

A SURVEY OF NINETY-FOUR HEAD NURSES IN OREGON TO DETERMINE
THEIR COMPREHENSION OF COMMUNITY HEALTH SERVICES

by

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A THESIS

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CHAPTER I

INTRODUCTION

Introduction to the Problem

Coordination of nursing services is based on cooperation, and cooperation is based on understanding. This requires awareness of community nursing needs and of the services that must be provided to meet them. Hospital nurses should have understanding of community health activities, community health needs, and practices of public health nursing.

Certain general areas of activity may be considered basic to public health nursing. They are described in the official statement adopted by the American Nurses' Association in 1962 as: (11)

Public health nurses, including school nurses and those in other specialties in public health nursing, work as members of a health team to further community health. They provide nursing care and treatment, health, counseling, and organize families and community groups for health purposes. Their activities include work in the home, clinic, office, school, or health center. In all phases of the work, emphasis is placed on the prevention of disease, the promotion of health, and rehabilitative measures.

When workers in hospitals, clinics, nursing homes, doctor's offices, industry, and other settings where patients and families are cared for, have an understanding of public health nursing practices, a real continuity of nursing care should develop.

It is the purpose of this study to survey a representative number of head nurses in Oregon to ascertain their comprehension of community health services and practices. It is time to reaffirm the need to develop or improve community-centered plans for providing continuing nursing care for patients who require it as they move from home to hospital, hospital to home, or to any other place where care may be given. (30)

Recent studies and articles (1,22,25) underscore effective selection of patients as first line importance. The studies demonstrate the desirability of developing criteria for selecting patients who will need service from a public health agency. Louise C. Smith writes: (30)

Undoubtedly, the recording of accurate and complete information and prompt transmittal of the information to public health agencies could contribute to effectiveness of public health nursing services to patients.

Edith Wensley says that hospitals need to consult with public health agencies, official and voluntary, in regard to their criteria for service. (30)

When hospital nurses recognize that taking the initiative for securing continuing care of patients is their responsibility, and when they are more articulate concerning a patient's total requirements, the result should be improved patient care; a goal for all nurses.

Statement of the Problem

Hospitals are recognizing that their responsibility for care of a patient goes beyond hospital walls; the principle of early hospital

discharge for selected patients is recognized as therapeutically advantageous. Not every patient requires follow-up care. But to him belongs the right to have his needs evaluated and to receive care if he requires it and if facilities are available. According to the National League for Nursing's "What People Can Expect of Modern Nursing Service," a patient has the right to expect:

That plans will be made with him and his family, or if necessary, for him, so that, if possible, continuing nursing and other necessary services will be available to him throughout the period of his need. These plans will involve the use of all appropriate personal and community resources.

The importance of follow-up care becomes obvious not only because of a patient's own physical needs but often because of conditions in his home. Illness does not involve the ailing person alone, it frequently interacts with family; as a result, the problems associated with his illness often engulf his family. (19)

Other reasons for continuity of nursing care are: (13, 15, 20)

(1) Research shows that given a suitable home situation, selected patients do better there than if they remain in an institution, no matter how excellent; home is where the average patient feels more secure. (2) Population in the United States continues to spiral; hospital facilities may not be able to keep pace. This places extra emphasis on the importance of public health nursing care for these patients who may be treated at home. (30) Health insurance plans promise to expand. If past experiences can be a guide, this may mean that more people will use hospital facilities. This could

result in a rapid expansion of outpatient services for those persons who can be treated during the day in the hospital and return to their homes at night. All this will probably highlight the importance of supplementary outpatient care in the hospital with community health agencies giving nursing care in the home.

Edith Wensley writes:

Although it is not the prerogative of any one profession to identify a patient's need for follow-up care, it is the consensus that hospital nurses should participate more fully in referral of patients for home nursing care and in their home-going instructions.

Louise C. Smith says, "Many nurses will require careful direction in identifying needs of patients for follow-up care. A head nurse seems to be in a key position to work with staff nurses in this area."

What the nurse can do is conditioned by the hospital program for public relations, by her own indoctrination, and by the character of stimulation and assistance from those who guide her. Nurses who know and use continuing nursing care offered by community health agencies do much toward prolonging the life and usefulness of people in the community and towards promotion of good public relations. (20)

It is the aim of this study to attempt to determine (1) if head nurses think they can identify patients who need continuing care after discharge from the hospital and (2) if head nurses know the type of nursing care available through community health services.

Two hundred currently active head nurses were chosen for this study. They were selected as participants because they have a

strategic position of responsibility in initiating better nursing care for all patients under their jurisdiction.

Variables

1. Nature of the school from which the participant graduated.
2. Education and experience in public health nursing.
3. Length of experience as head nurse.
4. Area of service as head nurse.
5. Nature of services offered in the community.
6. Presence (or absence) of a referral system in the hospital.

Limitations

1. Study limited to information that could be obtained by a mailed questionnaire submitted to a group of 200 head nurses in hospitals throughout the State of Oregon. This number was felt to be a representative figure because it was slightly more than twenty five percent of the total figure of 720 head nurses as listed in the Fiscal Report by the Oregon State Board of Nursing for the year 1962-1963.
2. The participants were full-time head nurses. They were selected from those licensed in Oregon. Numbers were listed from one to thirty, number four was the random number chosen from the box containing all numbers. The fourth person on the State of Board of Nursing list of active registered head nurses was selected as the first person in the sample and every fourth name thereafter was used until 200 head nurses had been selected. An additional 25 names were chosen in lieu of invalid return by some of the

original sample.

3. Excluded were those who took part in the pilot study.
4. The expressed opinions represented the responses of the participants of this study, and no wide spread generalizations should be drawn regarding the findings of this study without further research.

Assumptions

For the purpose of this study, the following assumptions were made:

1. That community health services, official or voluntary, will provide continuity of nursing care for all patients referred to them.
2. That the head nurse has the ability to identify patients who need continued care after hospital discharge.
3. That the individuals who responded limited themselves to honest answers and opinions regarding the functions of community health.
4. That continuity of nursing care is advantageous to the patient and hence merits study.

Definitions and Explanation of Terms

For the purposes of this study the following definitions have been derived from the literature:

Continuity of care --- Care of the patient before, during, and following hospitalization. (Edith M. Stiller) (27)

Head nurse --- A graduate nurse who gives the majority of her time to the management of a single ward (usually 30 patients) and who assists in the carrying out of the ward teaching program. The head nurse in an out-patient clinic is included in this group. (Deborah MacLurg Jensen) (17)

Public health nursing service --- Part time nursing care on a family-centered basis for individuals and groups at home, at work, at school, and in public health centers that is provided by a visiting nurse association, by the nursing division of a health department, or by nurses from a school health service. (Edith Wensley) (30)

Referral system plan --- A plan which insured that all discharged hospital patients will be referred for public health nursing service in their homes when their need for this service has been determined by agreed-on criteria. Also, a plan which insures that all significant information that will help hospital nurses or public health nurses provide good care to a specific patient will be transmitted in either direction between hospital and public health agency. (Louise C. Smith) (30)

Importance of the Problem

The following developments made the problem important:

1. It was hoped that this study would provide some insight into the understanding by head nurses of the function of health services in their community.
2. It was hoped that this study would demonstrate that head nurses could identify the need for continuing patient care in those patients requiring such care.
3. It was hoped that this study would demonstrate the value of having had an orientation to community health agencies.
4. The determination of what head nurses know about community health services and their responsibility in securing this care for their patients, could provide Oregon nursing educators and nursing service employers with a basis to help reinforce areas of weakness by in-service educational programs.
5. Referrals re: public health nursing, could provide the Oregon League for Nursing or the Oregon Nurses Association material for institutes and workshops which could be of value to head nurses.

Procedure for the Solution of the Problem

Plan of study may be described in a series of steps as follows:

1. Review of literature related to community health agencies; particularly as it pertained to continuing nursing care of the patient.
2. Defined problem and established purposes of the study.

3. Constructed initial tool in the form of a questionnaire to obtain needed information as given in the Statement of the Problem. Each item related to purposes of the study.
4. Revised questionnaire according to suggestions of thesis adviser, experienced professional nurses, and authorities in nursing service and public health nursing.
5. Tested questionnaire in a pilot study on nine head nurses and five supervisors. These head nurses were excluded from the sample used in the study. Final revisions of tool were made in accordance with their suggestions.
6. Mailed questionnaire to 200 head nurses selected at random from list obtained from the Oregon State Board of Nursing.
7. Processed the data, tabulated results, did statistical analysis where indicated, and constructed tables for interpretation.
8. Analyzed and interpreted results.
9. Summarized, drew conclusions, and recommended further studies.

