sent with an explanatory letter to the first one hundred patients discharged from four cooperating hospitals after a designated date. A 75 per cent return of questionnaires was accomplished by two follow-up letters. Only 15 felt they did not receive satisfactory care. And though 273 said they were satisfied, they indicated areas of dissatisfaction. The area which received the highest percentage of dissatisfaction was that of information about how to take care of themselves after they were home; patients said they had not been given this instruction. It might be questioned if the patients really did not receive instruction or whether it was not understood or not given at a time when the patient could hear and remember what was said. The author indicates that teaching the patient is a responsibility of nursing. Another finding was that patients wanted hospital schedules explained to them.

Sister Mary Agnes Pencok in 1954 followed the pattern of Miss Randall's study except that the patients were from the medical and

surgical units of a selected hospital. The tool was adapted from the one previously used and findings were similar. She concluded that the quality of nursing care determines whether patients will support a hospital and the reputation of the nursing care builds up or tears down a hospital. She found that patients look for courteous, gentle and considerate care, for security, for skillfullness and for understanding, personal interest. Many of the areas which caused complaint were visiting hours, rest (awakened too early), food and noise, and were recognized as something the nurses could do little to change. The hospital was able to make 22 improvements in services and it was felt this proved the merit of obtaining patients' opinions. Sister Mary Agnes recommended that surveys of patients' opinions be carried out periodically (26). Patients do feel that the hospital routine takes precedence and they resent the fact that they are not allowed to be "human beings" with individual problems. Edward L. Bernays, a public relations consultant, also found this to be true in his study for the American Nurses' Association (9) started in 1942 and reported in a series of articles in the American Journal of Nursing during the subsequent five years.

By far the most extensive and best known study and one in which patients participate by helping to evaluate their nursing care was started to try to resolve the problem common to all hospitals and other agencies which gave nursing services, namely, "shortage of nurses." In 1953 the Cleveland hospitals asked the United States Public Health Services, Division of Nursing Resources, to try to find out

why there was all this feeling of pressure of "nursing shortage." In 1956 each hospitalized person received 4.8 total hours of nursing care in a 24 hour period in contrast to 3.3 hours ten years before, but the complaints about nursing care had increased (2). Cleveland hospitals were giving relatively high hours of care. "How can patient and personnel satisfactions with nursing care be measured?" was the first problem. A research team composed of a nurse, a psychologist and a statistician started to work in three Cleveland hospitals to try to develop an instrument for measuring satisfactions with nursing care. Patients and personnel participated by indicating areas of satisfactory or unsatisfactory care. In addition to data obtained by questionnaires, interviews were held with small groups of the patients and of personnel. It was found that patients were more communicative if the interviewer wore a nurse's uniform and personnel were better respondents if the interviews were held off of the unit. Anonymity of the respondents was continually stressed (3, 4, 5).

Validity of reporting was accomplished by having the personnel indicate the patient on which the event occurred. Thus, the item of late medication which was noted by a patient was corroborated by the personnel report. Analysis of data was done by grouping reported events according to similarity and tallied by the number of times reported by patient and personnel. A checklist of 100 items according to frequency was compiled for patients and personnel (3, 4, 5).

The field tryouts of the checklist included a rating scale for each event. One of the most frequently reported unfavorable nursing

events by patients was, "I was not told anything about my treatment by my nurse." Among the events given most important ratings by patients were, "My nurse was especially nice to me." and "My nurse was very much interested in me." One of those designated as least important was, "I see too many different nurses." (4). The interpersonal relationships or nurse-patient relationships were deemed important. This was also brought out in Bernay's study (9).

The sample was too small to make any generalizations, but date provided the hypothesis for the next step. "The null hypothesis - there is no relationship between total nursing hours and patient and personnel satisfaction." The hospital, in the study which had the lowest total nursing hours, had the most favorable scores on the checklist. The hospital did provide the highest number of professional nursing hours (2, 4, 5).

From the patient's point of view three things contributed to his dissatisfaction with nursing care: (1) insufficient time to explain treatment to patient; (2) insufficient thought to patient and family needs; and (3) insufficient time with patient. From the personnel point of view the following made for the feeling of nurse shortage: (1) excessive patient noises; (2) interference from visitors; (3) incomplete records; and (4) insufficient attention to patient needs. Patients and personnel noted many of the same things as being very important (2, 3, 4, 5).

Results from the preliminary study were helpful. The tool was re-evaluated and a manual was developed so the same study method could be

used on a bigger scale (3, 4, 5). A large number of hospitals participated in the next study and such variables as hospital ownership, total nursing hours, total professional nursing hours and size of hospitals were identified. Data were put on punch cards and processed in two categories, one to test the hypothesis and the other for individual hospitals. Those hospitals that participated were given reports of findings and were given an opportunity to outline an action program (4, 5).

The findings showed that the amount of professional nursing care provided has a positive influence on satisfaction. Another fact that stands out is that patient and personnel satisfaction with patient care increases with age. The younger the person the more dissatisfaction was noted. One half hour daily of more professional nursing care showed higher satisfaction with nursing care (2, 4, 5). The study indicated the main events contributing to the feeling of nursing shortage and gave clues for improvement: the patient (and professional nurse) wants more professional nursing time; total nursing care hours, unless professional, has little effect on satisfaction; hospitals now have a measure of satisfaction that they can use to compare themselves with other hospitals (3, 4, 5).

A direct result of these studies has been efforts to make better use of professional nursing services. One of these is to group patients according to nursing needs and is called progressive patient care. There are five groupings, four of these are in hospitals or nursing homes, and a fifth is a home nursing care program probably hospital

based. Patients and nurses are enthusiastic about progressive patient care, but it is too new to have studied all the problems or benefits. There were several other goals when Manchester Memorial Hospital in Manchester, Connecticut, was selected as the hospital where the basic research could be carried out (6, 14).

Although the home care phase is not part of the Manchester Hospital study, a report made by Dr. Vance M. Hoge at a hospital association meeting (14) urged that it be included. He pointed out that it is the least expensive of all the services and the least utilized at present. He said that nursing in evaluating its services is in the position of having home care - where nursing started - recommended.

Home care, as described today, is an extension of the hospital care into the home to assist the physician with the care for his patient. Effective patient care directed toward the total needs of the patient requires better community planning. If a home care program is hospital based, the hospital is the center of care, but public health workers in the community participate in home care plans. According to Dr. Jack C. Holderman (21), health departments are well equipped to assist with long term care and home care aspects of progressive patient care. "By virtue of the multi-disciplinary character of the health department staff and the focus of their training, they are accustomed to working as a team." He says that health departments have a major role to play in the development of community resources and especially this one. Austin Smith, the editor of the Journal of the American Medical Association of April, 1958, advocated the home care program (31)

and pointed up the same things brought out in the Manchester Hospital report (6, 14), specifically that the patient is in the hospital less time when home care is available and the financial outlay is less.

A demonstration of a home nursing care program was done in a pilot study by a private hospital, two visiting nurse services and the Blue Cross in Denver, Colorado. The study was done to determine whether selected patients of private physicians from a general hospital could be discharged earlier if they were referred to a visiting nurse service. Would this result in more beds for acutely ill patients, benefit the patient through an earlier return to his home and lower case costs to Blue Cross? Promotion of continuity of nursing care was also a goal (22). This was not an organized home care program, as defined by the Public Health Service, in which certain hospital facilities were available in the home.

A public health nurse coordinator was assigned to the private hospital and served as liason between agencies, hospital and physicians. A Visiting Nurse Referral form and the Report of Nursing Visit form were set up for the transmission of doctors' orders and to expedite communication. Questionnaires for physicians, public health nurses and patients were set up to evaluate the response of patients to early hospital discharge. Head nurses were the key people for selection of suitable candidates, and the physician was approached by either the head nurse or the home nursing coordinator. Patients were oriented to the plan by the coordinator after selection by the physician. Patients who had home visits subsidized by Blue Cross and also non-subsidized patients

were included in the study.

After about six months it was noted that lack of provision for payment of medications, laboratory examinations and dressings was a deterrent to the referral of patients with Blue Cross so it was decided to include this coverage. After dismissal from the home nursing care program the questionnaires were sent. The physician estimated the days saved and this was reviewed by the medical auditor. Estimates thought unreasonable were revised.

The range of classifications on specific diagnosis was wide and the nursing services were those usually offered by visiting nurses with the addition that in this study, blood was drawn for laboratory examination. The estimate of 1701 to 1783 hospital days saved was for 153 patients and 201 beds were released by their early discharge. The patients in the study were asked if they would have the service again and if the home nursing met their needs, and the great majority responded in the affirmative to both. A much smaller group had known that home nursing services were available for those who could pay. The probable saving to Blue Cross was $266.06 for each patient. Physicians indicated satisfaction with the plan and a great majority (67 out of 73 who responded) plan to continue to refer selected patients for home care.

The general consensus of all who participated was one of satisfaction. There was a greater awareness of the problems of medical and nursing care and the costs to the individual, the hospital, the insurance companies and the community. Advantages of this plan seem to outweigh the disadvantages, and the interest of the community that it be

extended were to be considered (22).

The Detroit Visiting Nurse Association is also developing a pattern for organized home care and the Blue Cross has participated in this program. This is more recent than the pilot study done in Denver, Colorado, but patients and all personnel are as satisfied with the results as in the pilot study. Miss Emilie G. Sargent, reporting on the study, indicates that public health nursing not only has "a contribution to make to the coordinated home care movement, but has an obligation to work for the extension of public health nursing care of the sick throughout the country." (29)

Margaret Wiles prepared a report of a study done by the Department of Public Health Nursing, National League for Nursing, which reviewed many of the facts relating to health insurance and the various kinds of programs which are providing or planning for provision of some sort of home nursing care services (33). Several programs were reviewed. All report patient and personnel satisfaction for services received with more rapid recovery, less expense, saving of hospital beds and inclusion of cost of services in prepayment plans. These are some of the implications from this report: public health nursing agencies must be willing to share in the work of getting home nursing care programs started as well as in the results; they must be willing to be a part of experimental studies and devise new ways of providing nursing services in the home; public health administration has accepted the responsibility for helping to develop and strengthen community health services, now public health agencies must enlarge to include activities that will expand

nursing services through prepayment plans.

A study more closely related to this paper was initially reported in the June 1961 Nursing Outlook (18). A random sample of twenty families was chosen from the case load of each of the nine staff nurses of a county health department. These were families that had been visited within a four month period. Four trained interviewers were assigned families from each nurse's case load. The primary focus of the study was on how the families perceived the public health nurse and her services.

Each interviewer directed four questions to one family member; the same questions asked in the same order were used by all four interviewers. The trial tests of interview questions had shown that families did not respond to questions which were concerned with what families did not like or ways the nurse did not help. But suggestions of adverse criticism were obtained in some of the answers to the questions used. Replies were not restricted and were recorded by the interviewers, and later the replies were categorized and tabulated. After the interviews were completed the nurses were asked two questions similar to those asked of families; hence there were family and nurse responses to two of the questions.

It is noteworthy that families gave the impression that they wanted more bedside nursing and rehabilitation service and expressed pleasure with the bedside nursing received. Families might not clamor for these or other services, but would use more services if available to them. The study also brought out that families generally do not confuse the

nurse with other professional workers and when they do, they connect her in some way with her proper functions (19). It is unfortunate that the highest percentate (21 per cent) of the replies of families to the way the nurses helped them could not be classified. Responses, in order from largest to smallest number said the public health nurse helped them by appraisal, health teaching, referral, provider, practice, and counseling. It was mentioned that verbal habits of patients made it hard to know how to classify some responses.

The choice of the most important service by the family and by the nurse were reversed for the first two choices, the same for the third and all different for the last three services. The nurses thought that families would feel the first two services chosen by the families would be the ones they did choose, but none of the others matched, and the rank order of families' desires for services did not match that which the nurses thought they would want. It would seem that the nurses' ideas of families' choices were not accurate. The nurses' rank order may have been what they thought was needed by the families. Data from this study have not all been analyzed.1/

Another study in which patients were asked to give their ideas about services received was done at Firland Sanatorium in Seattle, Washington (32). It was started in 1951 and the report was published in 1955. D. W. Zain, M. D., Medical Director, said the study motivated the staff to self appraisal and change. He noted that the study

1/From a personal letter to the writer from Mrs. Ann C. Hansen, dated August 1, 1961.

has had great impact and the hospital has profited. "It taught us many valuable lessons and directed us toward many gainful attitudes of attack in our continuing struggle against this still dangerous and treacherous disease, Tuberculosis." Some of the major changes made were relocation of doctors' offices to the wards to be available to patients; nurses and all workers tried to show their interest in the patient; a special orientation was carried out for each new employee; and conferences were held with each patient to help him learn about his condition and about tuberculosis in general.

The purpose of the study was to try to find out why so many patients left the hospital against medical advice. The hypothesis they wished to test was, "If the entire hospital staff were made aware of aspects of total patient care which gave satisfaction or dissatisfaction, they would make an effort to modify their practices to bring about increased patient satisfaction and cooperation with prescribed treatment." It was assumed that a patient who is satisfied with his progress and care, is "reassured about his family's needs, and is adequately informed about the disease is less inclined to leave the hospital against medical advice."

