

THE OPINIONS OF 88 HOSPITAL STAFF NURSES  
REGARDING THEIR ROLE IN REFERRING  
PATIENTS FOR POST-HOSPITAL  
NURSING CARE

BY

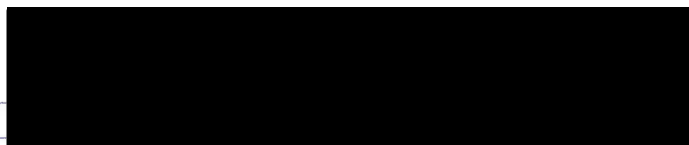
Eutha M. Shannon, B. S.

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APPROVED:

A large black rectangular box redacting a signature.

(Associate Professor in Charge of Thesis)

A large black rectangular box redacting a signature.

(Chairman, Graduate Council)

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## CHAPTER I

### INTRODUCTION

#### 1. Statement of the Problem

Illness does not start and stop with hospitalization. Health services are planned to extend beyond hospital walls. As the population increases in number and as the structure of the population changes with a large group over 65 years of age and a large group under 21 (10) the demands upon the health services increase.

Hospitals which were designed to provide care for patients with acute illnesses cannot cope with the large number of patients suffering from chronic disease, nor can these hospitals provide care which meets the needs of the patients who must have nursing over a long period of time. For more than 20 years the various publications of the health professions have included articles on the subject. It is noteworthy that the articles published in 1966 are quite similar in content to those published in 1949.

In 1949 Dr. Martin Cherkasky, who is associated with Montefiore Hospital, New York, as home care executive wrote of the problem of maintaining institutional facilities for long term care of those

who suffer from chronic illness. He stated that he believed the concept that all sick people should be in a hospital was erroneous, and even if this were true it is rapidly becoming impossible to provide care in general hospitals for those patients requiring long-term care (9).

In 1966, in a pamphlet published by the U. S. Department of Health, Education and Welfare, Medical Care in Your Community, the problem is expressed in slightly different terms. It was stated that there was a need to establish facilities to provide adequate care for patients with multiple needs whether the care was needed in the hospital or in the home (29).

Sidney Entman, Executive director of the River Garden Hebrew Home for the Aged, Jacksonville, Florida, wrote in 1963 that general hospitals must work in cooperation with other community agencies to plan for long-term care. He indicated that there is much to be desired in the area of post-hospital patient care, that hospitals stand "in splendid isolation" with little or no relationship with other health or welfare agencies. The hospitals served the ill and maimed as long as they remained within the hospital but there was little or no planning for post-hospital health care (11).

In a paper presented at the 1962 regional conference of Council of Member Agencies, Department of Public Health Nursing, National

League for Nursing, Dr. Milton Terris stated that there is a problem of reorienting and reorganizing community health services to meet the needs of the patient suffering from chronic disease. Our health services are geared to care for those with acute illness, and the individual who has a long-term illness needs more than the "episodic care which suffices for acute disease." (28)

The problem was expressed by Martha D. Adam, Director, Department of Public Health Nursing, National League for Nursing when she presented a paper at the conference. She stressed the need for organization and planning

Episodic care must become a thing of the past. We must plan for care along the continuum of health-- birth to death; health to sickness and back to health again. (1)

## 2. Importance of the Problem

After 20 years or more of concern and study about the lack of continuity of care one can read articles in any number of publications that indicated the little progress that has been made. Referral systems have been studied and revised (7, 17). Efforts have been made to establish "criteria" for referring patients for post-hospital care (12). The concept of "continuity of care" has been incorporated into basic nursing courses so that all nurses have some knowledge of referral systems and home-care programs. It is common knowledge that

there are Public Health Agencies and Visiting Nurse Associations throughout the country with nursing personnel able to provide home care if care is requested.

There is agreement among many leaders in the health field that there is a gap between what is considered adequate care and what is being provided in the area of post-hospital care. The hospital staff nurse is in a unique position to identify needs by direct observation and by encouraging the patients to discuss their problems (15, 16, 23). She could be a vital force in assuring continuity of nursing care but as one author said, "This is not the kind of nursing being practiced. We should find out why." (5)

### 3. Purpose of the Study

This study was undertaken in an attempt to obtain answers to the following questions concerning the hospital staff nurse and her role in initiating referrals to insure post-hospital nursing care for those patients she believes would benefit from such referrals:

1. Are hospital staff nurses aware of the procedure for making referrals for post-hospital nursing care in the hospital where they are employed?
2. What are the hospital staff nurse's self expectations regarding her responsibility for initiating referrals for post-hospital nursing care for those patients who in her opinion

would benefit from such referral?