Overview of the Study

There are three chapters in the remainder of this study:

Chapter II -- Survey of Literature and Related Studies: A review of related literature and significant studies.

Chapter III -- Design of the Study: Exploration of the procedure used in executing the study and presentation of findings.

Chapter IV -- Summary, Conclusion and Recommendations: Summary of the study with conclusions and recommendations for further studies based on the data obtained.

CHAPTER II

SURVEY OF LITERATURE AND RELATED STUDIES

Introduction

Prior to, and during the study described in this report, the writer examined nursing literature in the general areas of continuity of patient care.

In the first half-century of public health nursing, attention was centered on the care of patients with acute illness. After 1925, emphasis shifted to the care of those with chronic illness and disability. (24) In the past decade, the increase in the proportion of the aged in our population, who have more chronic illnesses, has alarmed the nation. Conferences, discussions, and studies of public health nursing's role in the provision of continuing patient care from hospital to home, and in organized home care plans have been conducted. (3,6,7,9,10,16,18,22,23,24,29,30)

Related Studies and Articles

The literature was searched for related studies and articles. Because this field of nursing literature proved to be so lucrative, only those studies and articles of most pertinence to this survey will be reviewed.

Lyndell Birbeck writes: (6)

According to a report which appeared in Nursing Research, the first study pertaining to services, needs, and administrative management was published in 1924. I am certain that earlier leaders in public health had many of these same questions regarding meeting needs.....

In 1928, Helen Bean did a study concerned with plans to meet the public health needs of a community. For a period of one year, two measures of activity were applied to the nursing work of two counties fairly similar in area and health problems. One measure considered only the volume of service, the other, the average length of the visit. Neither measure gave any indication of the results accomplished, such as imparting health information, changing behavior of those reached, or rendering nursing service to those needing it. In the conclusions of this study, Miss Bean found that a comparison of these two indices revealed some of the limitations of using such measures and pointed out errors of interpretation that arise from the use of either index alone.

In 1932, Katherine Tucker and Hortense Hilbert, under the auspices of the Committee on Field Study and Administrative Practice of the National Organization for Public Health Nursing, conducted a cross section study of public health nursing. (28) Although this study was broad in scope, special studies were recommended, "which might lead to more refined indices for judging the amount and kinds of nursing services needed." (28)

The war years saw a lull in nursing research, but a renewed interest was established in the late 1940's. More and more hospitals

were seeing the need for patient instruction and for referrals to community agencies which would assume supervision of the care of the patient after his discharge from the hospital. (4)

In Boston, Massachusetts, an investigation into the need for general hospital care and the reasons for prolonged stay in such institutions was undertaken in 1954-1955. It was one of a series of studies designed to develop methods of measuring quality of medical care and of evaluating the adequacy and efficiency of community services. This investigation was carried out by the United Community Services of Metropolitan Boston in cooperation with the Harvard School of Public Health, and was supported in part by a research grant (RO - 40450) from the National Institutes of Health, Public Health Service. Four hospitals were used in this study. It was a study of patients staying 30 days or longer to determine reasons for their prolonged stay. It included an analysis of a sample of patients discharged in 1953 and a detailed review, by a team of professional persons, of a sample 369 "long-stay" patients in the four hospitals in 1954. (23)

The findings were:

1. The main reasons for keeping patients in the hospital despite absence of need for continued active treatment were unsuitability of patient's home, reluctance of family to accept the patient, and lack of facilities and services.
2. The "long-stay" group contained a relatively larger proportion of elderly people and of patients with tumors, cardiovascular

diseases, and injuries.

The conclusions were:

1. The findings indicated the importance of availability and effective coordination of various types of facilities for medical care and other services for the sick and infirm in the community.

Long-Stay Study

Two other recent studies have been done on this same subject of "long-stay" patients. One was the Long-Stay Study by Columbia University's School of Public Health and Administrative Medicine to be published late in 1963. The other is a Sub-Study of the Long-Stay Study by Anne-Marie Thon and a panel of other public health nurses together with physicians and a social worker. These two studies were not available for detailed review because they were not as yet published. A brief report of their findings was found in a publication by Edith Wensley Nursing Service Without Walls written for the National League for Nursing. (30)

Purpose of the Long-Stay Study:

1. To investigate the reasons for prolonged stay in general hospitals.
2. To ascertain the "long-stay" patients health needs.

The findings were:

That a more effective selection of patients is needed.

Sub-Study of the Long-Stay Study

The Sub-Study of the Long-Stay Study was concerned with specific patients in the total patient sample of the Long-Stay Study. The

objective of this sub-study was: To explore the possibilities of hospitals' use of organized public health nursing service.

The findings were:

1. For almost half of the patients in this group, public health nursing (health promotion) was considered to be the only need.
2. The number of patients who have an indication of need for continued nursing care at home, although important, is not as significant as is the fact that every hospital patient can and should be screened against given criteria as to his total needs.
3. Hospitals need to consult with public health nursing agencies (voluntary and official) in regard to what their criteria are for service and what the type and number of cases are for whom they can maintain service.

Homestead Study

Another study in this same area, was the Homestead Study Project in New York City. It was sponsored by the office of Vocational Rehabilitation of the United States Department of Health, Education, and Welfare and directed by Howard Rusk, M.D., and Virginia Dooney, nursing consultant. A report of this study was also sought through the University of Oregon Medical School Library and this information was received from Helen Yost, Librarian American Hospital Association, Chicago, Illinois:

Report of Homestead Project in New York City has never been published. Dr. Rusk made a brief report to the sponsoring agency--the office of Vocational Rehabilitation of the United States Department of

Health, Education, and Welfare -- which was in mimeographed form. We do not have copies available for loan.

The findings of this study were not available.

Mickey Study

In the summer of 1956 Janice Mickey obtained a nursing research grant to study the nursing needs of a population outside of the hospital. This study was called: Studying Extra Hospital Needs: A preliminary Report.

Purpose of this study was:

1. To develop a procedure for estimating extra hospital needs of the general population.
2. To apply this procedure to one county in a preliminary test of its effectiveness as an administrative tool.

Method used:

The method used was a single nursing interview in which the interviewer decides whether the members of the family have health problems that would lead themselves to public health nursing, if it were available. The sample consisted of random selection of households, to make possible generalizations from the data and to obtain for that county an estimate of the extra hospital nursing needs of the population. The county chosen for the preliminary study was Butler County, Pennsylvania, with a population of 104,000.

The findings were:

Results of the data collected showed that the estimates for the intensity of need are more consistent than is the measurement of the family's ability to cope.

In 1957, using the Mickey Study as a guide, a study was started by the School of Hygiene and Public Health of Johns Hopkins University with Ruth Freeman as principle investigator and Janice Mickey as study director. "This study was slow to get under way because the researchers couldn't get nursing service interested in helping with interviews." (18) After a year, only 150 families had been successfully interviewed; a total of 1,000 was the goal of the study. No results of the data are yet available.

Schwartz Study

In 1959 Doris Schwartz was instrumental in conducting a study of referrals to the public health nurse. This was a study of 184 referrals out of 368 received for public health nursing services in the General Medical Clinic of the New York Hospital, over a 12 month period. The tool used to collect data was developed in 1946 under the sponsorship of a committee of the United Hospital Fund. It was called the "Greater New York Interagency Referral Form" and is used by most hospitals and public health nursing agencies within the city today for routine referrals between the hospitals and community public health agencies.

This study was analyzed in respect to:

1. The kinds of services requested by the hospital staff.
2. Range of information supplied in return by public health nurses.
3. Certain apparent difficulties in communications that existed between the two groups.