The study was undertaken by the Department of Public Health and Preventive Medicine and the Washington Public Opinion Laboratory, both of the University of Washington. A questionnaire of 105 items was constructed. All services of the hospital were represented and were consulted in the preparation. Patients participated in the distribution and collection of the questionnaires. Most patients who were able to

do so completed the form. The various staff members had suggested the scores they would need to make poor, fair, acceptable, and very good responses. Each department received the report for its own group.

Findings seemed to indicate that most patients had a high degree of understanding about the disease. They were most frequently worried about the future. Most of the responses exceeded the scores set up by the staff except in the care received. Fifty-two patients took the opportunity to comment unfavorably about their conferences with the physicians. The write-in comments about nursing care pointed out that they felt the nurses were not interested in them, did not help them rest as they did not smooth sheets and did not encourage them. They mentioned that there was favoritism. Some of the services such as social service and vocational guidance were not understood by the patients. The patients took the opportunity given them to express their opinions seriously.

The chief of one of the medical services said that the staff was surprised and "red-faced." They had not realized that they were not interested, unwilling to listen or explain details, and did not spend enough time with the patients. They have accepted the criticisms and met them with the appropriate action. And now they are awaiting a supplementary report to see if patients' criticisms will again "rear their ego-deflating heads."

A study, done in 1955 and 1956, of the use parents make of public health nursing services is reported in the Nursing Outlook (34). Social science students did a structured interview of 1805 mothers whose babies

were three to six months of age. The interviewers asked what the health practices were, and what the family knew and used of the public health nursing service. Complicated, abnormal and out-of-wedlock births were not included in the study.

It was found that many were not aware of the public health nursing services and the families suggested that there should be a more effective way of reaching potential users. Those conducting the study found that direct referrals on the basis of need were more desirable and requests from families next, but this latter was related to the awareness of the service. Hospitals could and should give information about the health department services. Cards could be given for the patient to request the services they wished. Four out of five of the families had had only one visit by the nurse and it was suggested the birth certificates be used to set up priorities for visits. Socio-economic status was found to be inversely related to infant and child morbidity needs and for desirable health practices. The conclusion was that maternal and child health public health nursing services were needed but should be reorganized to meet today's needs.

It would be of interest to know if other studies would confirm the findings of Alfred Yankauer and staff - especially that socio-economic status is inversely related to desirable health practices. Or do persons of higher socio-economic status know the correct answers and supply them without regard to their real practice?

In another series of structured interviews done by nonmedical persons and reported by some of the same persons involved in the above

study, mothers were asked about the parents' classes they had attended and about delivery of the baby (35). The babies were two to three months old when the interviews were done. The interviewers found this a good group to question. The interviews were done in a county in which 25 per cent of all primigravida attend parents' classes.

These mothers said that the parents' classes contributed to their general understanding and inferred they wanted a better understanding of themselves. They felt that they profited most when they chose the subjects to explore. They did not feel that classes on the layette, formula making, and nutrition were as helpful as those on pregnancy, delivery, and care of the baby. They felt that discussion of the first few days they would be home from the hospital should be included.

The apparent needs which were expressed were not such new ideas but it was new to have the consumer express them. They were practical needs that could be met within the framework of most maternal and child health services.

The interviews showed that more needs to be done to relieve mothers of concerns and anxieties during pregnancy. This is not done merely by demonstrating techniques. Mothers need to express themselves and share in supporting group settings. Mothers should not and need not be left alone while in labor; most want their husbands with them. Hospital rules can usually be regulated to accomplish this. With early hospital discharge most of these mothers need household help for a few days. This could be a public or private community service that may need to be set up. The findings of this study give definite leads for improvement

of services according to the felt community needs.

Margaret L. Shetland approached the consumer of public health nursing services as a way of exploring curriculum development (30). Groups of people were contacted about their expectations of public health nursing. The area of relationship between physician and public health nurses showed that physicians thought the public health nurse did not contact him and seemed to use those things patients told him the nurse had said as a basis for some of his ideas of public health nurses. The doctor did indicate that he thought patients liked nurses. Physician and public health nurse's relationships was indicated as an area for further studies.

School personnel expected the public health nurse to diagnose and treat the poor. They had little respect for the parents' responsibilities for their children's health, and the teacher did not have much idea of her responsibility in an active health program. The comment was made that those nurses working in schools can not expect school personnel to have a philosophy of a school health program; the nurses must have skill in interpreting their job.

The direct and indirect consumers were asked what they expected of public health nurse services and whether the nurses were close to meeting their needs. Some were interviewed in groups and some individually. "All types" were included and repeating of responses indicated that the numbers were adequate. Interviews were done by faculty, statisticians, a public health nurse and five student public health nurses. The interviewers wanted to sell public health services and had a hard time keep-

ing in their role.

The study reports 428 interviews in twelve groups and 62 homes of middle or poorer class people in five small areas. One hundred fourteen persons had had services; 96 were satisfied; ten were dissatisfied and eight said no services were needed. The concept of public health nursing was limited to their experiences with it. The interview was unstructured and the questions were "What Happened?" and "How liked?" Answers were that the nurse was kind, helpful, showed how, "did things," referred, and they could talk to her. Some families did not know what she was doing.

A review of the comments made by families in the homes yielded clues for consideration. Meeting a need the family can identify, feeling that the nurse was truly interested, and feeling that she knew her job were satisfying aspects. Other comments were that they felt the nurse thought she knew it all, that she frightened the family, and they did not understand what the nurse was doing. Such comments indicated lack of competence. The family accepted the nurse if she worked with a need they saw and if she respected them and their views. Families wanted the nurse to come more often and to do "everyday little things" as dressings, and make the bed. They did not differentiate these from their need of medical care or a wheelchair. Being cheerful and pleasant was important to them.

The groups were each done differently; reports show concern with the kind of person the nurse was as well as the professional skills. All brought out the need for communication skills as well as need for

ability to establish and maintain constructive relationships with a variety of people. A wide variety of specific professional skills was identified.

Responses of consumers and co-workers are related to the way the nurse works rather than to skills. A summary of all indicated that the nurse must seek personal development and abilities to form relationships; her activities, abilities and skills are expected; a body of organized knowledge is needed and methods to implement it (methods of teaching).

The studies reviewed amply justify seeking opinions of the consumers of nursing relative to the effectiveness of services available to them. Participants of these studies have offered many suggestions that have improved and expanded existing services or have implications for improvement and expansion of present facilities and activities. It is quite apparent that closer collaboration between hospital and community health services is essential if current needs are to be met. Participants of pilot programs of home care have helped to indicate trends, clarify problems, and designate needs. Hospitals, schools of nursing, and all health agencies need to re-evaluate their goals in the light of the needs being expressed by and for the consumer of nursing services.

CHAPTER III

HOW THE ANSWERS WERE OBTAINED

The agency selected for this study was Marion County Health Department, a city-county agency, located in Salem, Marion County, Oregon. Its board of directors represents the various groups who contribute toward the budget of the agency; these include tax supported groups and some voluntary agency support. An active, interested citizens' advisory group has representation at the meetings although no vote (24). Committee representatives from the medical and dental society also meet with the board in an advisory capacity. The agency staff, especially those in the administrative positions, have been relatively stable and well prepared. Population increase and added demands for services have continued so facilities and staff are always needing expansion.

There are ten staff positions, a clinic nurse and assistant who help with clinics outside the Salem office and do much of the home nursing care within the Salem area, a supervisor and a director of nurses. The agency is used for field experience in public health nursing. Students from the University of Oregon are in the agency for a full quarter and give services to a small case load under supervision of a staff nurse, who acts as a student adviser, and a faculty member from the school of nursing. The nursing services follow a generalized pattern and include school nursing services. Home visits are made by

the nurses for all services and home nursing services are given on a demonstration basis and a limited number of families are given direct nursing service in the home. All public health nursing home visits are made by professional nurses or professional nursing students.

Marion County, along with other counties of the state in the 1920's, had a very high maternal and infant death rate. Money from the New York Commonwealth Fund was obtained to conduct demonstration services in the needed areas. Marion County Health Department became a demonstration center. This demonstration was carried on from 1925 through 1929 (13). Budget needed to continue the improvement of services given the mother, baby, and preschool child gradually were taken over by the agency. Citizens were aware of the advantages of the services and of the gains made as shown by decrease in death rates of mothers and infants. Citizens and the agency have continued their interest in this and in all aspects of community health and in the education of public health workers.

Marion County is one of the smaller counties in area (25) in the state and one of the larger ones as far as population is concerned. Salem is the only city of any size in the county, but the smaller cities which are incorporated were considered urban areas in the study being reported. The suburban area was the immediate district surrounding the city of Salem but outside the city limits. The rest of the county was considered rural. Salem is the capital of the state and many of the state institutions and most of the state offices are located within the county. This city is the main shopping center for all

the county and much of several adjacent counties. Lumbering, previously a principal industry, is being replaced by other enterprises due to depleted timber reserves. Agriculture, especially the variety crops of berries, beans, nuts, and such is becoming more important. This brings in the migrant worker and gives seasonal employment in the fields and in the food processing plants. There is a permanent group of inhabitants, but the migrant worker group is considered the largest minority group which has specific social and economic problems and whose health problems have challenged the community and the agency.

Permission by administration to conduct the study (See Appendix A) was graciously given; the interest and cooperation of the entire staff was apparent at all times.

The home visit is the area in which the public health nurse functions differ from other fields of nursing. It was decided to interview families who had had home visits by the nurse. One of the purposes of the study was to determine if families having public health nursing visits in the home valued the interpersonal relations, communication, and other skills and nursing services as indicated in Dr. Faye Abdellah's studies of hospital nursing services.

Public health nurses help their patients in clinics, offices, and other areas as well as in the home visit. The unit of service is the family, and Marion County Health Department nurses are encouraged to utilize a family centered approach. Public health nurses are not the only group who feel the importance of knowing the family. Aline F. LeMat emphasizes the need to know the family in order to know the

patient (23). She points out the change in social structure and adjustments families are having to make and indicates they expect much of the public health nurse.

It is not always possible to build a good relationship in one contact, so it was decided for purposes of this study to interview those families which had two or more home visits by the public health nurse. There could be many more than this number of visits and could be other kinds of contacts with the nurse. No effort was made to segregate families visited by students in public health nursing from those visited by regular staff members as the students gave similar services, worked in all areas of the county, and were closely supervised by staff advisers and faculty. All were considered on an equal basis. It was indicated in other studies that patients forgot about services received and likes and dislikes if too long an interval lapsed between the time the service was received and the time inquiry was made (2). Accordingly, it was decided to interview families that had had two or more home visits by the public health nurse within two months preceding the time the interviews would be done.

The agency records reveal that each nurse would have from 35 to 50 families in her active case load. This was set as the goal for the number of interviews to be done.

For the purposes of this study the interview, as primary source of data, was chosen rather than a mailed questionnaire. There were several reasons for this. One was that explanation of the meaning of a question could be given when needed. Another reason for choosing inter-

views was that opinions of families who might not have had much education could be obtained. The families' reading and writing difficulties would not deter them from participating; thus, a more representative result. Another reason was that interviews are a primary source of data and are considered more reliable than the mailed questionnaire due to the face-to-face situation (28). This would be a survey type interview to get information, and the interview would follow a guide in order to get all information desired and the same information from all the interviews. One person would do all the interviews. A secondary source of data for this field study was the family service record - the official record of nursing services given the family by the public health nurse in the agency.

After the characteristics of the families had been decided - those having two or more home visits within the two months prior to the interviews - the staff nurses of the agency were alerted to these so they would be aware of the families which they had in their case loads which would meet these specifications when the time came to do the interviews.

The tool, an interview guide, consists of four parts although it is not arbitrarily divided but is set up to make a logical and spontaneous interview. The first part consists of general identifying information such as family makeup, kind of services, income and other such facts taken as much as possible from the secondary source, the family service record. This was completed at the time of the interview as needed. The second part is composed of 11 open-ended questions which obtained such information as how families learned of service, what ser-

vice families requested, who should get services, what was liked and disliked about the services and suggestions for improvement of services. A third part is a questionnaire with the interviewer asking the questions and getting a "yes" or "no" answer from the interviewee. This third part may be subdivided into such areas as interpersonal relations, communications, health information or education, nursing services, and general information. There are 46 of these items and favorable or unfavorable answers could be given to each. The final part is a rating scale seeking opinions of the importance of twelve areas of service. Directions for the interviewer are designed so that all interviews would be conducted in as near an identical manner as possible even if by more than one interviewer. A sample introduction and further instructions are at appropriate places on the interview guide. Directions and a copy of the tool are in Appendix B and C.

The guide was initially set up with the aid of the following resources: the public health nurses' functions relating to care of individuals and families, outlined by the Public Health Nurses Section of The American Nurses' Association (8); the public health nurses work with families discussed by Ruth Freeman (16); the outline of public health nursing programs of Marion County Health Department (24); questionnaires and other information gained in review of other studies and reference material (17, 26, 27, 30, 32); and experience gained by the investigator in the practice of public health nursing as a member of the staff of Marion County Health Department. Eleven public health nurses in various positions reviewed the guide for appropriateness and

content. From the suggestions made, the tool was reworded and rearranged somewhat. Following this revision it was reviewed by four public health nurses and utilized for one sample interview of a family meeting the requirements. The patient and the person interviewed was a public health nurse, knew the purpose of the study and knew the interviewer. She gave several valuable suggestions. The psychiatric social worker on the agency staff reviewed the guide and gave help with wording some of the questions. Suggestions from these sources were then used to revise the guide again. Following this revision two sample interviews were done by the interviewer and one was done by another public health nurse in another county. A few minor changes were made following this. The guide was easy to use and seemed to elicit the desired information. It took approximately 30 minutes to complete an interview.