3. Does the nurse believe that there is a discrepancy between what she was taught and expected to do regarding referrals, as a student nurse, and what she is expected to do as a staff nurse?
4. Are there differences in self expectations of hospital staff nurses regarding their responsibility for initiating referrals due to differences in their educational background or length of time in nursing service?
5. Does the nurse's educational background, length of time in nursing service, knowledge of the procedure for making referrals, or her expressed beliefs about role expectations have any relationship to the fact that she has or has not initiated a referral for post-hospital nursing care?

#### 4. Limitations

The limitations of this study may be described as follows:

1. Participation was limited to 88 staff nurses in five general hospitals in Oregon and Washington.
2. The results of the study apply only to the group studied at the time the data were collected.
3. Data were obtained by means of a questionnaire.



4. Data were obtained only in geographic settings where post-hospital care was available if referrals were made.

## 5. Assumptions

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

1. Post-hospital nursing care is beneficial and necessary if the health services are to meet the needs of the growing number of individuals who are suffering from chronic illness.
2. Patients who could benefit from post-hospital nursing care available from community health agencies often are not referred to the agency for the care.
3. Hospital staff nurses are the persons most apt to be in direct contact with the hospitalized patient often enough and over a period of time long enough to become aware of needs and accordingly are in an optimum position to assess needs and refer to the proper sources for post-hospital nursing care.
4. Information regarding the opinions of hospital staff nurses about their role in initiating referrals can be obtained by the questionnaire.

## 6. Procedure for Solution of the Problem

1. The literature was searched to develop a frame of reference regarding practices and policies of referrals for post-hospital nursing care. From the literature information was obtained which related to the importance of the problem, the need for further study and the role of the hospital staff nurse in meeting the needs of the patient for post-hospital nursing care.
2. The topic for the study was defined and delimited.
3. Assumptions were formulated.
4. A data collecting tool in the form of a questionnaire (see appendix B) was devised to obtain information regarding the hospital staff nurse's
  - a. Educational background,
  - b. Length of time in nursing service,
  - c. Knowledge of the hospital's procedure for initiating referrals,
  - d. Expressed beliefs regarding her role in initiating referrals,
  - e. Education regarding Public Health Nursing,
  - f. Belief in whether or not there was a discrepancy between what she was taught and expected to do as a student, and

what she believed she was expected to do as a staff nurse, and

g. Belief in whether or not she would encounter problems if she wanted to refer a patient for post-hospital nursing care.

5. The questionnaire was submitted to a group of ten experienced nurses and was revised according to their suggestions.
6. A pilot study was done by submitting the questionnaire to 27 registered nurses. It was found to be interpreted correctly by the majority, hence no further revisions were made.
7. Eight hospitals were arbitrarily selected as being representative of the General Hospitals in the area.
8. A letter, co-signed by thesis adviser, was sent to the Directors of Nursing Service of the various hospitals inviting the staff nurses to participate in the study (see appendix A).
9. Five of the Directors indicated that they would participate.
10. Arrangements were made by telephone to send questionnaires to the hospitals to be distributed to the staff nurses.
11. Completed questionnaires were returned by mail by the Directors of Nursing Service.
12. A master tabulation of data was prepared from which

tables were constructed.

13. The data were described and the findings interpreted.
14. The study was summarized, conclusions drawn and recommendations for further study were made.

## 7. Definition of Terms

For the purpose of this study the following terms have been accepted:

1. Role: The customary complex of behavior associated with a particular status (14). The cluster of functions that come to be expected of a given class of workers within positions that they typically occupy in the organizations or social systems in which they work (4).
2. Staff nurse: A registered nurse who occupies a first level position, also referred to in the literature as the "general duty" nurse.
3. Referral: Communication between health services which is intended to facilitate the provision of post-hospital nursing care for those patients who could profit from such care.
4. Initiating a referral: The act of starting the process of referral.

## 8. Overview of Thesis

This study has been organized into four chapters.