The most frequently requested kinds of service were:

1. Teaching a patient or family member.
2. Carrying out a nursing procedure.
3. Supportive health supervision.

The least frequently requested services were:

1. Giving general nursing care.
2. Evaluating a home situation.

On the whole, the services requested were in accord with what an independent observer might expect on the basis of the patient's age and diagnosis, which tended to be the chronic diseases, in the patients over the age of sixty. (25)

Since this study was confined to a sample group of referrals, a second question arose: What about a study of the nursing needs concerning the benefits which might have accrued to other selected patients in the clinic had they been thought of as candidates for referral? A study of the nursing needs of this latter group of patients is currently being conducted in this clinic under a grant from the Division of Nursing Resources of the United States Public Health Service. It is hoped that:

....through it, coming to recognize that if physicians and nurses are to assume greater responsibility for providing continuity of nursing and patient care, then skills in analyzing, evaluating, and summarizing their appraisals will require some attention. (25)

The Organized home care movement is an approach to the problem of caring for the ever increasing number of chronically ill and disabled persons in our population. At a workshop on home care services at the American Hospital Association Headquarters in Chicago, April 1960,

it was agreed that organized home care programs were giving care to somewhere between 3,000 and 5,000 patients. (9) There are 50 known programs, most of which developed since 1950.

Fleming Study

The Fleming Study of 1959 was the report of one of these home nursing projects. (10) This was a project done through the North Carolina Memorial Hospital with public health nursing in four counties: Orange, Person, Chatham, and Lee. It was called the Home Health Service. A summary of its five years of existence shows the following evaluation:

1. Experience from this study has shown that one of the greatest needs at the present time is home or bedside nursing done on a supervised basis rather than actual service.
2. Home nursing would seem to be an important and tangible contribution to control of chronic disease.
3. Much need for the health department to join with community hospitals in certain laboratory services.
4. Initiation of early referrals soon after the patient is hospitalized in order to allow the information to return in time for optimum use.

In summary Dr. Fleming said: (10)

Nurses' vary a great deal in their perception of problems in patient's after-hospital care. Some do not feel that their responsibility extends beyond the hospital's walls. Discussion of illustrative cases at conferences seem to help in broadening horizons. Sensitization of all hospital personnel to the difficulties in introducing patients and their families to home nursing care has been greatly aided by the nurses.

Detroit Home Care Program

A review of the study of Detroit's home Care Program showed that these projects can be very successful. Detroit's consideration of a home care program was the result of recommendations of the National Commission on Chronic Illness which functioned from 1950 to 1955. It was also influenced by the reported success of the home care program by the Philadelphia Visiting Nurse Society in 1948. The Visiting Nurse Association of Detroit sought to establish a similar program. (24)

The Detroit demonstration was set up to serve the long term patients of private physicians. It lasted from July 1, 1955 to December 31, 1959. It was financed by the McGregor Fund which appropriated 75,000 dollars for a three year demonstration but increased it in 1958 to 100,000 dollars to allow for the fourth year. The Visiting Nurse Association board assumed responsibility for the administration of the project.

Service rendered:

The Visiting Nurse Association was equipped to give all the services considered essential for home care except medical care and case work. It offered nursing, physical therapy, occupational therapy, nutrition, and home aid service; and had sickroom equipment for loan to patients. Private physicians gave medical care, and community agencies provided family counseling, financial assistance, and other special services.

Area served:

Metropolitan Detroit.

The patients:

Decision to admit a patient to home care service was based on answers to specific questions by a team of medical, nurse, and social work coordinators that had been appointed specially for the demonstration.

These questions were used for admissions:

1. Does the welfare of the patient and his family warrant this type of care?
2. Can the home environment be made suitable?
3. Is medical care available in the home?
4. Does the patient have a long-term disability?
5. Does he or his family have need for rehabilitation?
6. Are his needs such that a wide variety of coordinated services are required?

Reasons for discharge from project:

1. Patient has recovered.
2. The patient has reached the rehabilitation goal expected.
3. The family can assume the patient's care with or without the help of the Visiting Nurse Association's regular service.
4. The patient and his family have failed to cooperate in carrying out the program.

Records:

A central record system was established in the demonstration office.

Statistical data were transferred to McKee cards for key sorting purposes.

From the cards, a monthly report was prepared on the cases that had been opened and closed.

Service evaluation:

During the four and one half years of the demonstration, 440 patients were admitted and 395 were discharged. The majority (60 percent) of the patients were women. Age distribution showed the majority (655) of the patients were in the 25 to 60 age bracket; 21 percent above and 13 percent below. The average stay on home care was 167 days. Of the 73 patients who died while on home care, most of them had been referred for terminal care. Seventy percent of the patients made considerable improvement, only four percent had complete mobility at the time of admission, but 30 percent had reached this goal at the time of discharge. It was possible to turn 85 percent of the patients to self and family care. Twelve percent were transferred to the Rehabilitation Institute or hospitals for further rehabilitation and three percent were sent to nursing homes.

It was felt that the demonstration had been more helpful than could have been expected from regular Visiting Nurse Association service. Physicians in the study felt that coordinated services had made it possible for these patients to be cared for at home and that in 37 percent of them, their hospital stay had been definitely shortened. In the evaluation study, 45 of the patients and their families were interviewed to obtain their opinions of the services they had received. All were satisfied.

Blue Cross Pilot Study

With the termination of the Detroit Home Care Project in 1959, the Visiting Nurse Association agreed to cooperate with Michigan Hospital Service (Blue Cross) in a year's pilot study, called the Blue Cross Pilot Study: (2h)

To explore on a controlled study basis the advantages to patients and the effect on lengths of hospital stay which would result from the availability of organized home care benefits provided to select cases through Michigan Hospital Service reimbursement of the Visiting Nurse Association of Detroit for such care.

Physicians were asked to estimate the number of hospital days saved by referring their patients to home care. Coordinator, physician, patient, and family decided if home care was feasible for the individual. The Blue Cross paid for the drugs, dressings, and laboratory work through the participating hospitals. They also paid for services provided by the Visiting Nurse Association, nursing, special services such as nutrition, physical therapy, and occupational therapy, and one half the cost of home aide placement.

Four general hospitals were chosen for the pilot program, St. Johns, Highland Park General, Oakwood, and Sinai all comparable in size and well dispersed throughout the metropolitan area of Detroit. Sinai Hospital was the only one that had had any experience with coordinated services before the project began.

As a result of having learned some of the problems of the referral system during the four year Demonstration Project, the division of responsibility was divided between the home care staff and the home care coordinator employed by the Visiting Nurse Association.

Results of the study:

The four hospitals in the Blue Cross Pilot Program in 1960 referred to the Visiting Nurse Association about three times the number of patients referred in 1959, the last year of the Demonstration Project. This increase was partially due to payment by Blue Cross. The greatest number of patients had cancer, the next most frequent diagnoses were heart and circulatory diseases including rheumatic fever and cerebrovascular accidents. Sixty two percent of the number referred during the one year study were under the age of 65.

A Blue Cross study is going on in Detroit for a second year. Five new hospitals, using somewhat different controls were added. Team conferences are held when indicated, instead of routinely for every case.

In April 1960, the American Hospital Association, The American Medical Association, the Public Health Service, and the National commissions of Blue Cross and Blue Shield held a two and one half day workshop in Chicago on home care. The 70 participants in the home care workshop agreed that much more research, experimentation, and study will be needed before a pattern for organized home care can be standardized. Currently, experimentation with an organized home care unit is going on in several cities, Detroit, Denver, Peoria, Pittsburgh, Cleveland, and Washington D.C. (1)

The White House Conference on Aging, at the January 1961 meeting, recommended that home care of the sick be extended and made available to all who need it; "To accomplish this will require an all-out push by voluntary and official agencies." (24)

Another very recent study on continuity of patient care has been done by Louise G. Smith. It was called Factors Influencing Continuity of Nursing Care. It was sponsored by the National League for Nursing, Inc. The complete report of the study is out of print and no longer available. The brief report on this study will be that taken from Edith Wensley's Nursing Service Without Walls. (30)

This study was done in six hospitals; the methodology and geographical location were not given.

Some of the findings were:

1. Although referral procedures may be in effect, it does not necessarily follow that nurses, physicians, and other personnel are always clear that any procedure exists.
2. Most physicians indicated they expected hospital nurses to explore with the doctor, a patient's need for public health nursing service.

Louise G. Smith said: (30)

Many nurses will require careful direction in indentifying needs of patients for follow-up care. A head nurse seems to be in a key position to work with staff nurses in this area.

Recommendations:

1. Involve personnel in some detail of the referral system.
2. Planned individual orientation of new personnel and periodic review of procedures by all personnel likely to be involved.