When all arrangements were made and the tool was ready, the staff nurses gave lists of the families who had had two home visits in the previous two months - August 8, 1961, through October 10, 1961. All families were assigned numbers. Fifty-six families were submitted. It had been estimated by the nursing staff that there would be around 65 families; it had been planned to choose 40 or 45 families by a random sampling method from the total. The smaller total number may have been partially due to one unfilled position and two other nurses having sick leave during part of the time period involved. Since public health nurses do little emergency type nursing service and since students were giving service in all parts of the county, the families submitted would

be a fair sample. Two other factors considered in reaching this decision were that the addresses of families who fit the specifications showed representation from all parts of the county and from rural, suburban and urban areas; the areas outside the city of Salem all have many similar characteristics.

All 56 families were used. Out of this group 45 interviews were done. See Table 1 for disposition of all families. Interviews were done in 11 rural homes, 14 suburban homes and 20 urban homes.

TABLE 1. DISPOSITION OF FAMILIES INCLUDED IN INTERVIEW STUDY OF OPINIONS OF PUBLIC HEALTH NURSING SERVICES

Disposition	No.
Moved out of county or state	6
Did not meet specifications	3
Not interviewed	2
Interviewed for the study	45
Total	56

As soon as the names were received and family numbers assigned, the family record was studied and information taken from it for the first part of the form. This was when several families listed were found to have had their services before the specified time or had not had two home visits, thus eliminating three families. Most of the data were transferred from the record to the interview guide before the interviews were begun. This made it possible to group families so time and travel would be expedited.

The interviewer did not make appointments with the families ex-

cept when families could not talk with her at the time contacted - then an appointment was made. Appointments were made for only three interviews. All families could not be contacted by telephone for an appointment and such a contact would necessitate an explanation. Therefore, to give all families as near the same advantage the interview was done at the first contact in all possible situations.

All families were interviewed except two and the six who had moved out of the county. The new address and other pertinent information was given to the nurse who had submitted the name. One of those not interviewed had been recently discharged from Oregon State Hospital and had moved twice during the three weeks in which the interviewer tried to contact her. Information from the Public Welfare Commission indicated the patient was becoming disoriented. The patient's nurse and the interviewer decided that it would be better for the patient not to have another person coming in. The second family not contacted was a young mother who had recently separated from her husband and had gone to live with her parents. Her baby was being evaluated through Crippled Children's Division in Portland, a referral made by the public health nurse. The mother stayed with friends in Portland and came to Salem for only a few hours occasionally. It was thought best not to try to interview her. All information for the study was gathered in three and one-half weeks after the stated date of closing for those families in the study. Five attempts were needed to contact some families.

Doing the interviews was a pleasant experience. In all instances the interviewer was received graciously and the interviewee seemed

seriously to try to answer all questions to the best of his ability. Anonymity of families and participation to improve services was stressed in the introduction. It was interesting to note that there was consideration by the participants for the needs of others. An example was one elderly lady who laughed and then said, in response to the request for rating the importance of the public health nurse helping parents understand their children's growth and development, "That wouldn't help me now, but the little mother next door could probably use it and my granddaughter should use it. Well, I guess that is more important than I first thought. You had better give that a ___."

Following completion of the interviews the data from the tool was transferred to keysort cards. One card has the identifying information and information from open-ended questions; a second card has the questionnaire responses of "yes" and "no"; and a third card has the rating scale information. The family number and card number are shown on each keysort card so any information may be verified from the source.

The pattern for the information was laid out on paper so the keysort card could be placed on the paper and, as information was noted from the Interview Guide, the appropriate punch could be marked. All the information was marked on the card and then the marked holes would be punched on that card. This was done for all three cards. Further details and copies of the patterns for each card are found in Appendix D.

Identifying information was grouped to be more easily tabulated and more useful. Ages of parents were categorized in three groups for ease of handling; nationality was also put in three groups with one,

Mexican and Indian, giving recognition to the minority groups in the county. The category of European was set up rather than German, English, and Scandinavian because there would be too few in each of the above. At the time of the interviews an effort was made to determine whether there was unemployment, and this is the first category under occupation; the other categories, unskilled, semi-skilled, and skilled and professional, are categories used by the Oregon State Employment Service and the occupations listed in the categories are the same as they would list. Education, contacts with the nurse and kinds of services received were also grouped to be more useful. Information from each open-ended question was considered separately and categorized according to the information received although the same group heading was often used. Categories for the numbered questions ("yes" and "no" answers) are described in Appendix D. The "yes" and "no" questions and the rating scale were more easily tabulated on the keysort cards. There are three keysort cards for each family interviewed.

Following the tabulation of the information, several checks were made to try to locate errors. Two interview guides were picked at random and information was compared with that tabulated for that family on the three keysort cards. Three items were picked at random, and the information punched on the cards for this item was verified. One error was found and corrected in the total check. Comparison of cards counted with totals counted on the interview guide was done with four other items. More errors were not noted. The data were ready to be processed for the information desired.

CHAPTER IV

HOW FORTY-FIVE FAMILIES RESPONDED

Opinion studies, it has been generally agreed, tend to be biased toward favorable answers because people like to please and so give the acceptable responses. In spite of this, as was brought out in the review of pertinent literature, these studies have value. The information for this study was obtained from 45 families in Marion County who gave their opinions of public health nursing services received.

TABLE 2. FORTY-FIVE SELECTED FAMILIES OF MARION COUNTY HEALTH DEPARTMENT CLASSIFIED BY REFERRAL SOURCES

Referral Source	No. of Referrals	Per Cent
Patient or other request	13	25
Physician	14	26
Agencies:		
Health Departments	4	8
Voluntary Agency	1	2
Welfare Departments	3	6
Schools	12	22
Hospitals	4	8
Professional Organizations	1	2
Totals	52[a]	100

a/Total exceeds number of families (45) because there were double referrals in seven instances.

Families knew that they had either requested the public health nurse to call or that the nurse had been referred. Information was verified by the record kept for each family in the agency. In seven

instances there were two sources of information for having the public health nurse visit the family; it was not possible to determine which was the first. These double referrals were, in two instances each, by the family and the private physician, and by physician and agency; three referrals by family and agency were noted. Table 2 indicates the distribution of referrals.

The distribution of the 25 families referred by agencies is of interest. School nursing, one of the more demanding programs of nursing service in Marion County Health Department, referred 22 per cent of all of the families. It is very likely that the public health nurse in the school was the source of many of the referrals. The hospital, as an agency, referred 8 per cent of the families. It would seem that the hospital personnel could know whether nursing services would be helpful to the patient after he gets home. The review of literature indicated that hospitals should accept some responsibility for nursing services for patients following hospitalization (22, 29, 31, 33). The need for hospital personnel and physicians to understand plans which provide care coverage to subscribers and the lack of recognition of the patient's need for nursing care on discharge from hospitals are factors (16, 33) which, along with poor communications and fear of loss of income, have kept the public health nurses from being utilized for home nursing services. The evidence seems to indicate that the number of referrals is disproportionate to needs expressed later in the study, and further study is indicated.

Replies of families to the question of the purpose of the nurse's

visit were categorized under five headings. In most instances the replies were easily assigned to one of the first three groups - give or demonstrate nursing care, health supervision, and arrange for services. The group entitled supportive care was used in five instances because the statement included words or phrases which indicated this special area only. Supportive nursing care is part of the public health nurse's function while carrying out any of her duties (16). The fifth group, other, included one investigation for foster-home care and one in which the public health nurse had visited at a migrant camp. Tabulation of this information is found in Table 3. Health supervision in this situation included such things as follow-up visits regarding needed medical service for school children and others, emotional health problems, well child clinic follow-up, the preventive aspects in nursing and anticipatory guidance visits. These are the services quoted by Miss Ruth Freeman (16) as appraisal of "health needs for hazards, existing or potential," and "health counseling, including emotional support."

TABLE 3. PURPOSES OF THE PUBLIC HEALTH NURSE'S VISITS TO 45 FAMILIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Purposes	No. of Families	Per Cent
Health Supervision	20	44
Give or demonstrate nursing care . . .	12	27
Arrange for Services	6	13
Supportive Care	5	11
Other	2	4
Totals	45	100

The above health supervision visits would include the second, third, and sixth in importance in another study (18). Many of the services that Mrs. Marie S. Cheatham mentioned in her report - "What Does the Public Want?" - to the Field Teaching Conference, Little Rock, Arkansas, (12) are in this area of health supervision.

Health supervision is the service having the greatest frequency on Table 3. This same group of services was rated third in the rating scale; giving or demonstrating care, which had the second highest frequency, was rated most important on the rating scale.

A tabulation of raw data of identifying information such as education, housing, employment and others, for the 45 Marion County families interviewed may be found in Appendix E. There are several items of interest noted. One of these is that over one-half (27) of the women (wives and mothers) in the study were less than 40 years of age and ten families had no father in the home. School-age children made up over one-half of the total for the 35 families who had children. There was the same number of families (12) in which the head of the home had less than eight grades of education as there were those who were high school graduates; the greater number, 20, had completed eight grades or started high school. Of the 45 families in the study 27 had from two to six contacts with the public health nurse; 11 families had twelve or more contacts. School health services had been received by 18 families; 12 families had had services for communicable disease, for chronic disease, and for infant supervision. Ten families had mental health services, and eight had preschool health services. The total of

services given the 45 families was 79. Some of these data will be referred to later in this report.

OPEN-ENDED QUESTIONS

Responses to three unstructured-answer questions, "C. What would have made the public health nursing services more helpful to you?" and "E. How could the information or instruction you received have been improved?" and "31a. In what way could the nurse be better prepared?" were similar in many respects. Replies to all three of the questions seemed to fall into four main categories. Table 4 has the categories and the number of responses in each of the questions asked. Answers such as "needs to be understanding," "needs more school to give more information about diagnosis," "not enough background," "always much to learn," and "needs to keep up" were those numbered under preparation.

TABLE 4. 151 RESPONSES FROM 45 FAMILIES TO SPECIFIED QUESTIONS CONCERNING PUBLIC HEALTH NURSING SERVICES ACCORDING TO DESIGNATED CATEGORIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Responses	Number	Per Cent
Service Satisfactory	94	62
Critical of Preparation	19	12
Critical of Service	13	9
Miscellaneous	13	9
Critical of Interpersonal Relations	12	8
Totals	151	100

One family suggested that the nurses need to go to school a few days every year to be sure they have the latest information. Another family

stated that the nurse had not prepared enough for the visit and did not have enough information to help.

Some of the remarks which indicated families wished for more nursing services were "visit sooner," "visit more often," "give immunizations in the home," and "families need to know how to call the nurse when they need her." Remarks in this area were not noted in the question which referred to preparation of the nurse. Comments about interpersonal relations which may not have been satisfactory were expressed in these ways: "was not comfortable with the nurse if my home was not clean," "could be more aware of anxiety she created," "made me upset," "wanted to ask more questions," "give more support," "shouldn't probe," and "she must be from the rich." Items listed under "Miscellaneous" were: no response, language barriers ("should know sign language"), "more people should know of services," and one which indicated that the change of nurses was not liked. This is the only time this was mentioned. Staff nurses of Marion County Health Department had indicated to the interviewer that they expected complaints in this area due to the students who came to the agency every quarter for three months' field experience in public health nursing. The change of nurses apparently does not seem important to families; a similar item, "I see too many different nurses," was designated as one that was least important in a study (4) reported in the review of literature.

By far the greater number of families responded to the three questions of Table 4 by saying nothing more was needed, services were satisfactory, no more preparation was needed, no improvement needed, and

similar replies. The average number of families who responded as described was 31. This means that the average number of families who indicated improvement was needed or gave suggestions was 14. These were not necessarily the same families for each question. Slightly less than two-thirds of the replies to these questions indicated satisfaction with the services received, and just over one-third indicated areas of improvement.

By the question "who should receive the public health nurse's services?" an attempt was made to get a consensus of the families concerning restriction of services according to finances. The 45 families of Marion County interviewed did not seem to indicate that this was their wish, according to Table 5. More than one-half of the total responses indicated that finance should not be a criterion for eligibility for public health nursing services. This consumer group seems to indicate that the nurses should plan their nursing care according to patient and family nursing needs. It is interesting to note that 2 per cent indicated a closer tie to medical care. In round figures 12 per cent designated that the public health nursing services should be given to those who "can't afford to pay." Statements such as "those on welfare," "not to those who have money," and "families who can't afford to pay for services" were included. One family said that those who can't pay should get the service but didn't know if it should be limited to them. The families, about one-fourth of the responses, who indicated that public health nursing services should be for special situations named older people, disabled people, people who need help to care for a

patient at home, families with many illnesses, mothers, babies, and anyone with children. Responses which were listed as "Other" included "don't know," "nurses have too much to do already," "was afraid to ask for service," and "didn't get enough service." The comment about the nurses having too much to do or being too busy was brought up in three open-ended questions and once the need for more nurses to visit was mentioned. The chief source of income for 42 per cent of the 45 families interviewed is their employment. The second most frequent source, 27 per cent, is from welfare funds. Pensions account for 22 per cent and savings 8 per cent. No relationship between the source of income and the answer given to the question of who should be eligible for services from the public health nurse is apparent.