Chapter I contains the statement of the problem, the importance of the problem, the purpose of the study, limitations, assumptions, procedure for solution of the problem and definition of terms.

Chapter II includes a review of the literature as related to the need for further study, the role of the hospital staff nurse in referring patients for post-hospital nursing care, and general policies and practices regarding referrals for post-hospital nursing care.

Chapter III presents a description of the study, sources, methods of collecting and treatment of data, and findings of the study.

Chapter IV contains a summary of the study, conclusions based on findings and recommendations for further study.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### 1. Review of General Literature

Prior to undertaking this study, the literature was searched to develop a frame of reference regarding practices and policies of referrals for post-hospital nursing care. A complete review of the literature regarding the numerous home care programs, referral systems and post-hospital services available in the United States was not attempted. Selected articles and studies concerning the need for post-hospital nursing care, some of the problems presented by various authors and the programs which some health services have found effective were reviewed and will be reported in this chapter.

Brown's discussion on "The Public's Attitude Toward Hospital Use," (6) which appears in a 1963 issue of Hospitals: J.A.H.A. was adapted from an address to the Fifth National Symposium on Hospital Affairs. He stated that hospitals were not being used as they should be, that hospitals had become a "kind of fostering mother" to meet psychological and social needs as well as medical needs. He believed that medical staffs, hospitals and prepayment plans were failing to

provide acceptable alternatives to staying in the hospital. The patient is forced to go to bed in a hospital designed for care of those with acute illnesses because there has been no program developed to meet the needs of the private, ambulatory patient. There are gaps in health services where the patient can become lost once he leaves the general hospital.

In the same year The National League for Nursing published Nursing Service Without Walls (31) which indicated why there continues to be crucial need for the development of an over-all plan that will ensure continuity of nursing services between hospital and home. The author, Edith Wensley, expressed the belief that communities often do not provide post-hospital care because the health services do not plan and work together. She cited examples indicating that community health agencies were not being used to the best advantage of the patient. One example was that of a young mother who had emergency surgery, surgery serious enough to require blood transfusion, and had been discharged from the hospital one week later with clamps and sutures still in place. There was a visiting nurse association in the city but no plans were made to give the patient any health care once she had gone home. Another example was of an elderly man who had been almost completely incapacitated since his discharge from the hospital a year before. This community had a referral

system for continuity of nursing care but the patient had not been referred.

William H. Stewert's address to the National League for Nursing Convention in May 1963 (26) appeared in Nursing Outlook. He dealt with the problem of providing for continuity of patient care from hospital to home. He spoke of "roadblocks" and "piecemeal" approaches to health problems, and mentioned the lag in providing decent care for the mentally ill, the retarded, the chronically ill, and the aged. Community health services need to be developed to serve the patient as a member of a family in a community.

Also in the September, 1963 Nursing Outlook another address was reported on the same topic. Miss Mary E. Brackett, Associate Director of Nursing Service, Hartford Hospital, Hartford, Connecticut, said:

I doubt if there could be great criticism of Virginia Henderson's description of the unique function of the nurse: "To assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge, and to do this in such a way as to help him gain independence as rapidly as possible." This, of course implies that, in addition to working with the patient, the nurse may find it necessary to work as well with the family, with other health disciplines, and with other health agencies. In general, this is not the kind of nursing being practiced in hospitals. We should find out why. (5)



Miss Brackett referred to a newly diagnosed, elderly, diabetic patient who in the opinion of the nurse in the hospital, needed post-hospital nursing care. Twice the doctor in charge of the case refused consent to refer the patient. Miss Brackett expressed the opinion that doctors often show resentment if nurses suggest that a patient would benefit from a referral, or the doctor may say that the nurse is trying to assume his role. The decisions to refer or not rest entirely with the doctor, at least for the private, paying patient, and he may not seek or desire advice from the nurse.

The term "paying patient" or "private patient" is often found in the literature regarding referrals for home care (5, 25, 30, 33). In 1929 and again in 1939 Dr. C. E. A. Winslow, a leader in the field of Public Health at that time expressed concern about the "paying patient" and certain psychological implications which affect the use of community organizations for home nursing care. It was suggested that the establishment of a system whereby patients could pay for home nursing care would overcome the stigma attached to the concept of "Public" health (33).