With continued national concern for ways in which nursing care service for the sick may be extended, such current research is being done. A three year study designed specifically to develop patterns of continuity of nursing care, is being done at present, in Rockland

County Health Department, New York. The project is being directed by Dr. Donald D. Dickson, Commissioner of Health and Miss Gladys Weber, Director of Division of Nursing, Rockland County Department of Health, New York. It is being financed through a \$10,000 dollar a year grant from the Nursing Division, United States Public Health Service. This project will study the further utilization of personnel with different preparation and background as members of the nursing team, as well as the cost of expanding programs for nursing care of the sick at home. (29) "It will also make practical application of some of the findings of the study, Factors Influencing the Continuity of Nursing Service, conducted by Dr. Louise C. Smith." (29) Further, the data from this Project will be used by the United States Public Health Service in developing staffing patterns and methods of financing home nursing care of the sick demonstration projects for health agencies in other areas of the nation.

A report of what local communities can do towards improving patient care can be read in Betty Power's "A Round Trip Ticket Via Community Resources". In 1962 the Central League for Nursing, Indiana League for Nursing undertook positive action regarding "better patient care"; 400 persons from many communities throughout Indiana participated in this project. Out of this institute, "thirty recommendations evolved, still to be worked on -- more institutes will follow, this is only the beginning." (21)

Published in 1963, is a booklet, Nursing Service Without Walls, written by Edith Wensley for the National League for Nursing. This

booklet emphasizes nursing service in the home. Its purpose is to point out the urgency of developing or improving a community-centered or area-centered plan for service at home from an organized public health nursing agency.

Edith Wansley writes: (30)

It is hoped that key persons will move forward in making it possible for every person who is discharged from a hospital or other institution and needs nursing care at home to receive it from the appropriate public health nursing agency in his city, county, or state. Hospital nurses who have developed a continuity of care philosophy through education and experience are the ones who generally take the initiative in suggesting their patients as candidates for follow-up care. When hospital nurses believe it is part of good nursing to do this, referral plans are likely to work best. They also work well when nurses see a referral plan as a means by which the hospital can provide for patients to receive continuing nursing care from the public health agency in each patient's home town.

Summary of Literature

No other literature exactly paralleled the approach taken in this study. A review of the literature revealed that increasingly, nurses feel responsible for providing patients with needed care from the beginning to the end of illness, both in and out of hospitals. Continuity of care depends on effective referral system. Stress was placed on the importance of selective referral; patients should be screened against a given criteria set up by hospitals and health agencies working as a unit.

Nurses need careful direction in identifying needs of patients for follow-up care. The creation and maintenance of interest depends on keeping as many people informed as possible; head nurses and

supervisors are key persons in any referral program.

It is to be regretted that some important studies were done, but that complete reports were not prepared or retained in print for use elsewhere.

CHAPTER III

DESIGN OF THE STUDY

Exploration of the Procedure Used

The primary purposes of this study were (1) to attempt to determine if head nurses think they can identify patients who need continuing care after discharge from the hospital and (2) if head nurses know the type of nursing care available through community health services.

Where feasible, statistical tests were done to see if they had any relationship to either of the two goals. Education and experience in public health nursing, length of experience as a head nurse, area of service as a head nurse, nature of school from which the participant graduated, nature of health services offered in the community, and presence or absence of a referral system in the hospital, were all examined for possible relationship with the area of study.

A combination check list and free response questionnaire was devised to elicit the desired information. Each question was analyzed in terms of the objective it was designed to fulfill; some were found to have contributed to the attainment of more than one objective. These were analyzed first in the areas of importance, and then considered under the other appropriate headings. The questionnaire was validated as described in Chapter I.

A copy of the questionnaire may be found in Appendix A. It,

along with a letter of explanation, Appendix B, was mailed to a total of 205 head nurses throughout Oregon. A followup post card was mailed two weeks later to increase the returns.

The investigator listed numbers from one to thirty. Number four was the random number chosen. The fourth person on the State Board of Nursing list of active registered head nurses was selected as the first person in the sample and every fourth name thereafter was used until 200 head nurses had been selected. An additional 25 names were chosen in lieu of invalid returns by some of the original sample. Five of this list were used.

Analysis of Data

Out of the 205 mailings, 105 answered, 94 completed the questionnaire, 11 returned it without participating, and 100 failed to answer. Reasons given by those returning it without participating are quoted verbatim: "not in my area of nursing," "operating room head nurse", "can't answer," "I don't know," "haven't time to look up the answers," "haven't time to look up the agencies in my community," "new in my area," "wish I knew more about this so I could help you," and other similar answers.

Twenty five percent of the total number of 728 head nurses in Oregon were sampled. Those answering totaled 14 percent of the total number. Fifty two percent of the sample population returned the questionnaire, one percent returned it without participating, 47 percent answered. This sample was deemed large enough to provide the necessary data to reflect the knowledge of head nurses regarding the aim of this study.

The information received was transferred to key sort cards for ease of analysis and master tabulation records were made. Table I represents the types of nursing school programs from which the respondents graduated.

TABLE I

Type of School from which % Head Nurses Graduated

Type of School	Number of Head Nurses
(1)	(2)
Hospital diploma	77
Collegiate degree	15
Associate degree	2
Other	0
Total	94

Graduates from diploma schools of nursing numbered 77 or 81 percent of the total participants, graduates from the baccalaureate programs numbered 15 or 16 percent. The national average is 13.2 percent of degree graduates as stated in the 1961 publication of Facts About Nursing. (2) The respondents in this study with baccalaureate degrees, is four percent above the national average.

TABLE II

Response of 94 Head Nurses in Relation to Decade of Graduation

Decade of Graduation	Number of Head Nurses
(1)	(2)
Before 1930	16
1930	11
1940	27
1950	26
1960	14
Total	94

Table II is presented to show the decade of graduation of the participants. The majority, 52 of the 94 respondents, graduated in the 1940 and 1950 decades. The lesser number of head nurses were found in either tail of the curve. Fourteen nurses or 15 percent graduated in 1960 and 16 or seventeen percent graduated before 1930.

Table III shows the relationship between decade of graduation and type of school.

TABLE III

Response of 94 Head Nurses in Relation to Decade of Graduation and Type of School

Type of School	Decade of Graduation					Total
	Before 1930	1930	1940	1950	1960	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Diploma	16	10	23	18	8	76
Associate degree ..	0	0	1	0	1	2
Collegiate degree ..	0	1	3	7	5	16
Other	0	0	0	0	0	0
Total	16	11	27	26	14	94

The sixteen diploma nurses who graduated prior to 1930 constituted 17 percent of the sample population. In the decade of 1930 only one of the participants was from a baccalaureate school; the 1940 decade had three graduates from collegiate schools. In the 1950's the graduates of degree programs represented in this study doubled, seven were noted. With the 1960's only three years old, five respondents had graduated from degree programs.

Tables IV through VI were constructed to obtain essential knowledge which would detail the educational background, experience, and year of graduation. Table IV shows the years of experience as head nurses of the participants in this study.

TABLE IV

Length of Time in Years as Head Nurses of 94 Participants

Length of Time as Head Nurse (1)	Number of Head Nurses (2)
1 - 4 years	43
5 - 8 years	27
9 - 12 years	10
over 12 years	14
Total	94

Forty-three of the respondents in this study or 46 percent have been head nurses less than five years. This represents the majority of the participants. Fourteen or 15 percent have been head nurses over 12 years. Thirty-seven, or 39 percent have been head nurses from five to 12 years.

Table V shows the education and experience in public health nursing of the 94 participants.

TABLE V

Education and Experience in Public Health Nursing of
94 Head Nurses.

Classes and Experience	Number of Head Nurses
(1)	(2)
No experience in public health nursing	26
Courses only	29
Courses and field experience ...	33
Employment in a public health agency	6
Total	94

Twenty-six of the respondents or 28 percent had no educational background in public health nursing; neither courses nor experience in the field. Sixty-two or 65 percent of the participants had classes or field experience. Only six or six percent had ever been employed by a public health agency. Of the 94 respondents, only four gave the year of public health classes: one each in 1938, 1947, 1950, and 1958. Seven participants designated the year of classes with field experience: one each in 1929, 1930, 1948, 1955, 1956, and two in 1936.

Table VI shows education in public health nursing according to the type of nursing program the respondents attended.