TABLE 5. OPINIONS OF 45 FAMILIES RELATIVE TO PERSONS ELIGIBLE FOR PUBLIC HEALTH NURSING SERVICES, MARION COUNTY HEALTH DEPARTMENT, 1961

Opinions	Number	Per Cent
Anyone who can use it and/or needs it	32	54
Special problems	14	24
Inadequate finances	7	12
Other - miscellaneous	4	7
Along with physician's care	2	3
Totals	59	100

The 45 families in the study did not request services which were not already available, although some did not know this. Question F and Question J of the Interview Guide ask about public health nursing services the family would have liked or felt should be given. The

same response was usually given to both questions. Again, the greater number of families had no suggestions or said there were no other services that they had desired. Comments as "more home care" or "home nursing" were listed under home nursing services. Requests which included anticipatory guidance for young mothers and older people and help with diet and health rules were listed under health supervision.

TABLE 6. DISTRIBUTION OF REQUESTS OF 45 FAMILIES FOR DESIRED PUBLIC HEALTH NURSING SERVICES, MARION COUNTY HEALTH DEPARTMENT, 1961

Requests	Number	Per Cent
No requests	34	61
Home Nursing Care	6	10
Health Supervision	6	10
Miscellaneous	6	10
More Service	5	9
Totals	57	100

Five requests were for more service, not more kinds of services; the request was usually "more visits." Included in the group of miscellaneous requests was one who wanted to attend prenatal classes but did not know she was eligible, three requests for medicines, one who stated she wished other services, and one suggestion that the public health nurses help parents get "someone in the home to help hold the family together" when there is need for this - someone they can afford. This suggestion would need further study to determine feasibility and demand. Requests for such assistance in the home are known to have been made of Marion County Health Department and Marion County Welfare

Commission. Dispensing medications without medical supervision is not a part of the nurse's duty, and is not usually a policy of official health agencies, but referral to other sources is usual. It is not known why these families felt that dispensing medications was a service they needed.

The open-ended question G asks for suggestions for making public health nursing services more available to all. The 45 families interviewed in Marion County had many ideas how the community should learn about the nursing services that are available. Their suggestions are classified in Table 7. More than one answer was given by those with ideas, thus the total number, 67, is second to any other single question considered. One family said that doctors and hospitals should refer but don't. Do families feel that their doctors will not refer them? Might this be the reason few families suggested physician referral?

The group of replies listed under advertise was the most varied.

TABLE 7. FIVE CLASSIFICATIONS OF 67 IDEAS TO INFORM THE COMMUNITY OF AVAILABLE PUBLIC HEALTH NURSING SERVICES GIVEN BY 45 FAMILIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Ideas		Number	Per Cent
Advertise		18	27
No suggestion		16	24
Miscellaneous			
Should know but don't	8		
Do know	4		
Contact Health Department	3		
		15	22
Physician and Hospital Referral		10	15
Families tell		5	12
Totals		67	100

Such answers as high schools should give information in classes, adult education instructors should tell their classes, notices in grocery stores and newspapers, pamphlets at clinics and as boxholders, and television programs indicates the wide variety. Families seem to express that every means should be used to inform the community about the nursing services that are available. Sixteen families made no suggestions; this is less than the usual number who responded in such a manner. The replies which were grouped under "Miscellaneous" give a contrasting picture. Eight families said people should know about the services but don't, and four said that people did know about them. The three families who suggested people call the Health Department for service took for granted that the public must already know what services are given by this agency. One family said that doctors and hospitals should refer but don't. Do families believe that their doctors will not refer them? Another point of interest is that the questionnaire which has a related item stimulated eight families to respond that they had told their neighbors about services they received. These were not the same families who suggested that this was a method of getting information about services to the community.

In one study it was noted that only eight out of 25 groups with three to eight members had had experience with a health department (15). Lack of public information about health department functions was brought out many times, these writers stated. One conclusion was that services not only need to be provided but the consumer needs help to use available services (15).

"What did you like most about the services received?" obtained the most enthusiastic and the greatest number of responses of any unstructured-answer question. Only one family, in which there was a communication problem due to deafness, gave no specific answer. The 109 responses were grouped in five areas and the distribution of replies in these areas is shown in Table 8.

TABLE 8. FIVE CATEGORIES OF MOST-LIKED CHARACTERISTICS OF PUBLIC HEALTH NURSES' VISITS STATED BY 45 FAMILIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Characteristics	Number	Per Cent
Interpersonal Relations	30	27
Communications	25	23
Nurse's Personality	23	21
Information	17	16
Services Received	14	13
Totals	109	100

The first category of interpersonal relations contained such remarks as "made me feel good," "accepted as I was," "real lift," "understands," "is interested," and "is there to help." It is of interest that this area had the most responses. Responses such as "can call when I need her," "way she talked," "answered questions," and "had someone to talk to" were all listed under communications. The category entitled nurse's personality included such remarks as "was kind," "friendly," and "liked to have her."

In Lyola Marie Henry's thesis (20) about patients' perceptions of the role of the nurse in verbal communication, one finding indicated that the nurse could help the patient by advising, reassuring, listen-

ing and explaining, but patients seldom contacted the nurse because they felt she was too busy; they received satisfaction from the nurse if she was an interested, warm person. This could be what the families of this report were saying about the nurses.

Families liked information because they "liked to learn new things," and "information was practical." Those who like the services stated that the nurse "came to the home," "helped with diet," "gave a shot," "demonstrated a bath," and "arranged for transportation." Most families gave more than one response and several gave four responses.

The last part of question I asked the interviewee who responded to the questionnaire in the affirmative to indicate the things they disliked. No different responses than had been given in other items were given by the eight persons who said there were things they did not like. Eighty-two per cent of the families indicated that they had nothing they disliked about the nurse's services. Eighteen per cent had dislikes, and these are reported in Table 9. Most of the complaints were with

TABLE 9. FIVE SPECIFIED CATEGORIES OF DISLIKES OF SERVICES RECEIVED REPORTED BY 8 OF 45 FAMILIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Dislikes	Number	Per Cent
Home Visits	4	36
Communications	4	36
Interpersonal Relations	1	9
Preparation of Nurse	1	9
Miscellaneous	1	9
Total	11	100

the home visits and communications. Complaints listed under home visits included statements of "too late," "not soon enough," or "not enough visits." Communications complaints were "shouldn't probe," "red tape," "couldn't talk to her," and "lost records." The miscellaneous item was related to noise disturbance during hospitalization.

The last open-ended question gave opportunity for families to make any remarks or ask any questions they wished. No questions were noted and again 31 families made no comments. Seven expressed satisfaction and four dissatisfaction. Neither group had any remarks that had not been expressed previously. Two of the dissatisfactions were that the nurses were too busy. Seven families made suggestions such as more male nurses, practical nurses should not be allowed to choose patients, and the nurse should tell people what to do.

The large number of replies to all open-ended questions which indicated no change were analyzed and it was found that seven families gave such an answer in all seven questions where there were groups of responses which would make no changes. A summary of identifying information for these families shows variety in all areas except no family had had any college education and all had both a mother and father or husband and wife in the home. All other areas such as ages, number of children, ages of children, religion, education, home and services were varied.

The average number of responses which indicated no change for the seven questions was 30. This leaves 15 as the average number of families which gave suggestions and made comments.

The responses of the 45 families interviewed to the open-ended questions indicates there is general satisfaction with the services received. The families like the interpersonal relations, communications and personality of their nurses. The families indicated in responses to several questions that preparation of the nurse for her work and for the individual visits could be improved, that there was need for more of all the nursing services in the home, that in some instances interpersonal relations and communications could be improved and there was evidence that families thought the nurses were too busy. The families indicated that finances should not influence eligibility for public health nursing services and that many ways should be used to make the public aware of the services that are available.

THE QUESTIONNAIRE

The items in the questionnaire are concerned with the same areas as were included in the open-ended questions. The total 46 items with the subdivisions can be divided into those concerned with interpersonal relations, communications, health education, nursing services and general information. Three nurses with public health experience and the interviewer categorized the items. There was general agreement for placement of the items. Ten items each were allocated to interpersonal relations and communications; nine were assigned to nursing care in the home; health education included eight; and the general information group had 27. The total number includes the subdivisions. See Appendix E.

Although the questionnaire had responses of "yes" or "no," some

families had comments which seemed pertinent and these will be noted in the appropriate places. Favorable or satisfactory replies are found in both "yes" and "no" answers and unfavorable or unsatisfactory ones are found in both. In some instances the question was not pertinent for the family being interviewed such as question No. 4 which is listed as a general information item and would not apply if the family had no private physician. Thus, not all the questions will have an answer from all the 45 families included in the study. Not all items of the questionnaire indicate satisfaction or dissatisfaction with services; this is true in the general information group.

One item listed as "I" in the open-ended questions is really the last item, number 46, for a structured answer and is listed with items under nursing services. A subdivision is for the unstructured answer and has been considered already.

Thirty-seven of the numbered items from the Interview Guide which were designed to obtain families' opinions by structured answers of satisfactory and unsatisfactory areas regarding aspects of the visits of the public health nurse to the home were tabulated in the four categories set up for this, namely: interpersonal relations, communications, nursing services, and health education. Table 10 shows that interpersonal relations, the first category, seems highly satisfying to families; the comparison is 94 per cent satisfactory with 6 per cent unsatisfactory. Questions which were included in the interpersonal relations category were those which asked about feeling comfortable with the nurse, interest of the nurse, being generally satisfied and having confidence in the services.

TABLE 10. SATISFACTIONS AND DISSATISFACTIONS IN INTERPERSONAL RELATIONS, COMMUNICATIONS, NURSING SERVICES, AND HEALTH EDUCATION EXPRESSED BY 45 FAMILIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Categories	No. of Items	Satisfactions		Dissatisfactions	
		Number	Per Cent	Number	Per Cent
Interpersonal Relations.	10	419	94	26	6
Communications . . .	10	338	78	97	22
Nursing Services . . .	9	313	82	70	18
Health Education . . .	8	215	80	53	20
Totals	37	1285	84	246	16

The area of communications, which is the second category, includes the questions which designate whether families are being given services and information in a way that they understand. Explanations and interpretations of service given by the nurse, technical presentation, words used in explanation and opinions of availability of the nurse and her services are all related to the area of communications. Note that the lowest percentage of satisfaction is in this area. Nursing services and health education are 82 and 80 per cent. The category of nursing services includes the questions which refer to the satisfactions or dissatisfactions with the various areas of service as home nursing care, health supervision, referral to other resources and opinions of general helpfulness of the nurse's visits. Health education includes the items regarding health information, use of health education literature, and opinions of information given. Overall satisfactions are 84 per cent of all replies in the four categories.

Using the same categories but dividing the responses between those who had previous service from Marion County Health Department or another

public health agency and those who had not had any previous public health nursing service before the present admission, the lowest percentage of satisfaction is again found in the communications category in both subdivisions, but those who had not had services before showed one per cent or more greater satisfaction except in the category of health education. This latter area indicates 7 per cent more replies denoting satisfaction by those who had had previous service. See Table 11, the first item.

When the percentage of satisfaction expressed by those families who had 2 through 6 contacts with the public health nurse is compared with those families which had 7 or more contacts with the public health nurse, the percentage of answers denoting satisfaction is consistently higher in the families with more contacts except in interpersonal relations which is the same for both. See Table 11. Again, the area of communications has the lowest percentage denoting satisfaction. The total number of satisfactions for all categories is 82 per cent for the lesser number of contacts and 87 per cent for the greater number. This is not a contradiction of the information about previous services from agencies. Contacts with the nurse are for the services they had received for the present. Previous services could have been several years ago and in another county, state or nation. Families seem to indicate that the more visits they requested in the unstructured questions might improve their satisfaction with the service they receive.

Those families who received home nursing care indicated more satisfaction than those who said they could have used the services and

TABLE 11. EIGHT CHARACTERISTICS OF 45 FAMILIES SHOWING COMPARISON OF PERCENTAGE OF SATISFACTION IN INTERPERSONAL RELATIONS, COMMUNICATIONS, NURSING SERVICES, AND HEALTH EDUCATION REGARDING PUBLIC HEALTH NURSES' VISITS. MARION COUNTY HEALTH DEPARTMENT, 1961

Characteristics	Interpersonal Relations	Communications[b]	Nursing Services	Health Education[b]	Totals
1. Previous Services					
Had (15)[a]	93	76	81	86	84
Did not have (30)	95	78	82	79	84
2. Contacts with Nurse					
2-6 (27)	94	77	79	76	82
7 or more (18)	94	79	86	89	87
3. Home Nursing Care					
Had (13)	97	83	85	79	87
Desired (9)	90	76	82	81	82
Not needed (23)	94	75	80	80	83
4. Age					
Under 40 yr. (28)	94	74	81	84	83
40 yr & over (17)	94	84	83	74	85
5. Education					
1-7 grades (11)	94	77	85	85	85
8-11 grades (20)	91	76	80	79	82
12 or more (14)	98	81	82	78	86
6. Source of Income					
Employment (19)	93	79	78	75	82
Welfare Funds (12)	94	75	82	85	84
Savings, Pension (14)	96	79	86	83	86
7. Location					
Rural (11)	98	71	85	86	85
Urban (20)	91	79	83	78	83
Suburban (14)	95	81	77	77	88
8. Referral					
Physician (10)	100	81	91	82	89
Patient (8)	86	84	72	77	81
Agency (20)	92	72	80	83	82
Multiple (7)	100	82	85	73	86

a/Numbers in parentheses are the number of families in the group.
b/Are correlated. r = .40 Is significant at .01 level.

those who said they did not need such services during the past year. The information is found in Table 11, item 3. The category of communications shows higher than usual among those who had had home nursing care, but in the area of health education there is a reversal of the percentage of satisfactions. Might this be true because the health education materials and information are presented along with the care given and thus not recognized as such as readily as by those families who had not been given home nursing care? Or are the nurses doing health teaching when they give direct care? Are they so concerned with the procedure that the teaching opportunity is not utilized? Except among families who were given home nursing care, the category of communications again shows the lowest percentage of satisfactions.