Edith M. Stillar wrote of a program which helped the patient to make the transition from hospital to home. In the 350 bed private hospital much of the exploration of home situations fell to the nurses. An admission interview was used as a guide and the nurses who cared

for the patients in the hospital directed the conversation to the subject of post-hospital care if such care were indicated. Home visits, family teaching and adequate referrals to community agencies have contributed markedly to a smooth transition from hospital to home for many patients (27).

Dr. Leon Ross wrote that, "A hospital is not an end in itself but a means of hope towards a better end." He explained how this idea was forcefully supported in the Veteran's Administration Hospital in Cleveland, Ohio in 1956. The plan used by this hospital involved the director of professional services, the chief of physical medicine rehabilitation, the ward physician and nurse, the social service worker, the dietitian, and a representative of the special services department. Every case which was believed to present a discharge problem was reviewed by this committee (24).

Marion County General Hospital, Indianapolis, Indiana has found that since the planning and administration of home care has been transferred to the nursing service department, the staff nurses have become more conscious of their patient's continuing needs and have become more aware of the part the staff nurse must play in initiating referrals. Referrals for home nursing care were channeled to the nursing service department by visiting physicians, physical medicine and rehabilitation departments, and head nurses on the

wards and the out-patient departments. This referral system was partly the outcome of an evaluation of the home care program which revealed that, "While the visiting physician service included some referrals for public health nursing care arranged by the social service department, there was inadequate provision for bedside nursing."

(2)

The University of Kentucky Medical Center solved the problem of providing for continuity of care by creating a "liaison nurse." Potentially, the liaison nurse expedited the whole team effort by coordination with other health personnel and agencies:

She is usually the one member of nursing service who follows the patient throughout his hospitalization including his return visits to the out-patient division for follow-up care . . . . She makes referrals to the community agencies and relays patient information to hospital staff. (22)

Mrs. Barbara M. Henley, research worker in the Comprehensive Care Clinic, The New York Hospital-Cornell Medical Center, wrote in 1963 that nurses may be the persons to whom elderly patients tell their troubles. The social worker or the doctor may seem more distant and the patient may not be able to express his needs. It was reported that nurses are in a unique position to be of service if they learn to be aware of and sensitive to the unspoken needs of the patient and also have knowledge of the community services available to meet these needs in order to be able to refer the patient where he can

secure help (13).

There are some authorities who have stated that the hospital nurse is responsible professionally, legally and morally for the supervision of the patient involving the whole management of care (3, 18, 19).

Lensik and Anderson, in their analysis of the independent functions of the professional nurse, stated that the supervision of a patient involving the whole management of care, requiring the application of principles based upon the biologic, the physical and the social sciences, involves obligation of performance independent of medical orders (18).

Irene Beland, in a discussion of rehabilitation and the responsibilities of the nurse, stressed the importance of communication between the various health agencies, the patient and his family. She referred to the three phases of illness, namely, the acute phase, the rehabilitative phase and adjustment to life after hospitalization. She said, "If in any of the three areas the nurse does not strive to assist the patient to reach his optimum potential, she is answerable to herself, the patient, and her colleagues." (3)

The Steering Committee of the National League for Nursing mailed a statement of continuity of nursing care to members in August 1966 which stated in part:

Planning for continuing nursing care is initiated when the patient is first seen by a nurse, wherever the

nurse is practicing. It begins with an assessment of present nursing needs and the development of a nursing care plan to meet present needs. It includes anticipatory evaluation of future needs, and progresses to a referral to the appropriate agency or institution which can meet these needs. (19)

## 2. Related Studies

A need for information about home care programs led to an extensive study carried out by the United States Public Health Service and the Commission on Chronic Illness in 1954-55 (30). Eleven home care programs in various parts of the United States were included in the study. The objectives were to:

1. Obtain basic factual data describing the objectives, organizations, development, and operation of selected home care programs.
2. Describe the use of home care programs for professional education.
3. Identify basic factors to be considered in the establishment and operation of home care programs.
4. Make this information available to program operators, consultants, and persons interested in planning new programs.

Schedules were designed to secure factual information to meet the objectives. The study staff consisted of a Public Health physician, nurse, medical social worker and a statistician. They spent five to seven days visiting each program and used various methods to obtain information. In some instances the study group used information from the statistical data of the institution, they attended meetings of

directors, advisory boards, staff members, and case conferences. They also interviewed patients and their families in the institutions and in the patients' homes.