TABLE VI

Responses of 94 Head Nurses in Relation to Education and Experience in Public Health Nursing

Type of School	Education and Experience in Public Health Nursing				Total
	No experience	Classes only	Classes & Field Experience	Employed Health Agency	
(1)	(2)	(3)	(4)	(5)	(6)
Diploma	26	21	21	6	74
Collegiate degree .	0	8	10	0	18
Associate degree ..	0	0	2	0	2
Other	0	0	0	0	0
Total	26	29	33	6	94

Twenty-six respondents or 28 percent of the diploma school graduates had no educational background in public health nursing. Both of the two other types of programs represented had either classes or classes and field experience in their basic educational programs. Seventy-one percent of the respondents had some educational background or experience in public health nursing.

Table VII shows the areas of service represented by the participants.

TABLE VII

Service area in which 94 Head Nurses are Currently Functioning

Service Area	Number of Head Nurses
(1)	(2)
Medical	17
Medical and surgical	30
Surgical	12
Obstetrics	12
Pediatrics	5
Operating room	6
Outpatient	1
Psychiatric	11
Total	94

The greatest single area was medical nursing with 17 head nurses or 18 percent of the participants. Many head nurses checked two or more areas of service, for ease of tabulation, these were grouped as one category. Medical and surgical nursing together represented the majority of the areas of nursing for the participants. Thirty head nurses or 32 percent of the respondents were in this category. Surgical nursing and obstetrics each had 12 nurses; together they represented 26 percent of the respondents. Pediatrics was represented by five head nurses or five percent of the total participants. Six

head nurses gave operating room as their area of nursing; this was six percent of the respondents. Only one participant was in out-patient head nursing; one percent. Eleven head nurses or 12 percent were in the area of psychiatric nursing.

After an overall tabulation, the data were first divided and related to the aim of the study. As to the first aim of the study, do head nurses think they can identify patients who need continuing care after hospital discharge, the following figures were disclosed:

1. Seven or seven percent declined to answer the question.
2. Forty-seven or 50 percent answered that they had discharged no patient who needed continuous care during the preceding week.
3. Twenty-eight or 30 percent had discharged one to two patients who needed continuous nursing care.
4. Eight or nine percent had discharged three to four patients who needed care beyond hospital discharge.
5. Three or three percent had discharged five to six patients whom they identified as needing continuous nursing care.
6. One respondent or one percent answered seven to eight patients had been discharged who needed more nursing care.

In summary, 50 percent of the head nurses answering the questionnaire, did not feel that the patients they discharged needed further nursing care. Seven percent declined to answer this question. Of those identifying patients needing care, the majority or 30 percent thought they had discharged only one or two patients per week that needed continuous nursing care. These findings are shown in Tables VIII and IX.

TABLE VIII

Number of Discharged Patients Needing Nursing Care
After Hospitalization as Indicated by 87 Head Nurses

Number of Patients Discharged per Week Who Needed Nursing Care After Hospitalization	Number of Head Nurses Rating of Need
(1)	(2)
None	47
1 - 2	28
3 - 4	8
5 - 6	3
7 - 8	1
More	0
Total	87

N = 87

No answer = 7

In this same area of identifying patient's nursing needs, the respondents answered, "Will the patient receive that care?" as follows:

1. Thirty-four or 36 percent answered yes, the patient would receive the care needed. In explanation of the yes answer the responses were verbatim: "possibly yes, through friends," "by and through agencies contacted," "patient will go to doctor's office for needed care," and other similar answers.
2. Six or six percent answered no, the patient would not receive needed care. Reasons verbatim were: "uncooperative family,"

"quite a large portion of the community prejudiced against new ideas," "no community health agencies," "doctor not interested," "convalescent care needed only," "family not interested," and other answers of similar context.

3. Fifty-four or 58 percent of the respondents declined to answer the question.

TABLE IX

Replies of 94 Head Nurses in Response to the question:
Will the Patient Receive Needed Nursing Care After
Discharge from the Hospital.

Will Patient Receive Care After Discharge from the Hospital (1)	Head Nurse Response (2)
Yes	34
No	6
No answer	54
Total	94

In determining head nurses identification of patients' need for continuing nursing care, question six: "What specific care was needed?" was analyzed in respect to (1) kinds of services requested and (2) the most frequently requested service. The categories were found to resemble those Doris Schwartz used in her study of referrals to public health, done in 1959. (25)

The following needs were revealed:

Types of service requested most often in order of number of times:

1. Carrying out a nursing procedure.
2. Teaching a patient or family member.
3. Giving general nursing care.

Types of service requested least often in order of number of times:

1. Evaluating a home situation.
2. Supportive health supervision.

The following figures were disclosed in analysis:

1. Eight of the participants or eight percent declined to enumerate the needs of discharged patients they had previously identified as needing continuous care.
2. Twenty-eight or 30 percent named "carrying out a nursing procedure," as the first service requested for the patient. In contrast, the Schwartz Study listed this as the second most requested service.
3. Twenty-four head nurses or 26 percent of the respondents listed "teaching the patient or his family," as the second most needed service of the discharged patient. In the Schwartz Study this need was listed first.
4. Fifteen participants or 16 percent of the head nurses in this study, listed "giving general nursing care," as the third most needed service for the discharged patient. The Schwartz Study listed this next to last in her five categories.

5. Thirteen or 14 percent of the respondents gave "supportive health supervision," as the fourth most needed service. In the Doris Schwartz Study this was listed as third.
6. Six or six percent of head nurses listed "evaluating the home situation," as the last service requested. This was in direct correlation to the Schwartz Study.

In summary of question six the following trends were revealed, teaching a patient or his family and carrying out a nursing procedure were the most frequently needed services the 94 head nurse participants named. Giving general nursing care was the third service requested; supportive health supervision and evaluating a home situation were the last services thought to be needed. Evaluating a home situation was the least needed service in their judgment. Table I shows these findings. Table XI compares findings of this study with the Schwartz Study. Since Schwartz gave no figures regarding the reasons, unfortunately, no further comparison could be made.

TABLE X

Categorized Responses of 94 Head Nurses Depicting Areas of Nursing Needs of Recently Discharged Patients

Specific Care Needed	Head Nurses
(1)	(2)
Teaching patient or family	24
Carrying out nursing procedure	28
Supportive health supervision	13
Giving general nursing care	15
Evaluating home situation	6
No answer	8
Total	94

TABLE XI

Comparison of this Study with the Doris Schwartz Study of 1959, Showing Order of Request for Specific Area of Nursing Need

Study	Requested Area of Service				
	Teaching	Carrying out nursing procedure	Supportive health supervision	Giving general nursing care	Evaluating home situation
(1)	(2)	(3)	(4)	(5)	(6)
Schwartz study..	first	second	third	fourth	fifth
This study	second	first	fourth	third	fifth

In the Fleming report of 1959, of a five year home nursing project carried out through the North Carolina Memorial Hospital with public health nursing in four counties, it was shown that one of the greatest needs is bedside nursing done on a supervised basis, rather than actual service. This study rated teaching of patient or family as second, also showed it was a recognized need. The Schwartz Study rated teaching of patient or family as the most frequent need in referrals to public health nursing; the Fleming Study and the Schwartz substantiated each other in this respect. The Fleming report did not give categories used, thus could not be compared in table form to this or the Schwartz Study.

Concerning the second aim of this study, do head nurses think they know the type of nursing care available through community health services, the following figures were disclosed:

1. Nearly 50 percent of the selected sample did not participate in this study.
2. Thirty-eight or 41 percent of the head nurses answering had a good knowledge of community health resources available in their area.
3. Twenty-four or 25 percent had a fair knowledge of community health agencies in their area.
4. Thirty-two or 34 percent had a poor knowledge of community health agencies in their area.

Following Table XII an explanation is made of how the categories good, fair, or poor knowledge were formulated.

In summary, 41 percent of the total number of respondents had a good knowledge of their community health resources. Fifty-nine percent had a fair to poor knowledge. Table XII displays the number and percent of knowledge of the participants concerning community health agencies in their areas.