The total number of families who had, or could have used, home nursing services is 22. This is 49 per cent of the families in the study. From the general information item No. 34 nineteen of the families in the study had been hospitalized before such services were needed; seven others who responded had not been hospitalized; some of those hospitalized indicated they had not needed home nursing services. Nineteen families indicated the question did not apply in their situation. Of the 26 families who responded 19 had been hospitalized and ten said they had received some instruction given by the hospital or doctor regarding their care at home; this is 53 per cent of those hospitalized. Seven of those hospitalized, or 37 per cent, were referred for home nursing care services. The rest of the patients, 12, must have been referred or learned of the service by some other means as all

had received or needed home nursing care. If these families with members who apparently need and would use home nursing care could be referred directly from the hospital, there might be better continuity of nursing care. This should result in more complete recovery in less time. If hospitals refer only 37 per cent of their patients for nursing services and all of them used or could have used it, an area needing further study seems indicated. Would the home nursing service have been helpful to those who said they needed it? What percentage of all hospital dismissals could benefit by such care? There are many unanswered questions in this area.

In the review of the literature, several of the reports were of studies done with home nursing care financed by insurance plans (22, 29, 33) and satisfaction by patient, hospital, and insurance company was indicated. A study in Marion County of a hospital-based home care plan might indicate less financial cost for the patient, not as great a financial loss to the hospital as some fear, more satisfactions for all, and improved patient care. Dr. Jack C. Holderman, in Public Health Reports of May, 1959, about progressive patient care, discussed home care and indicated hospital and agency responsibilities. He indicated that nursing services can be provided equally well by hospital and agency. He says that it is necessary to "think in terms of the services people need" (21).

The higher percentage of satisfaction expressed by those families in which the person participating was over 40 years of age may not clearly indicate a difference between these families. The age for this

table was that of the "lady of the house" as she was the usual participant. In part 3 of the study reported in Hospitals (5), all unfulfilled needs were less if the patient was over 30 years of age. The number was two or three times as great if the person was under 30. The small number of families in the study made further subdivision of ages impractical. The interpersonal relations category is again the area with the highest percentage of satisfaction. Communications has the highest percentage of satisfaction in the age group over 40 of any in the report of this study; there is 10 per cent difference in satisfaction in communications items between those under 40 years of age and those over 40 years of age. There is an exact reversal of the above in regard to the health education category. Table 11, item 4. Respondents under 40 had 10 per cent more satisfactory replies than those over 40 years of age. Do the older age group feel less need of health information than the younger age groups? It is generally accepted that the older age group have more of the chronic diseases. There were 53 per cent of the 40-and-over age group in this study who received home nursing care, and 69 per cent of those who had home nursing care were in the older age group. The fact may still be that the nurses do less teaching about health when they give physical care. Patient teaching is an accepted part of all clinical experience of the basic student in the collegiate school of nursing. Do public health nurses not carry out this function along with the nursing care done in the home? This may need further study.

When the amount of education reported by families is considered

relative to their satisfaction and dissatisfaction it is of interest that the total satisfactions are greater among those with more education. Second highest are those with the least formal education; the middle group indicates the lower percentages of satisfaction. See Table 11, item 5. Again, the interpersonal relations area is consistently high and communications is low; it is highest in the group with more education; satisfaction with health education is low in the group with more formal education.

Source of income, another tabulation of interest, shows that those families whose employment is their chief source had less satisfaction than those who received welfare aid, and those who received welfare aid are less satisfied than those whose chief source of income was social security, savings or various pensions. Table 11, item 6. Within the categories interpersonal relations is high and communications low, but communication satisfactions were the same for the group whose income was from employment as the group whose income was savings and pensions.

When the location of the home is considered, suburban families show the greater percentage of satisfactions. This same group has the highest percentage in communications and the lowest in health education. Interpersonal relations is again high and communication is low.

Each sample is small in the tabulation of satisfactions, according to who referred the family. Table 11, item 8, shows some of the greatest differences in percentages. The physician referral is higher than usual in all four categories. Patient or other referral shows the

least satisfaction and this is consistent except for communications, in which it is the highest. Agency referrals are least satisfactory in communications and most in health education. The overall higher satisfactions expressed when there were multiple referrals may be influenced by the number of physicians included with this group.

The unusual variation of the satisfactions in health education aspects in regard to communications was submitted to the Pearson Product Moment correlation. The test indicated a positive correlation ($r = .40$) which is significant. This would seem logical as the better communications skills should improve health education; the statement is verified by the test.

Table 12 shows comparisons of percentage of dissatisfactions for the same information as was shown for satisfactions. The greatest variation of the entire table is noted in the information on referrals; highest, except in one instance, and lowest dissatisfactions are shown in the interpersonal relations, communications, nursing service, health education and overall totals under this one item of information. Except in the aforementioned instance, communications are quite consistent with higher percentage of dissatisfaction. Two of the characteristics which logically might have increased dissatisfactions in communications with the nurse being involved is the distance of the rural families from the central office and the agency referrals which might have been done without the family having requested it or without their knowing it.

Other facts indicated by the 45 families in Marion County from the

TABLE 12. EIGHT CHARACTERISTICS OF 45 FAMILIES SHOWING COMPARISON OF PERCENTAGE OF DISSATISFACTIONS IN INTERPERSONAL RELATIONS, COMMUNICATIONS, NURSING SERVICES, AND HEALTH EDUCATION REGARDING PUBLIC HEALTH NURSES' VISITS, MARION COUNTY HEALTH DEPARTMENT, 1961

Characteristics	Interpersonal Relations	Communications	Nursing Services	Health Education	Totals
1. Previous Services					
Had (15)[a]	7	24	19	13	16
Did not have (30)	5	22	18	21	15
2. Contacts with nurse					
2 through 6 (27)	6	23	21	24	18
7 or more (18)	6	21	14	11	13
3. Home Nursing Care					
Had (13)	3	17	15	21	13
Desired (9)	10	24	14	19	18
Not Needed (23)	6	25	20	20	17
4. Age					
Under 40 yr. (28)	6	26	19	16	17
40 & over (17)	6	16	17	26	15
5. Education					
1-7 grades (11)	6	23	15	15	15
8-11 grades (20)	9	24	20	21	18
12 or more (14)	2	19	18	22	14
6. Source of income					
Employment (19)	7	21	22	25	18
Welfare funds (12)	6	25	18	15	16
Savings, Pensions (14)	4	21	14	17	14
7. Location					
Rural (11)	2	29	15	14	15
Urban (20)	9	21	17	22	17
Suburban (14)	5	19	23	23	12
8. Referral					
Physician (10)	0	19	9	18	11
Patient, others (8)	14	16	28	23	19
Agency (20)	8	28	20	17	18
Multiple (7)	0	18	15	27	14

a/Number in parentheses is number of families in the group.

structured questions of general information should be noted. Eleven per cent of the families did not want the service the nurse had come to give, and 53 per cent had made some plans for solution of their problem. This latter is not an indication that nursing services were not needed. Most persons, 68 per cent, do talk over their health problems with their physicians; comments of dissatisfaction with the medical services from their physicians was expressed as "not interested," "too busy to talk to me," and similar responses were made by 11 per cent of the families. These comments were volunteered along with responses in all three parts of the interview which asked for opinions of the public health nursing services. Forty-two per cent of the 45 families said that the decision for solution to health problems was different than they would have had if the nurse had not visited them. It is not known if the decision of the family needed to be altered.

In item No. 25 of the structured responses, areas of health information which were discussed with families were tabulated. Only nine families said they had received information about accident prevention. From the tabulation of services received as taken from the agency's record of services for the families 12 had infant services, eight had preschool services and 18 had school services; accident prevention is pertinent information to discuss in all of these services, but only nine recognized any such information. The most frequent area of discussion recognized by the families was nutrition which was mentioned by 26 families. Immunization information was recognized by 22 families and information about communicable diseases and school health problems

each was received by 21 families. Information about emotional health, prevention of illness, community health problems and infant care were recognized as being received by varying members of families between those mentioned. It must be noted that health information tabulated is that which the families interviewed recognized as being given; public health nurses may have given more.

A brief summary of information from the structured answer part of the Interview Guide showed trends more than great differences. The consistently high percentage of satisfaction shown in all the tables may be due to the limitations placed upon the families which could be included in the population for this study. Each family had had two home visits by the nurse in order that there would be opportunity to establish relationships. The accepted fact that opinion studies usually show bias toward acceptable responses probably has some effect in this area as well as others. Satisfaction in interpersonal relations was lowest, 86 per cent, in the situation of referral by the patient, his family or other lay persons; that was the only time it was below 90 per cent.

Communications satisfactions, which were consistently lower than the other categories, except in regard to referrals, showed its highest for the study in the over-40 age group and patient and other referrals. It was over 80 per cent, but below the 84 per cent which was highest in referrals by physicians, multiple referrals, in those who graduated from high school or had college work and in those who had home nursing care. It was lowest, 71 per cent, in families who lived in rural areas

and 72 per cent in families referred to the public health nurses by agencies.

Satisfactions expressed in nursing services were in the 80 per cent area with these exceptions. When there were fewer than seven contacts with the public health nurse this satisfaction dropped to 79 per cent; satisfaction with nursing service was 78 per cent in those families whose employment was their chief source of income, 77 per cent in suburban families, and 72 per cent by patient and other referral. Satisfaction with the nursing services was up to 91 per cent in those families referred by their physicians.

Health education satisfactions varied from 89 per cent in those families with more than seven contacts with the nurse down to 73 per cent of those families with multiple referrals to the public health nurse. The second highest percentage in this area, 86 per cent, was in those families who lived in the rural parts of the county and those who had had previous services. This category seemed often to be opposite of the trend of percentages of other categories in the table. This is noted in the tables and commented upon in the discussion of formal education level, age group, and home nursing care. Further observations and recommendations will be included in the last chapter of the report of the study.

RATING SCALE

The rating scale was planned to determine if families would indicate services they felt were most important. The rating given the

twelve items shows some variation. The range of scores, when the same number of points is assigned as the rating given, is 177 through 217 or 40 points. The highest ratings were given to the rehabilitation and home nursing care services; these are items 7 and 8 of the rating scale. (A copy of the rating scale is found in Appendix C with the Interview Guide. Raw data are found in Appendix E.) The next two items, with a similar score of 214, are school nursing and information about community resources. Talking in the home about health problems was the next in importance. Table 13 has scores and rank order for each item.

TABLE 13. SCORES DENOTING IMPORTANCE GIVEN 12 SERVICES OF PUBLIC HEALTH NURSES BY 46 FAMILIES OF MARION COUNTY, OREGON MARION COUNTY HEALTH DEPARTMENT, 1961

Service	Score	Mean[a/]	Rank Order
Information about diseases and illness	191	4.1	10
Discussion with nurse in the home about health problems	207	4.5	5
Information about improving health and preventing illness	204	4.4	6.5
Discussion with the nurse about mental and emotional health	194	4.2	9
Help of nurse in parents' understanding of their child's growth and development	199	4.3	8
Availability of nurse to help plan medical and nursing care, if needed	204	4.4	6.5
Home nursing care services	216	4.7	1.5
Help for the family to understand how to prevent deformities and improve abilities for those who are ill or disabled	217	4.7	1.5
School nursing services	214	4.6	3.5
Group meetings about health problems or health information	178	3.8	11
Information about other agencies which might help	214	4.6	3.5
Pamphlets and other literature on health subjects	177	3.8	12

a/Highest possible score for each item is 5.

In another study (18) the first place in a rank order of importance of service was given to the equivalent of 3.5 and 6.5 rank in Table 13. The first and second rank of Table 13 corresponds to fourth place in the rank order of the other study. The teaching and counseling services are in about the same positions. Services in the two studies are not categorized exactly the same, so exact comparison is not possible.

Of interest are the low score of health education literature and group meetings. A couple of families stated, "people that need them don't go," or "won't read the pamphlets."