The programs were varied in their services, type of patients served, administration of the program, and methods of financing. There were three characteristics found to be essential to every program:

1. Centralized responsibility for the administration and coordination of services.
2. A plan for the provision of services and the coordination of such services.
3. A team approach in the planning and provision of services.

The programs were considered to be effective in providing home care for those patients who were eligible for the service, however only one of the eleven programs studied provided service for "private" paying patients.

The use of the programs for educational purposes varied greatly although there had been a general increase in this use over the past ten years.

Referral policies and procedures, like the services, were varied. In the Richmond Home Medical Care Program referrals were accepted from any individual or agency in the community. This was also the policy of the Boston Dispensary Domiciliary Medical

Service and the Philadelphia Intensive Home Care Plan. King County Hospital Extension Service accepted referrals from the ward personnel. The nursing coordinator was responsible for making referrals in the Queens General Hospital Home Care Program.

In most cases the final decision as to whether or not home care was needed was left to the physician. Examples are:

Richmond Home Medical Care Program:

. . . When in the opinion of the physician the services of other personnel--such as nurse, social worker, or homemaker--were required, the case was referred to the appropriate agency.

Boston Dispensary Domiciliary Medical Service:

. . . When in the opinion of the resident, alone or in consultation . . . the services of other personnel were required, the case was referred to the proper agency.

At Massachusetts Memorial Hospital Home Medical Service the policy differed from others in that it stated, "When in the opinion of the medical student . . . other services were required . . . ."

The Philadelphia Intensive Home Care Plan provided for the medical director and the nursing coordinator to make the final decision as to the need for care. At King County Hospital Extension Service a medical, nursing, and social evaluation was made to determine the need for home care.

Awareness that patients are not always put in touch with home

nursing care facilities even when the facilities exist prompted the National League for Nursing to initiate a study, Factors Influencing Continuity of Nursing Service (25). The study, published in 1962, was financed by the United States Public Health Service and carried out by Louise C. Smith under the auspices of the Institute of Research and Service in Nursing Education, Teachers College, Columbia University. It is one of the most extensive studies of this topic to be reported at this date. The study extended over a period of two years and involved the personnel of six large hospitals, the Public Health Agencies, and many patients in three communities. The role of the hospital nurse was one of the aspects of continuity of care which came under investigation. It was found that some physicians believed the hospital nurse should discuss with them the possible need for post-hospital care for those patients whom they thought should have follow up care. Slightly less than one third of the supervisory and administrative personnel in the study hospitals did not support the belief that staff nurses should discuss the need for post-hospital care with the physician. The percent of nurses who thought that a nurse should discuss the need for post-hospital care was greater than the percent of doctors who thought the nurse should discuss with them the need for post-hospital nursing care, this was especially true of the "private paying" patient.



The majority of nurses in two hospitals and the majority of all physicians thought that it was not the function of the nurse to interpret Public Health Services to the patients.

It was also found that some of the professional respondents thought that none of the referral activities such as: discussing with the physician the need, discussing with the social worker information related to home care, talking with the patient about services of agencies or communicating directly with Public Health Agencies, were appropriate activities for hospital nurses.

In 1959 Georgann Chase conducted a study of The Opinions of Fifty-six General Duty Nurses in Six Hospitals Concerning Their Functions in Relation to Patient Care (8). The study was submitted to the University of Oregon School of Nursing in partial fulfillment of the requirements for the degree of Master of Science. The study endeavored to obtain the opinions of a group of general duty nurses concerning the Statements of Function number 1 for Practice of the General Duty Nurse, as approved by this section of the American Nurses' Association. The specific purposes of the study as stated by the author were to determine:

1. If the general duty nurse holds that the statements of Function number 1 represent appropriate activities for the general duty nurse.
2. If the general duty nurse holds that the statements of Function number 1 represent the activities the

general duty nurse is actually performing.