TABLE XII

Classification of Responses of 94 Head Nurses Regarding Knowledge of Health Agencies in Their Community

Respondents	Knowledge of Community Health Agencies						Total
	Good	Total Percent	Fair	Total Percent	Poor	Total Percent	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Head Nurses ..	38	41	24	25	32	34	
Total	38		24		32		94
Total percent .		41		25		34	100

A hypothesis was devised to test the relationship between knowledge of health services available and the actual availability of such a service. The null hypothesis was; the availability of community health resources in each head nurse's community did not influence her knowledge of the use of such services. In order to test this hypothesis, the data were regrouped, and a Chi square test was calculated. The formula used is shown here and will be used for all further Chi square calculations in this study.

$$\chi^2 = \frac{(f_o - f_e)^2}{f_e}$$

Yates correction $(f_o - f_e)^2 - .5$ will be used for all four cell tables.

In order to calculate this test, the two categories of "fair knowledge" and "poor knowledge" were combined and used as one. Those classified as "good knowledge" listed four or more available health services out of the six asked by the questionnaire. A "fair to poor knowledge" listed none to three available health services out of the six asked. According to the statistical calculation the availability of community health services in a head nurse's community made no difference in her knowledge of these services; the null hypothesis was accepted. Table XIII shows relationship of knowledge of service available to actual availability of community health resources in head nurses community.

TABLE XIII

Comparison of 94 Head Nurses' Knowledge of Community Health Resources with Actual Available Resources in Area

Health Resources	Knowledge of Kind of Health Services Available in Each Head Nurse's Community		Total
	Good	Fair to Poor	
(1)	(2)	(3)	(4)
Adequate	18	24	42
Inadequate	20	32	52
Total	38	56	94

N = 94

df = 1

P = <.05

(P not significant at the .05 level of confidence)

Each variable was considered in relation to the aim of the study and considered as it pertained to the specific question asked in the questionnaire.

Length of Time as Head Nurse

In relation to question one, Part I: Length of time as a head nurse; an hypothesis was formulated and tested to see if length of experience as a head nurse had any effect on the knowledge of the head nurse regarding nature of community health resources. The null hypothesis was: Length of time as head nurse has no effect

on the head nurse's knowledge of community health resources. This hypothesis was accepted according to the statistical test; length of time as a head nurse did not have any effect on her knowledge of community health resources as shown in this study. Table XIV shows this.

TABLE XIV

Comparison of Length of Time as Head Nurse With Knowledge of Available Community Health Resources

Participant	Knowledge of Kind of Health Services Available in Each Head Nurses Community			Total
	Good	Fair	Poor	
(1)	(2)	(3)	(4)	(5)
Head Nurse for 1-4 years	18	13	11	42
Head Nurse for 5-12 + years	19	17	16	52
Total	37	30	27	94

$N=94$
 $df=2$
 $P < .05$

(P not significant at the .05 level of confidence)

Education and Experience

A null hypothesis was formulated in relation to question two, Part I: Education and experience in public health nursing. Those head nurses who had had classes and field work in public health nursing did not have a better understanding of the scope of their community health agencies than those who did not have this education and experience. Table IV shows this.

TABLE IV

Comparison of Presence or Absence of Education and Experience in Public Health Nursing with Knowledge of Community Health Services as Indicated by 94 Head Nurses

Education and Experience in Public Health Nursing (1)	Knowledge of Community Health Services			Total (5)
	Good (2)	Fair (3)	Poor (4)	
No classes; Limited experience	8	10	14	32
Classes and Field experience	22	19	21	62
Total	30	29	35	94

N = 94
df = 2
P = < .05

(P not significant at the .05 level of confidence)

Null hypothesis was accepted. For the purposes of this study, educational background and experience in public health nursing had no direct relation to the amount of knowledge the head nurses demonstrated concerning health services in their community.

Nature of School From Which Graduated

Regarding question one, Part II: Type of nursing school; the following null hypothesis was formulated: The type of basic nursing program from which the head nurse graduated had no direct relationship to the knowledge she had regarding community health resources. Table XVI shows this relationship.

TABLE XVI

Comparison of 94 Head Nurses' Knowledge of Community Health Services in Relation to Type of School from which Graduated

Type of School	Knowledge of Community Health Services		Total
	Good	Fair to poor	
(1)	(2)	(3)	(4)
Diploma	36	38	74
Degree and Associate Degree	11	9	20
Total	47	47	94

$N = 94$

$df = 1$

$P = .05$

(P not significant at the .05 level of confidence)

The null hypothesis was accepted; the type of nursing school does not determine head nurses' knowledge of community health services, as demonstrated in this study.

Area of Service as a Head Nurse

A null hypothesis was formulated and tested regarding question two, Part II: Area of service as head nurse. The null hypothesis was: The area of service as a head nurse did not increase her knowledge of community health agencies. Table XVII shows this.

TABLE XVII

Comparison of Area of Service of 94 Head Nurses with Knowledge of Available Community Health Services

Knowledge	Area of Service as Head Nurse		Total
	Medical and Surgical Areas	All other Areas	
(1)	(2)	(3)	(4)
Yes	32	15	47
No	27	20	47
Total	59	35	94

N = 94

df = 1

P = <.05

(P not significant at the .05 level of confidence)

The null Hypothesis was accepted. The Chi square was not significant at the .05 level of confidence. For the purposes of

this study, the area of service of the head nurse did not increase her knowledge of community health services.

Presence or Absence of a Referral System

The null hypothesis formulated to test the relationship of the presence or absence of a referral system was: The presence of a referral system in the hospital where the head nurse is employed has no relation to her knowledge of community health resources available in her area. Table XVIII shows this.

TABLE XVIII

Comparison of Effect of Presence or Absence of Referral System on Knowledge of Head Nurse

Referral System	Knowledge of Nature of Community Health Services		Total
	Good	Fair to Poor	
(1)	(2)	(3)	(4)
Present	18	17	35
Absent	23	36	59
Total	41	53	94

$$\begin{aligned}
 N &= 94 \\
 df &= 1 \\
 P &= .05
 \end{aligned}$$

(P not significant at the .05 level of confidence)

For the purposes of this study, this null hypothesis was accepted. The presence or absence of a referral system in a hospital where the

head nurse is employed does not effect her knowledge of community health services.

Question three, Part III: In your hospital who identifies the patients who need continued nursing care after discharge, is shown in Table XIX.

TABLE XIX

Responses of 94 Head Nurses Indicating the Person or Persons Responsible for Identification of Patient Needing Continued Nursing Care After Hospital Discharge

Class of People	Frequency of Identification
(1)	(2)
Doctor	60
Doctor and nurse	12
Family and doctor	7
Family and nurse	4
Student nurse, nurse, or doctor.	2
Nurse	2
No identification of patient ...	7
Total	94

Sixty of the respondents or 64 percent identified the doctor as being the individual in their hospitals who most often chose the patient who needed continued nursing care after hospital discharge. Only two respondents or two percent gave this responsibility to the

nurse alone, and in each instance, the head nurse was designated as the nurse they meant. Twelve participants or 13 percent identified the doctor and nurse as having a joint responsibility for the selection of these patients. Seven respondents or eight percent identified the doctor and family as being responsible for selection of patients who needed continued nursing care. Four percent of the participants gave this responsibility to nurse and family. Two respondents or two percent identified student nurse, nurse, and doctor as being the persons who select these patients. Seven or eight percent said no one identified patients who needed continued care in their hospitals. Dr. Smith's study Factors Influencing Continuity of Nursing Care demonstrated that even when referral systems are in effect, it does not follow that nurses, physicians, and other personnel are cognizant of this fact. This study indicated that eight percent of the respondents indicated there was no identification of patients needing continued care. The following question results: Was there identification of these patients without the respondents awareness? Unfortunately, data from this study are not such that this question can be answered. Further, Dr. Smith said that most physicians indicated they expected hospital nurses to explore with them, a patient's need for continued nursing care after hospital discharge. In contrast, in this study nurses put most of the responsibility on the physician; 64 percent of the respondents named the doctor as the only person responsible for the identification of these patients. Only 13 percent made this a joint responsibility of both doctor and nurse.

Table XI shows the analysis of question four, Part III;
In your hospital through whom are these agencies contacted?