The mean scores of all the families within the eight characteristics of families used earlier in the study to compare satisfactions brings out some unusual and interesting facts. Urban families rate services lower than other groups; the less educated feel services are more important than the high school graduate or college person; persons on welfare place more importance upon services than those with other sources of income. The younger age groups rate the services higher than older age groups, and those who had previous services and more contacts seem to recognize the services as being more important than those who had not had services before or had had fewer contacts with the public health nurse. It is of interest that those who had not had home nursing care rated services as more important than those who had had this service, but those who were referred by their physician gave one of the highest ratings to the services. Highest ratings were not given in accordance with highest percentage of satisfactions. Highest mean scores were given by families having more than seven contacts with

TABLE 14. COMPARISON OF MEAN SCORES ON RATING SCALE IN EIGHT CHARACTERISTICS GIVEN BY 46 FAMILIES, MARION COUNTY HEALTH DEPARTMENT, 1961

Situation		Mean Score[a]
1. Previous Services:	Had	53.3
	Did not Have	52.1
2. Contacts with Nurse:	Two through six	51.4
	Seven or more	54.2
3. Home Nursing Care:	Had	52.0
	Needed	51.7
	Did not Need	53.1
4. Age:	Less than forty	53.2
	Forty and over	51.4
5. Education:	1 - 7 grades	53.8
	8 - 11 grades	52.3
	12 or more grades	51.6
6. Source of Income:	Employment	52.0
	Welfare	54.2
	Other	51.7
7. Location:	Rural	54.5[b]
	Urban	50.8[b]
	Suburban	53.3
8. Services through referral of		
	Private Physician	54.2
	Patient or others	53.6
	Agency	51.3
	Multiple	53.5
Overall mean score		52.5

a/Highest possible score is 60.
b/The t test is not significant at .05 level.

the nurse, families receiving welfare aid, rural families, and families referred by their physician; the score for all of these was 54.2 or

more. Highest possible score is 60, and overall mean score for all families is 52.5. Table 14 contains the above information.

The rating scale, by pointing out services families feel are important, and by the ratings within situations considered in the previous part of this report augment other findings of this study and add weight to the conclusions.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

The 45 families who had the characteristics set up for those to be included in the interview study seemed to accept the opportunity to contribute their opinions of services received in a serious manner. The analysis of the responses the families gave has pointed up some interesting and important possibilities.

Findings indicated general satisfaction with public health nursing services received, but as in similar studies indications for areas of improvement were noted. The high level of satisfaction with interpersonal relations aspects of the nursing services is extremely gratifying. The fact that all nursing home visits by Marion County Health Department are done by professional nurses or professional nursing students may have influenced the findings of this study if the conclusions drawn from other studies are considered (2, 5). The limitation of at least two home visits by the public health nurse for families to be included in the study gave opportunity for establishing good relationships. By giving the greatest number of responses which could be categorized in interpersonal relations, the families expressed their appreciation for this aspect of public health nursing service. In other parts of the interview families indicated that their needs for understanding acceptance and interest were not always met.

The discrepancy between hospital referrals and those from other agencies is noted early in the report of findings from interviews of 45 families in Marion County. The small percentage is not consistent with other findings. The 13 families who were given home nursing care, the nine who said they could have used it, the seven who suggested this service be given, and the 19 families who had had members hospitalized before such a service was needed all point to the possibility that more hospital referrals are indicated. Families said that the rehabilitation and home nursing services were the most important by giving these two the highest scores on the rating scale. It is probable that the number using or requesting the home nursing care influenced the high rating of this service. The need and advantages of a home nursing care service is well documented in the review of literature.

It is quite evident that most families in this study do not feel that public health nursing services should be given only to those who are limited financially. Their responses seem to indicate that nursing services should be given according to the indicated nursing needs. This has been the basis upon which the administration and nursing staff of Marion County Health Department has tried to provide a family-centered service.

As was expected, the demand for more public health nursing service was evident. It was noted that 28 per cent of the families at one place or another during the interview requested more visits, regular visits, or made similar responses. They expressed these wishes in suggestions for improvement, in statements of dissatisfaction and

ways services could be more helpful. Along with the above, 16 per cent felt services were not available when needed, and the same number contributed comments about the nurses being too busy. Staff nurses have stated that they were too busy. Requests for more visits and such were noted in another study (30) but no conclusions or recommendations were made. It might be asked whether the quality in "the face of shortages" (23) is being protected.

When the percentage of satisfactions in the categories of interpersonal relations, communications, nursing services, and health education are listed according to various characteristics of families, it is noted that the highest percentage of satisfaction is found in those families referred by their private physicians. Suburban families were second; families who had seven or more contacts with the nurse and those who had had nursing care in the home were third. Families referred by the patient or some other person expressed the lowest percentage of satisfaction. The rating of importance given the services is not significantly different within the characteristics. Highest rating was given by rural families; second highest ratings were given by families whose chief source of income was welfare, those who had seven or more contacts with the nurse and those referred by their physician. Urban families gave the lowest ratings. Rehabilitation services and home nursing care were rated most important; arranging and referring services were rated second; services which can be listed as health supervision or counseling and anticipatory guidance were third; group meetings and health literature were rated least important.

One finding that is noted in the questionnaire in which the 45 families indicated satisfactions and dissatisfactions is that the area of communications is lower in most instances than satisfactions in interpersonal relations, nursing services and in health education. In the unstructured answers 23 per cent of the families indicated they liked the communication skills of public health nurses. In another question families stated 36 per cent of their dislikes were in communications. The only other major dislike of equal percentage was listed as nursing service and was entirely concerned with the visits of the nurses being late, not enough, and such. Are communications involved in this? Only four families indicated there was no need to make services more available; 16 did not know; eight said people should know of services, but don't. Other studies (15, 34, 35) brought out the lack of information of the public about public health nursing services. Are poor communication skills involved with this lack of information? The importance of the nurses going into the home and talking with families was ranked fifth in a ranking of twelve by the 45 families in Marion County. Much of the health supervision, health teaching, and health information is dependent upon the nurses' ability in communications. This skill is involved in the erratic behavior of the percentage of satisfactions and dissatisfactions noted in health education. Other studies (20, 30) have indicated need for improvement in this skill and have recommended further studies. If good communications skills are not part of the public health nurse's abilities, is this due to preparation of the nurses? Do these same patients ex-

perience difficulty in communicating with the physician and others?

The one suggestion for services which should be given which was not already available was for provision of a person "in the home to hold the family together" in time of need. This same suggestion was made in another study (35) and a community service to provide such persons was recommended. There would need to be further study of possible need before such could be recommended for Marion County. All other suggestions made, for services to be given or for requests for services, were available as part of the Marion County Health Department programs.

CONCLUSIONS

The findings of the study reported in this paper lead to the following conclusions:

(1) Families in Marion County recognize and appreciate the interpersonal relations aspects of public health nursing services, and public health nurses in Marion County Health Department usually establish helpful relationships with the families they serve.

(2) Families indicate that hospital referrals for public health nursing services are not consistent with their needs.

(3) More families in Marion County have nursing needs which could be met by home nursing services, and these families should have opportunity to utilize such services.

(4) The greater majority of consumers of public health nursing services say that eligibility for these services should be based on nursing needs.

(5) It seems that another conclusion would be that Marion County Health Department should increase its staff of public health nurses or in some way increase the time available to them to visit and assist families.

(6) Families in Marion County, as those in other studies, indicate that the public needs more information about public health nursing services that are available to them.

(7) Referral by their own physician increases the family's satisfaction with public health nursing services received and their evaluation of its importance.

(8) Communications seem less satisfactory than other areas in this study.

(9) The opinion study of public health nursing service in Marion County has given valuable information.

RECOMMENDATIONS FOR FURTHER STUDY

(1) It is recommended that more studies be done similar to the one of which this recommendation is a part, but should include more families and be done in various localities. Marion County Health Department would find periodic studies of this type helpful.

(2) Study and implementation of a suitable referral system or other home nursing care plan to meet the needs of continuity of nursing care in Marion County is recommended.

(3) It is recommended that the questions presented be included in some further study or evaluation of the public health nursing home visit in Marion County to determine if the need is for more nursing

time or if the quality of the services in Marion County needs to be protected. Would the "more visits" and similar statements mentioned really be the answer for the families who have made these requests? Is it possible that nurses try to do too much and thus dilute the quality of services? Would this cause families to ask for more visits? Is the "too busy" feeling of the nurses passed along to the families or do they have other reasons for their remarks? Are there too many times when the nurse "was checking? (30)? These questions are not answered by this study.

(4) It is recommended that studies be done regarding communications skills and public health nursing. Is this a weakness of the public health nursing services in Marion County or of public health nursing generally? Or is there inadequate preparation in communication skills of all nurses?

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APPENDICES

APPENDIX A

September 14, 1961

To Whom It May Concern:

This letter is to introduce you to Viola Eisenbach, a public health nurse. She is conducting a study of Opinions of Families of the Public Health Nursing Services received. Marion County Health Department is supported by tax funds and is anxious that its services be helpful to you, the tax payer. We hope you will feel you would like to participate.

We thank you for your cooperation.

Sincerely,

W. J. Stone, M. D., M. P. H.
Health Officer

Mrs. Bernice Yeary, R. N.
Director of Nurses

BY:vw

APPENDIX B

I N T E R V I E W G U I D E

General Directions for Interviewer

1. Review interview guide before making visits to the home in order to get the general plan in mind.

2. Use the structured questions as found in the interview guide. If informant seems confused or does not understand, repeat the question and if necessary reword it so that informant will have a clear idea of what the question is. Record responses on guide.

3. Responses to one question may also answer another. In this situation the responses may be recorded on the guide just as if the question had been asked.

4. If there are phrases or sentences given by interviewee that are pertinent they may be inserted in the space following the items to which they apply.

5. Do not make appointments for interviews. Do interview at first home call; if not convenient then make an appointment for a convenient time for the interviewee.

6. If family refuse, give more explanation but do not interview the family if they do not wish to participate.

7. Contact each family listed, even though several calls must be made, unless it is learned the family has moved or there is another reason for not including the family in the study. Be sure this is noted by the family number on the guide.

APPENDIX C

I N T E R V I E W G U I D E

Introduction:

I am _____(name)_____, ___(position)_____ and I would like your assistance in making public health nursing services more helpful to all by giving a few opinions of the services you have received. Did you know that opinion studies of nursing care received in hospitals have been carried out? Patients, who are the consumers, have given valuable suggestions and as a result changes are beginning to take place.

This study is being done by contacting a representative group of families who have received nursing services from Marion County Health Department. The agency is anxious that you help. No names or families will be identified in the report; all responses will be grouped.

Your ideas will be appreciated. Thank you.

Information from the Family Service Record (may need to be completed at time of interview) Family No. _____

Family Composition: All who live at address

Age___ Sex___ Nationality_____ Education_____ Occupation_____

Private Physician: Yes ___ No ___ Religious Preference _____

Housing: Own home ___ Buying home ___ Rented home ___ Other ___

Condition: Excellent __ Adequate ___ Minimal ___ Poor ___

Location: Rural __ Suburban ___ Urban ___

Sources of income: Chief Source _____

Other Sources _____

Total number of contacts with the public health nurse _____

Nursing Services Received _____

Family No. _____

Interview Guide

The first part of this form will have questions which can be answered by "yes" or "no" and then just a few that need a sentence or two to answer them. If you don't understand the questions, I'll be glad to try to make it plain to you.

A. How did the public health nurse happen to call on you: (Interviewer check response in appropriate space)

(1) By patient request ___ (2) Family request ___

(3) By referral of: physician ___ (4) friend or neighbor ___

(5) relative ___ (6) agency _____ (name) (7) other _____ (name)

B. What was the purpose of the public health nurse's visit to your home?

	Yes	No
1. Was this what you wanted of the nurse when she came?	___	___
2. Had you already worked out some solution to the health problem before the nurse called?	___	___
3. Do you feel that the nurse was interested in what you said to her?	___	___
4. Had you ever talked to your doctor about the same things the nurse mentioned?	___	___
5. Did the nurse give the same information as he had?	___	___
6. Do you feel that the nurse explained your physician's objectives (ideas, plans) to you?	___	___
7. Did the nurse suggest that you talk with your family physician?	___	___
8. Do you feel that your physician and the public health nurse work together to help you?	___	___
9. Were you satisfied with the public health nursing service you received?	___	___
10. Do you feel that the nurse's visits were helpful?	___	___
11. Did you feel comfortable talking with her?	___	___
12. Do you feel that the nurse allowed you to reach your own solution to the problem?	___	___

Family No. _____

	Yes	No
13. Was this solution a different one than you would have had if the nurse had not visited you?	___	___
14. Do you feel that the suggestions made by the public health nurse were practical?	___	___
15. Were you given opportunity to ask all the questions you had?	___	___
16. Were you made aware of other health problems in your family by talking with the nurse?	___	___
17. Do you feel you can talk over your problems with the nurse?	___	___
18. Was there information of another source of help?	___	___
(If answer is yes)		
a. Were you referred?	___	___
b. Do you feel this was helpful?	___	___
19. Did the public health nurse offer services you did not feel you needed?	___	___
20. Were there words or terms used by the public health nurse you did not understand?	___	___
21. Had you used public health nursing services any other time?	___	___
22. Do you know how to contact the public health nurse if you wish services now?	___	___
23. Would it have been helpful if the nurse had visited more often?	___	___
24. Did the public health nurse do what you expected her to do?	___	___
(If answer is "no")		
a. What did you think she would do?		