TABLE XI

Winty-four Head Nurses Identification of Hospital
Department Responsible for Contacting Community Health
Agency

Class of People	Frequency of Identification
(1)	(2)
Social Service	18
Medical staff	16
Medical and nursing staff	12
Medical staff and social service	11
Family	9
Nursing staff	6
Nursing staff and social service	6
Administration	1
No contact	10
No answer	5
Total	94

Five respondents or five percent did not answer this question.
Ten head nurses or 11 percent said there was no contact with community
health agencies in their hospital. Sixty-nine participants or

74 percent said there was some method of contact with community health services through their hospital. This 74 percent included social service, medical staff, nursing staff, and a combination of these. Nine respondents or ten percent gave this responsibility to the family. In one instance, administration was named as the contact with community health agencies.

Table XXI shows the analysis of question eight, Part III; Do you feel that you are well enough informed about your community health services to give reliable information to those who could ask?

TABLE XXI

Responses of 94 Head Nurses Regarding Estimate of Their Knowledge Concerning Community Health Agencies

Participants	Could Give Reliable Information			Total
	Yes	No	No Answer	
(1)	(2)	(3)	(4)	(5)
Head nurses	30	55	9	94
Total	30	55	9	94

Nine participants or ten percent did not answer this question. Thirty respondents or 32 percent answered "yes" to this question. The following are selected excerpts from the requested explanation of a "yes answer. The quotations are verbatim:

"I refer them to specific agency to obtain information they need."

"close communication with public health department, doctors in community, newspaper media"

"Work in close contact with social service and doctor"

"I feel many patients are discharged without consulting with the family and patient about difficulties they may encounter in home care"

Eleven who answered "yes" did not give any explanation for their affirmative reply. Fifty-five participants answered negatively.

Verbatim explanation of their answers were:

"Have lived here only a short time and do not know about existing facilities"

"Could direct them where they could get information"

"Social service too easy to contact for answers to questions for me to bother and know"

"Don't have any community agencies"

"Worked for public health six months and did not like being, you might say, a snoop into the homes and lives of other people. Many people told me they resented the interference of the public health nurse. I am now in OB"

"I feel those of us in hospital nursing are really not aware of the health services available to our patients, because we haven't taken time to find out what they are and who is entitled to them. It would make for better continuous care of the patient if we knew"

"I don't work enough with patients and therefore do not inquire, which I should. I am an operating room nurse."

"I am more informed now due to this questionnaire, as I had to do a considerable amount of inquiring. I had never had a patient confront me with the problem of home care".

These explanations of the negative answer to the question about being informed concerning community health services in a local community, substantiate Louise C. Smith's recommendations from her study Factors Influencing Continuity of Nursing Care. (30) She recommended that "there should be a planned individual orientation of new personnel and a periodic review of procedures of referral by all personnel likely to be involve." She further said, "Many nurses will require careful direction in indentifying needs of patients for follow-up care."

Several of these explanations revealed insight into a need to know about community health services in order to provide better patient care. Edith Wensley said, "When hospital nurses believe it is a part of good nursing to make it possible for patients who need nursing care at home to receive it from appropriate public health agencies, referral plans will work best."

Table XXII shows the analysis of item nine, Part III: Eighty year old Mr. Ames, terminal cancer of the prostate with a recent stroke, bedridden; doctor discharged him home to wife. Wife is a spry 75, able to do light housekeeping. Bedside nursing care of her husband would be difficult.

- public health nursing service
- Visiting Nurse Association
- Cancer Society
- other (specify)
- nothing available

TABLE XXII

Responses of 94 Head Nurses' Choice of Agency
from Which to Obtain Help for Bedridden Cancer
Patient

Agency	Frequency of Choice
(1)	(2)
Visiting Nurse Association and Cancer Society	39
Public health nursing service ..	34
Home Makers	5
Nothing available	5
Heart Association	1
Welfare	1
Special nurse	1
No answer	8
Total	94

Thirty-four participants chose public health nursing service as
the agency they would contact; this was 36 percent of the respondents.

Thirty-nine or 41 percent checked both Visiting Nurse Association and Cancer Society as the agencies of their choice in this problem situation. Eight, nine percent, chose the "other" category and wrote in the following: Heart Association 1; Home Makers 5; Welfare 1; and special nurse 1. Five participants or five percent said nothing would be available in their community and eight, nine percent, did not answer the question.

Table XXIII shows item ten, Part III in analysis.

Mrs. Hoops is expecting her fourth child. (You discover this when she brought her ill baby for the doctor to see.) You note edematous feet. She feels she is too busy to go see the doctor before the baby is born. She said, "I never have any trouble anyway."

- public health nursing
- Visiting Nurse Association
- previous obstetrician
- other (specify)
- nothing available

TABLE XXIII

Responses of 94 Head Nurses' Choice of Agency
From Which to Obtain Help for Obstetrical Patient
Problem Situation

Agency	Frequency of Choice
(1)	(2)
Public health nursing	31
Previous obstetrician	30
Visiting Nurse Association	19
Nothing available	2
Social service	1
No answer	11
Total	94

Public health and refer to previous obstetrician were the most frequently chosen for help. Thirty-one or 33 percent of the respondents chose public health nursing and thirty or 32 percent chose previous obstetrician. Nineteen respondents or 20 percent named Visiting Nurse Association as the agency they would select for help in this problem situation. One participant chose social service and two said there was nothing available in their areas. Eleven participants refused to answer the question; eleven percent of the respondents. Two participants wrote comments on this question; Verbatim they were:

"Notify the doctor she is seeing at the time for her baby ---
should she refuse medical care, even the doctor can do nothing
about her feet!!"

"the doctor who is seeing the ill baby could be told by the nurse"

Summary of Chapter III

Several interesting items were found:

1. Out of the 205 mailings, 100 did not reply. One-hundred and five answered; Ninety-four completed the questionnaire, twelve returned it without participating.
2. Eighty and seven tenths of the participants were graduated from diploma schools.
3. Seventeen percent were graduates from baccalaureate programs.
4. Fifty-two or half of the respondents graduated in the ten years between 1940 - 1950.
5. Forty-three or 46 percent had been head nurses less than five years.
6. Sixty-five percent of the participants had public health nursing or field work in public health nursing.
7. Medical and surgical head nursing together, constituted the greatest concentration in area of service of the respondents.
8. Fifty percent of the head nurses answering the questionnaire did not feel that the patients they discharged needed more nursing care. Nearly eight percent declined to answer this question. Of those identifying patients needing care, the majority or

30 percent felt they had discharged only one or two patients per week who needed continued care after discharge.

9. Null hypotheses were formulated and tested by Chi square to determine the effect of the variables of the study on knowledge of the participants concerning community health services. None proved significant.

The summary of the findings, the conclusions drawn, and recommendations for future studies have been stated in the next chapter.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was made to determine (1) if head nurses think they can identify patients who need continuing care after discharge from the hospital and (2) if head nurses know the type of nursing care available through community health services.

An attempt was made to see if the following factors had any relationship to these aims.

1. Nature of the school from which the participant graduated.
2. Education and experience in public health nursing.
3. Length of experience as head nurse.
4. Area of service as head nurse.
5. Nature of health services offered in the community.
6. Presence or absence of a referral system in the hospital.

The population used were active head nurses in Oregon; 200 names were chosen from the Oregon State Board of Nursing files. An additional 25 names were selected in lieu of invalid returns by the original sample. Five of these names were used. The sample was selected by a random method.

A questionnaire featuring a personal cover letter was the method used to collect the data. A 15 item questionnaire, composed

of structured and unstructured questions, with return envelopes, was mailed to each participant. A follow-up post card was mailed two weeks later to increase the number of returns. Upon receipt of 105 returned questionnaires, 94 valid, 11 invalid, the replies were categorized for ease of tabulation by both obvious groupings and by classifications suggested in the related literature. The results were placed on master tabulation sheets.

Tabulations were first made on the overall basis, then separated into groups. Chi-square tests were applied to them to see if the responses had any significant relationship to the variables previously listed or to the aim of the study.

Conclusions

For the purposes of this study the two aims formulated at the onset were proved unsatisfactory.

1. Head nurses do not think they can identify patients who need continuing care after discharge from the hospital. Fifty percent of the respondents said they had discharged no patient in the past week needing further care. Seven percent declined to answer the question.
2. Head nurses do not know the type of nursing care available through their community health services. Fifty-nine percent of the participants had only a fair to poor knowledge of their available community health services.

The findings of this study also permitted the following

conclusions to be drawn in regard to other factors analyzed.

1. The availability of community health resources in each head nurses' area did not influence her knowledge of these services.
2. The length of time employed as a head nurse had no effect on the nurse's knowledge of community health resources.
3. Those head nurses who had had classes, field work, or employment in public health nursing did not have a better understanding of the scope of their community health services than those who did not have this education or experience.
4. The type of basic nursing program from which the head nurse graduated had no direct relationship to the knowledge she had regarding community health resources.
5. The area of clinical service as a head nurse did not increase her knowledge of community health agencies.
6. The presence or absence of a referral system in the hospital where the head nurse was employed had no relation to her knowledge of community health resources available.
7. It is quite apparent that the participants of this study were uninformed concerning possible referrals and utilization of community health services.

Recommendations for Further Studies

1. A repetition of this study on a larger basis, could be carried out to compare findings.
2. A similar study using doctors instead of nurses as the sample population.

3. A study of hospitals in Oregon to see if they have a referral system and how it functions.
4. A study to determine which areas in Oregon are lacking in adequate health services.

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APPENDICES

APPENDIX A
QUESTIONNAIRE USED FOR THE STUDY

Please answer the following questions. You are free to add comments.
If more room is needed, the back of this form may be used.

Thank you.

PART I --- Personal Data.

(Mark an X opposite the one answer that most clearly indicates your response.)

- | | |
|---|---|
| 1. Length of time as head nurse. | <input type="checkbox"/> 1-4 years |
| | <input type="checkbox"/> 5-8 years |
| | <input type="checkbox"/> 9-12 years |
| | <input type="checkbox"/> over 12 years |
| 2. Education and experience in public health nursing. | <input type="checkbox"/> classes only |
| | <input type="checkbox"/> year |
| | <input type="checkbox"/> classes and field experience |
| | <input type="checkbox"/> year |
| | <input type="checkbox"/> employed by public health agency |
| | <input type="checkbox"/> length of employment |
| 3. Decade of graduation. | <input type="checkbox"/> before 1930 |
| | <input type="checkbox"/> 1930 |
| | <input type="checkbox"/> 1940 |
| | <input type="checkbox"/> 1950 |
| | <input type="checkbox"/> 1960 |

PART II -- General Data

- | | |
|----------------------------|--|
| 1. Type of nursing school. | <input type="checkbox"/> hospital diploma |
| | <input type="checkbox"/> collegiate degree |
| | <input type="checkbox"/> associate degree |
| | <input type="checkbox"/> other (specify) |

APPENDIX A (continued)

2. Area of service as head nurse
- medical
 - surgical
 - obstetrical
 - pediatrics
 - operating room
 - out-patient
 - other (specify)

PART III -- Data re: community health services in your area

1. Name at least five available health agencies in your area.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

2. What health services do these agencies offer?

- a. _____
- b. _____
- c. _____
- d. _____

3. In your hospital who identifies the patients who need continued nursing care after discharge?

- student nurse
- staff nurse
- doctor
- family
- other

APPENDIX A (continued)

4. In your hospital through whom are these agencies contacted?

- social service
- medical staff
- family
- no contact

5. Approximately how many patients have you discharged in the past week who needed nursing care?

- none
- 1-2
- 3-4
- 5-6
- 7-8
- more

6. What specific care was needed?

- a. _____ b. _____
- c. _____ d. _____

7. Will the patient receive that care? --- yes
--- no

Explain: _____

8. Do you feel that you are well enough informed about your community health services to give reliable information to those who could ask?

- yes
- no

Explain: _____

(Check the health agencies you would notify for help in these problem situations)

9. Eighty year old Mr. Ames, terminal cancer of the prostate with recent stroke, bedridden; doctor discharged him home to wife. Wife is a spry seventy-five, able to do light housekeeping. Bedside nursing care of her husband would be difficult.

APPENDIX A (continued)

- public health nursing service
- Visiting Nurse Association
- Cancer Society
- other (specify)
- nothing available

10. Mrs. Hopps is expecting her fourth child. (You discover this when she brought her ill baby for the doctor to see.) You note edematous feet. She feels she is too busy to go see the doctor before the baby is born. She said: "I never have any trouble anyway."

- public health nursing
- Visiting Nurse Association
- previous obstetrician
- other (specify)
- nothing available

APPENDIX B
LETTER TO PARTICIPANTS

February 7, 1964

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a survey of head nurses in Oregon to ascertain their comprehension of community health services. You are invited to participate. This will involve completing the enclosed simple questionnaire; it will take approximately ten minutes of your time. To keep this study on schedule, the questionnaire should be returned by February 14, 1964. For your convenience, an addressed, stamped envelope is enclosed.

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School.

Yours sincerely,

310 S.E. 155th Place
Portland, Oregon 97233

Mrs. Satchfield is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Mrs. Satchfield will be greatly appreciated.

Lucile Gregerson
Thesis Adviser

enc. 2

APPENDIX C
MASTER TABULATION DATA

PART I Personal data

1. Length of time as head nurse

Years	Head nurses
1-4	43
5-8	27
9-12	10
over 12	14
Total	94

2. Education and experience in public health nursing

No experience	26
Classes only	29
Classes and field work	33
Employed by public health	6
Length of employment	1 - four months 1 - six months 1 - one year 1 - two years 1 - four years 1 - five years
Total	94

APPENDIX C (continued)

3. Decade of graduation:

Decade	Head nurses
Before 1930	16
1930	11
1940	27
1950	26
1960	14
Total	94

PART II General Data

1. Type of nursing school:

Type of school	Number of head nurses
Hospital diploma	77
Collegiate degree	15
Associate degree	2
Total	94

APPENDIX C (continued)

2. Area of service as head nurse:

Area of nursing	Number of head nurses
Medical	17
Medical and surgical	30
Surgical	12
Obstetrics	12
Pediatrics	5
Operating room	6
Outpatient	1
Other (psychiatry)	11
Total	94

PART III Data re: Community health services in your area.

1. Name at least five available health agencies in your area:

Knowledge	Number of head nurses
good	36
fair to poor	56

APPENDIX C (continued)

2. What health services do these agencies offer--name four:

Number of agencies listed	Number of head nurses
Listed more than 3	60
Listed from 0-2	34
Total	94

3. In your hospital who identifies the patients who need continued care after discharge?

Class of people	Number of head nurses
Student nurse, staff nurse, doctor	2
Staff nurse	2
Doctor	60
Nurse and doctor	12
Family and doctor	7
Family and nurse	4
None	7
Total	94

APPENDIX C (continued)

4. In your hospital through whom are these agencies contacted?

No answer	5
Social service	19
Medical staff	16
Medical staff and social service	11
Nurse	6
Nurse and social service	6
Nurse and doctor	12
Family	9
Administration	1
No contact	10
Total	94

5. Approximately how many patients have you discharged in the past week who needed nursing care?

No answer	7
None	47
1-2	28

APPENDIX C (continued)

3-4	8
5-6	3
7-8	1
None	0
Total	94

6. What specific care was needed?

No answer	8
Teaching patients and family	24
Carrying out nursing procedure	28
Supportive health supervision	13
Giving general nursing care	15
Evaluating home situation	6
Total	94

7. Will the patient receive that care?

no answer	54
Yes	34
No	6
Total	94

APPENDIX C (continued)

8. Do you feel that you are well enough informed about your community resources to give reliable information to those who could ask?

No answer	9
Yes	30
No	55

9. (Check the health agencies you would notify for help in this problem situation)

Eighty year old Mr. Ames, terminal cancer of the prostate with recent stroke, bedridden; doctor discharged him home to wife. Wife is a spry 75, able to do light housekeeping. Bedside nursing care of her husband would be difficult.

- public health nursing
 --- Visiting Nurse Association
 --- Cancer Society
 --- Other (specify)
 --- Nothing available

No answer	8
Public health nursing	34
Visiting Nurses association and Cancer Society	39
Heart Association	1
Home Makers	5
Welfare	1

APPENDIX C (continued)

Welfare	1
Special nurse	1
Nothing available	5
Total	94

10. Mrs. Hopps is expecting her fourth child. (You discover this when she brought her ill baby for the doctor to see.) You note edematous feet. She feels she is too busy to go see the doctor before the baby is born. She said: "I never have any trouble anyway."

--- public health nursing

--- Visiting Nurse Association

--- previous obstetrician

--- other (specify)

--- nothing available

No answer	7
Public health nursing	31
Visiting Nurse Association	19
Previous obstetrician	30
Social service	1
Nothing available	6
Total	94