C. What do you think would have made the public health nursing services you received more helpful to you?

D. In your opinion who should receive the public health nurse services?

E. In your opinion how could the information or instruction you received have been improved?

Family No. _____

90

	Yes	No
25. Were you given information on any of the following?		
a. Accident prevention	____	____
b. Care of the baby	____	____
c. How the child grows	____	____
d. School children's problems	____	____
e. Immunizations	____	____
f. Communicable Disease	____	____
g. Food for the family	____	____
h. Preventing disease and illness	____	____
i. Community health problems	____	____
j. Emotional health	____	____
	____	____
26. In your opinion is this health information useful to you?	____	____
27. Do you feel that the above information was accurate?	____	____
28. Do you think you received any information that was new to you?	____	____
29. Do you feel that you gained more knowledge about your own health problems?	____	____
30. Were you given any pamphlets or other literature about health subjects?	____	____
(If answer is "yes")		
a. Do you feel the information was practical?	____	____
b. Did you like to read it?	____	____
(If answer is "no")		
a. Do you think you would have liked some?	____	____
b. Do you think this is a good idea?	____	____
	____	____
31. In your opinion is the nurse well prepared for her work?	____	____
a. In what way could she be better prepared?		
32. In your opinion is the public health nurse one that should be a good health teacher?	____	____

F. Were there any nursing services that you would have liked to have that you did not receive?

33. Did you receive nursing care for a patient ill in the home?	____	____
(If answer is "no")		
a. Could you have used such services in the past year?	____	____

Family No. _____
91

	Yes	No
34. Had a family member been hospitalized before the home care was needed?	___	___
a. Had you received instruction from the hospital staff regarding the care or treatment needed?	___	___
b. Were you referred to the public health nursing service by the hospital?	___	___
35. Did the nurse examine or observe the patient in any special way?	___	___
36. Did the nurse help you to use or adapt equipment in your home in giving or receiving nursing care?	___	___
37. Did the patient receive injectable medications?	___	___
38. Did the nurse explain what care she was going to give and why before she started it?	___	___
39. Do you feel confident regarding the nursing services you received?	___	___
40. Do you feel that the public health nursing services are duplicated by any other agency or individual?	___	___
(If answer is "yes")		
a. By what services or by whom?		
41. Do you feel the information or instruction was too technical?	___	___
42. Was the nurse pleasant?	___	___
43. Do you feel she is your friend?	___	___

G. Do you have some suggestions as to how you feel the public health nursing services could be more available to all?

44. Do you think the nursing services are available when you need them?	___	___
45. Do you think your neighbors and friends know about these services?	___	___

H. What did you like most about the services received?

I. Were there some things you did not like?
(If answer is "yes")
What were they?

J. What services that were not given to you do you feel should be given by the public health nursing service?

K. Do you have any further comments or questions?

Family No. _____

Rating Scale

The next part of this questionnaire is to get your opinion of the importance of the nursing services which are or might be offered by Marion County Health Department. Let's think of them as one to five dollar tickets. The one dollar is the least important and the five dollar is the most important, and the others, two, three and four, are between.

	1	2	3	4	5
1. How important do you think it is to have the nurse give families information about diseases and illness?	___	___	___	___	___
2. How important do you think it is to have a public health nurse talk with you in your home about your health problems?	___	___	___	___	___
3. How important do you think it is to have information from the public health nurse about improving your health and preventing illness?	___	___	___	___	___
4. How important do you feel it is to have the nurse discuss mental and emotional health with you when it is appropriate?	___	___	___	___	___
5. How important do you think it is to have the nurse help parents understand their child's growth and development?	___	___	___	___	___
6. How important is it to have the public health nurse available to help plan medical and nursing care if needed?	___	___	___	___	___
7. How important do you think it is to have the public health nurse give home nursing care services?	___	___	___	___	___
8. What is your opinion of the importance of the nurse helping the family understand how to prevent deformities and improve abilities for family members who are ill or disabled?	___	___	___	___	___
9. How important do you feel the school nursing services are?	___	___	___	___	___
10. What is your opinion of the importance of group meetings about health problems or health information?	___	___	___	___	___
11. How important do you think it is that the public health nurse be able to give you information about other agencies who might be able to help you?	___	___	___	___	___
12. In your opinion what is the importance of pamphlets and other literature on health subjects?	___	___	___	___	___

APPENDIX D

KEYSORT CARD DATA TABULATION

All cards start with first data at upper right hand corner and progress counter-clockwise (to the left) around the cards. The key for breakdown of information from the Interview Guide is given for each of the four parts of the guide and is put on three cards. The assigned family number is on each card. The card number punch is at the right upper corner as marked on the key card.

Card Number I

Identification and Open-ended Questions

Some items are not punched on the card; these would be indicated on the card and would be the cards remaining on the sorter. One example is in processing for number of children in the family: those families in which there are no children would be the cards remaining on the sorter after all other groups had been taken off. For the open-ended questions the items designated by an asterisk are noted by red pencil mark on the keysort card if more than one answer is punched.

Data for this card are divided according to the following outline.

I. Identification

Age: Husband, father or male

(1) through 39 years

(2) 40-60 years

(3) 61 years and over

Age: Wife, mother or female

(1) through 39 years

(2) 40-60 years

(3) 61 years and over

Can determine if no husband (male) or wife (female) by number of cards left on sorter when all age groups have been taken off.

Number of children:

(1) one or two

(2) three to five

(3) six or more

(4) no children - left on sorter

Ages of children:

(1) 0 - 12 months

(2) 1 - 5 years

(3) 6 - 17 years

(4) 18 years and over - left on sorter

This item is not in order on the key cards. It is the last item on the right side of the card.

Nationality:

(1) American

(2) European - those who have close ties to the European countries such as an English war bride, etc.

(3) Mexican and Indian - these are minority groups in this county

(4) Other - left on sorter

If husband and wife were of different nationality groups, it was indicated on the card.

Education:

(1) 1 - 7 grades

(2) 8 - 11 grades

(3) 12 grades

(4) 13 or more grades

(5) degree - left on sorter

Occupation of husband or father:

(1) unemployed - if due to retirement or illness special note was made

(2) unskilled - includes farm labor, mill worker, cannery employee, etc.

(3) skilled and professional - chemist, lab technician, etc.

(4) semi-skilled - farmer, clerical, guard, etc.

(5) other - would be left on sorter

Occupation of wife or mother:

(1) housewife

(2) other - left on sorter and indicated kind of employment on card

Religion:

(1) protestant

(2) Catholic

(3) none

(4) other - Christian Science, Jewish, etc. left on sorter

Housing:

(1) own home

(2) rent home

(3) buying home

(4) other - home furnished with occupation, etc., left on sorter

Housing condition:

(1) excellent

(2) adequate

(3) minimal

(4) poor - left on sorter

Housing location:

(1) rural

(2) urban

(3) suburban - left on sorter

Income: Chief source

(1) employment

(2) welfare - A.D.C., Old Age Assistance, etc.

(3) pensions - Social Security, retirement pensions, disability pensions, etc.

(4) savings - left on sorter

Income: Secondary source

(1) employment

(2) welfare

(3) other - left on sorter

Contacts with the public health nurse:

(1) two to six

(2) seven to eleven

(3) twelve or more - left on sorter

Kind of service received:

(1) communicable disease, including tuberculosis

(2) chronic disease

(3) infant

(4) preschool

(5) school

(6) mental health

(7) other - left on sorter and are noted on card because several services may have been received by a family

II. Open-ended questions

Answers to open-ended questions were categorized and data were processed using the categories. Special notations were made on the cards as seemed indicated. Question lettering is taken from Interview Guide and the subject of the question is indicated in this outline. Examples are used when appropriate. Total number of responses must be obtained from original source in some instances (C, D, E, F, 31a, G, H, I, J, K).

A. How the nurse happened to call

1. Request of patient or family

2. Referral

a. by physician

b. by relative or friend

c. by other agency. These are noted on the card

B. Purpose of nurse's visit

1. Give or demonstrate care. Ex. Showed how to give a shot
2. Health supervision. Ex. Came to see about glasses for my child
3. Arrange services. Ex. Arrange for X-rays
4. Supportive care. Ex. Wanted to talk with someone
5. Other - indicated on card

C. What would have made the services more helpful?

1. Nothing
2. Preparation for visit. Ex. Not enough information
3. Nursing service. Ex. Come more often
4. Intrapersonal relations. Ex. Was too nosey
5. Other - indicated on card

D. Who should receive public health nursing services?

1. Anyone, those who can use it and need it
2. Limited finances. Ex. Can't afford to pay
3. Special problems. Ex. First babies
4. Referrals from doctors
5. Other - indicated on card

E. How could the information or instruction have been improved?

1. None or nothing
2. Preparation. Ex. Communication - talks too fast

3. Interpersonal relations. Ex. Aware of people's feelings

4. Kinds of services. Ex. More school nursing

5. Other - don't know - indicated on card

31a. Better preparation for nurse

1. Don't know

2. None

3. Education

4. Interpersonal relations

5. Other - no response - indicated on card

F. What nursing services would you have liked that you did not receive?

1. None

2. Direct nursing care in home

3. Health supervision

4. Other

G. How public health nursing services could be more available

1. Don't know

2. Doctors refer

3. Families tell others

4. Advertise. Ex. Newspaper notices, etc.

5. Other

H. What was liked most about services received

1. Communications

2. Interpersonal relations

3. Nurse's personality

4. Information. Ex. "I like to learn about the new things"

5. Service received. Ex. "Showed me how to give a shot"

I. Were there some things that were not liked?

1. No

2. Yes

3. Special complaints: Interpersonal relations and communications

4. Preparation

5. Other - Services and miscellaneous

The "yes" answers were those tabulated under 3, 4, and 5.

J. Nursing services that public health nurses should give

1. Don't know

2. Home nursing care

3. Health supervision. Ex. Diet

4. More service. Ex. Give more, not more kinds

5. Other

K. Other comments

1. None

2. Satisfactions. Ex. Liked all nurses

3. Dissatisfactions. Ex. Nurses too busy

4. Suggestions. Ex. More men in home nursing

5. Other

As the data were used, the number of responses as well as the kind was desired, so data from open-ended questions were compiled by use of the cards and the interview guides. The small number of questions made

this feasible. Number of responses is tabulated on the keysort card, but is harder to obtain from them.

CARD NUMBER II

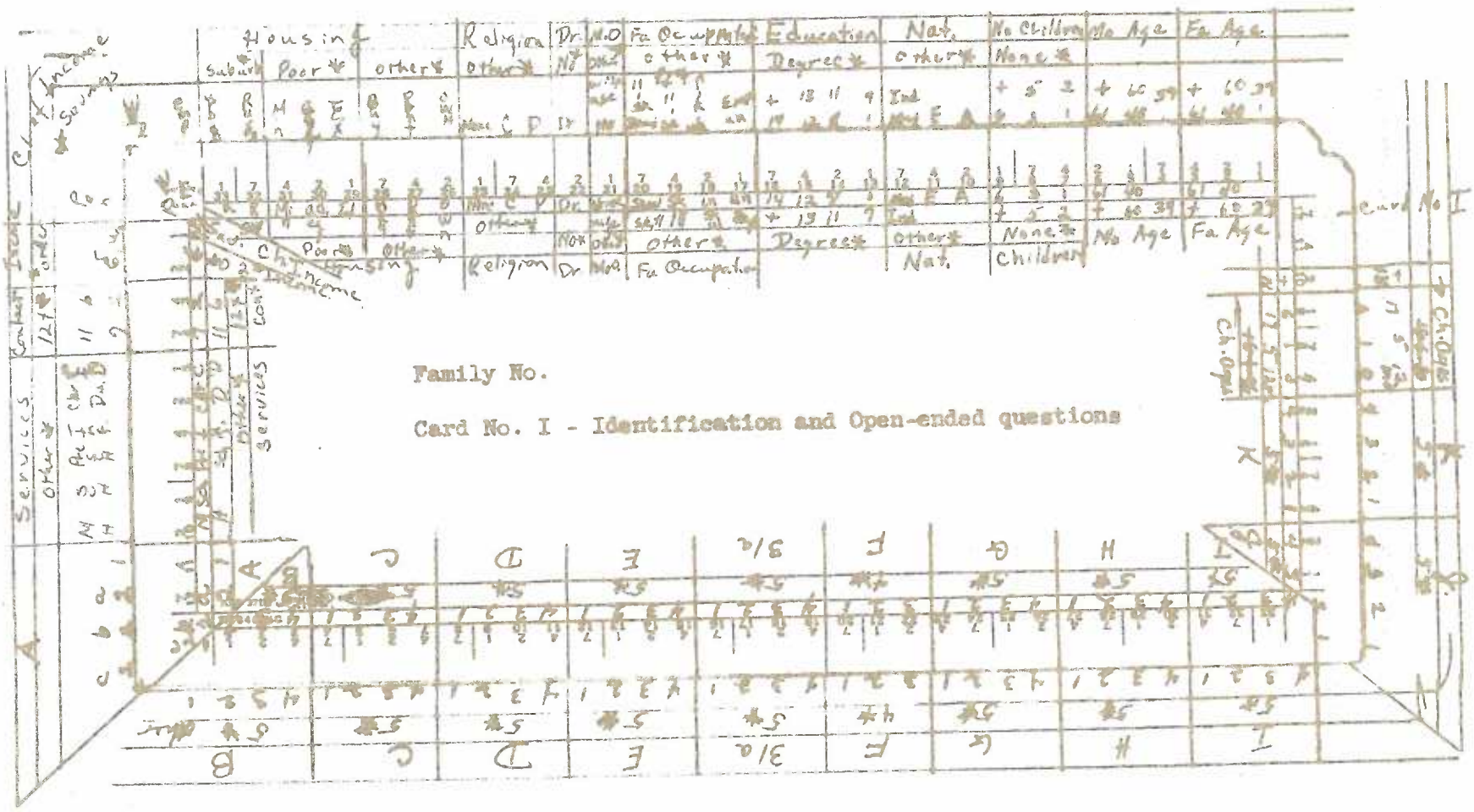
This card has all the numbered questions of the guide which were to be answered by "yes" or "no." The card has a space for each item and any subdivisions. All "yes" answers are punched. "No" answers for each item or subdivision would be left on the sorter. Sometimes there was no response or the item did not apply. These are indicated on the card opposite the item number so that they will not be counted as "no" answers.

CARD NUMBER III

The Rating Scale has twelve items with five possible responses for each. Each item with the possible responses is designated on the key card.

PATTERN FOR CARD NO. I

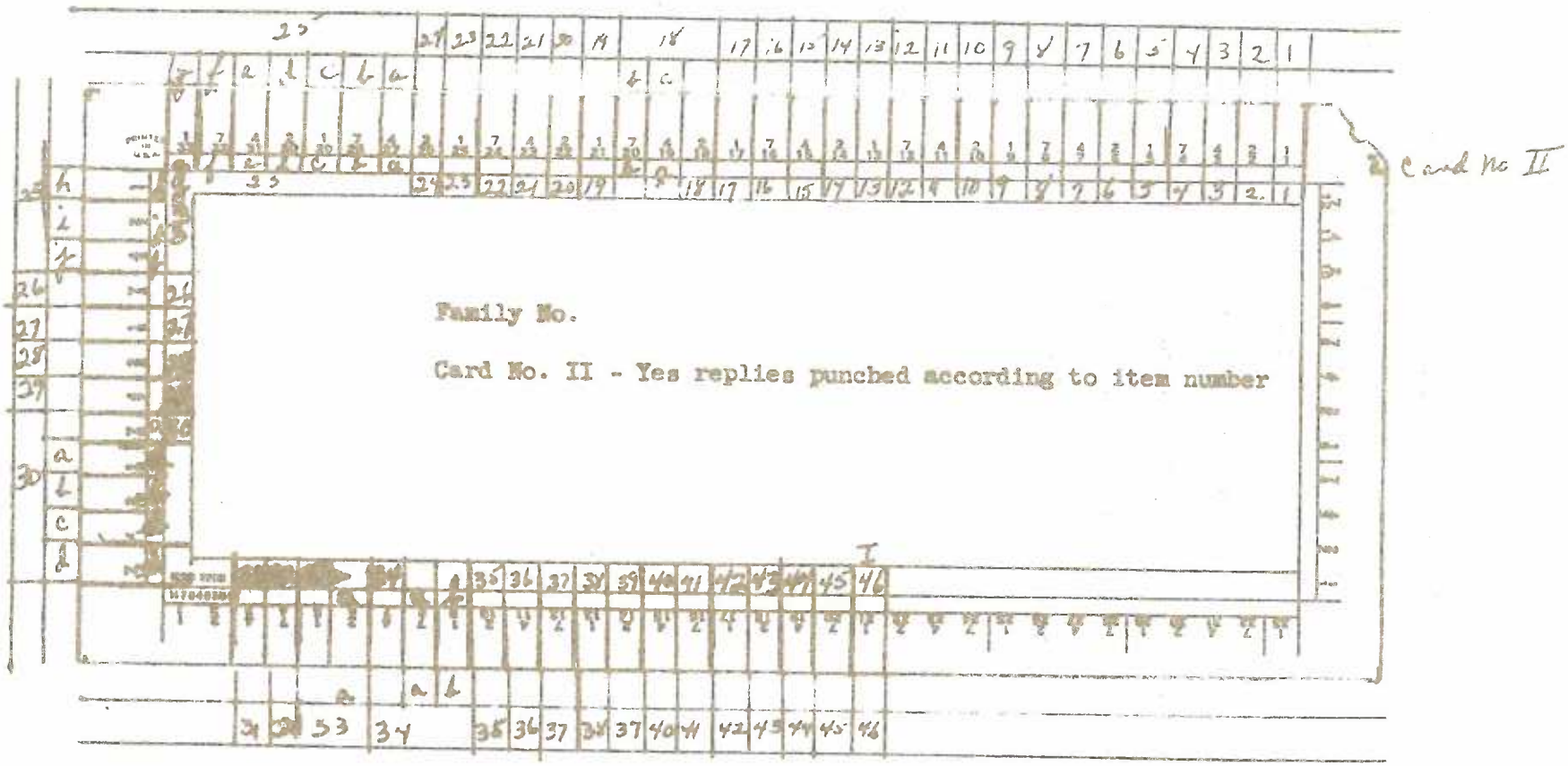
* - No Punch



PATTERN FOR CARD NO. II

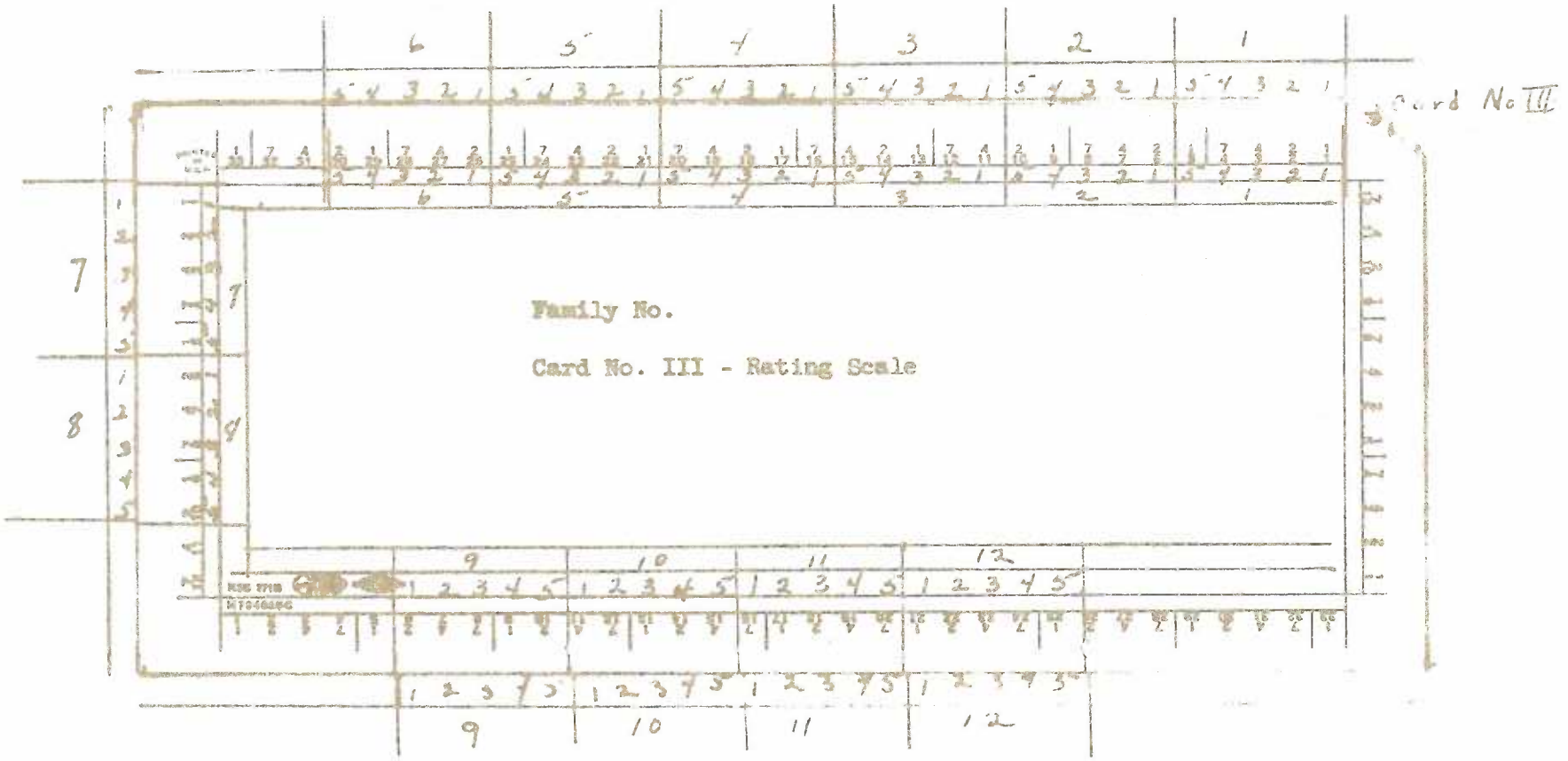
Questionnaire - Yes and No Replies

("Yes" replies punched. "No" replies not punched)



PATTERN FOR CARD NO. III

Rating Scale



APPENDIX E

RAW DATA - IDENTIFYING INFORMATION

Age:	through 39	40-60	61-	none in home	
M	13	17	5	10	= 45
Fe	27	8	7	3	= 45

Number of Children:	1-2	3-5	6/	0	
	15	16	4	10	= 45

Ages of Children:	Infant 0-12 mo.	Preschool 1-5 yr.	School 6-17	18/	Other Adults
	10	17	37	2	2

Nationality:	American	European	Mex. & Ind.	Other	
	32	8	5	0	= 45

Grades of Education:	1-7	8-11	12	13/	Degree
M & Fe Same	13	21	13	2	2
Differ. M	2	2	3		
Fe	1	3	1	1	

Occupation:	Unemployed	Unskilled	Skilled	Semi-Skilled
M	10	18	3	9
Ret.	3			
Ill	4			
	Housewife	Other		
Fe	36	9		

Private Physician:	Yes	No	
	37	8	= 45

Religion:	Protestant	Catholic	None	Other	
	27	7	9	2	= 45

Housing:	Own	Rent	Buying	Other		
	8	22	13	2		= 45
Condition:	**Excellent**	**Adequate**	**Minimal**	**Poor**		
	13	14	13	5		= 45
Location:	**Rural**	**Urban**	**Suburban**			
	11	20	14			= 45
Income:	**Employment**	**Welfare**	**Pensions**	**Savings**	**Other or None**	
Chief	19	12	10	4		= 45
Secondary	9	3			33	= 45
Contacts with Public Health Nurse	**2-6**	**7-11**	**12 or more**			
	27	7	11			= 45

Services:	C.D.	Chr.Dis.	Inf.	Presch.	School	M.H.	Other
	12	12	12	8	18	10	7

RAW DATA - QUESTIONNAIRE

I Interpersonal Relations

Item No.	Satisfied	Not Satis.
3	44	1
8	35	5
9	42	3
10	42	3
11	42	2
12	40	5
17	42	3
39	44	1
42	45	0
43	43	2
Totals	419	26

II Communications

Item No.	Satisfied	Not Sat.
5	28	11
6	27	12
15	43	2
19	44	1
20	40	5
22	36	9
38	18	24
41	43	2
44	38	7
45	21	24
Totals	338	97

III Nursing Service

Item No.	Satisfied	Not Satis.
14	42	3
18b	21	3
23	32	13
24	40	5
31	39	5
32	42	3
35	29	16
7	31	14
I (46)	37	8
Totals	313	70

IV Health Education

Item No.	Satisfied	Not Sat.
26	39	6
27	41	2
28	32	13
29	32	13
30a	18	1
b	17	2
c	14	12
d	22	4
Totals	215	53

V General Information

Item No.		Happened	Did Not Happen
1	What wanted	40	5
2	Worked out problem	24	21
4	Talked with Doctor	30	14
13	Solution different	19	26
16	Aware of more problems	23	22
18	Other resource	24	21
18a	Were referred	20	4
21	Had used service	15	30
25a	Accident prevention	9	36
b	Care of the baby	13	32
c	Child growth and development	14	31
d	School children problems	21	24
e	Immunizations	22	23
f	Communicable disease	21	24
g	Nutrition	26	19
h	Preventing disease and illness	19	26
i	Community health problems	12	33
j	Emotional health	15	30
28	New Information	32	13
30	Received literature	19	26
33	Home nurse care	13	32
a	Could have used home nurse care	9	23
34	Family member hospitalized (19 said did not apply)	19	7
a	Instructions received	10	16
b	Referred for PHN services	7	19
36	Adaptation of equipment	17	28
37	Injections	8	37
40	Duplication of service (2 said possible by Red Cross)	0	45

Raw Data - Rating Scale

Service	Scale of Importance 1	2	3	4	5	Score	Mean Score for Families
Information about diseases and illness	4	6	15	16	150	191	4.2
Discussion with nurse in the home about health problems			27	20	160	207	4.5
Information about improving health and preventing illness		2	27	20	155	204	4.4
Discussion with nurse about mental and emotional health	1	6	21	36	130	194	4.2
Help of nurse in parents' understanding of child's growth and development .		4	24	36	135	199	4.3
Availability of nurse to help plan medical and nursing care, if needed		2	21	36	145	204	4.4
Home nursing care services .			9	32	175	216	4.7
Help for family to understand how to prevent deformities and improve abilities for ill or disabled			15	12	190	217	4.7
School nursing services . .			12	32	170	214	4.6
Group meetings about health problems or health information	1	8	30	64	75	178	3.9
Information about other agencies which might help . .		2	6	36	170	214	4.6
Pamphlets and other literature on health subjects . . .	3	6	33	40	95	177	3.8
Totals	9	36	240	380	1750	2415	52.5