3. Whether there is agreement on the part of nurses that the activities considered appropriate for the general duty nurse are the same as the activities which the general duty nurse is actually performing.
4. Whether the environment and circumstances unique to an individual hospital will affect the opinion of the general duty nurse concerning what is appropriate for, and what is actually being done by the general duty nurse
5. Whether the nurses' length of experience in general duty nursing will affect the opinions held concerning the activities inherent to general duty nursing.
6. If the educational preparation of the nurse in a degree or diploma school of nursing will appreciably affect the opinions held concerning the activities inherent to general duty nursing.
7. Whether membership in the American Nurses' Association has an influence on the opinions of the general duty nurse.

An opinionnaire was developed based on Function number 1 which allowed the participants to indicate whether they thought that the statements were (a) correct and the nurse should or is doing what is contained in the statement, (b) the nurse should or is doing more than what is contained in the statement, (c) the nurse should or is doing less than what is contained in the statement, and (d) the statement is incorrect and there is disagreement with the entire statement.

Approximately one-third of the nurses responded that detailed evaluation of the physical needs, habits and resources, spiritual,

emotional, social and economic needs, and resources; acting as liaison between patient, doctor, family, community agencies and hospital personnel, were in excess of what is appropriate for the general duty nurse.

Over one-half responded that they believed the above items and also the two following items to be in excess of what is actually performed:

Becomes familiar with available resources, personnel and physical facilities of the hospital and community. Assists in patient education and rehabilitation, including the promotion of mental and physical health. From the findings of this study, it would appear that general duty nurses are not in accord with the American Nurses' Association General Duty Section statement on functions of the general duty nurse.

A study, The Opinions of a Selected Group of General Duty Nurses Regarding the Performance of Certain Rehabilitative Aspects of Nursing (32), conducted by Stella Williamson, submitted to The University of Oregon School of Nursing in 1963 was conducted to determine whether general duty nurses are cognizant of their responsibility regarding rehabilitative aspects of nursing and whether they feel that patients are receiving the benefits of rehabilitative care.

A questionnaire was developed from statements related to rehabilitation which were said to be the responsibility of the nurse. It was administered to a selected group of general duty nurses. Eighty-five to ninety percent of the responses indicated a willingness to accept responsibility in the areas of prevention of complications and

deformities, items pertaining to patient teaching and psychological or mental health problems. Sixty to seventy-five percent of the respondents thought that these activities were usually done, nineteen to thirty-three percent replied that the activities were occasionally performed and six to ten percent thought that the activities were seldom done. Only sixty-eight and one half percent of the respondents thought that the nurse's responsibility included planning for or ensuring follow up care for patients after he left the hospital.

Another study regarding the nurse's function in rehabilitation was conducted by Mary G. Neal in 1966 and submitted to the University of Oregon School of Nursing in partial completion of the requirements of the Master of Science Degree. A questionnaire was administered to eighty nurses to learn their opinions regarding certain rehabilitative measures. This study supported the study by Georgann Chase in that there was a gap between what nurses said should be done and what they said was actually being done for patients.

### 3. Summary

According to the literature it is not unusual for patients to go home from the hospital without benefit of referral for post-hospital nursing care, even though they may need further care and even though there is an agency in the community which provides the type

of care needed. This seems to be especially true of the paying patient.

There has been no lack of concern or interest which has caused the gap in patient care as he moves from hospital to home. Rather as stated by the Division of Nursing Service, National League for Nursing, "What's everybody's business is nobody's business!" (19)

There is a discrepancy between what administrators, doctors, lawyers, leaders in the field of nursing and the nurse in the hospital believe the role of the hospital staff nurse to be regarding referrals.

### CHAPTER III

#### REPORT OF THE STUDY, TABULATION AND INTERPRETATION OF DATA

There has been much in the literature for years concerning the need for continuity of nursing care. One widely used means of securing continuity of care in the post-hospital phase of patient care is by referral to agencies that provide services to meet the patient's health needs.

This study was undertaken to obtain information concerning the staff nurses' role in initiating referrals. The purposes, limitations, assumptions and steps of the study were outlined in Chapter I.

As will be noted throughout the remainder of this chapter, the data were tabulated according to the following plan: first, a comparison was made of information obtained from respondents concerning the type of their basic nursing preparation and length of time in nursing service; second, the responses for each item of the questionnaire were tabulated and comparisons made according to the type of basic nursing preparation; third, the tabulations for each item were then compared according to length of time the respondents had been

engaged in nursing; finally comparisons were made between related items to ascertain significance of findings.

The background information regarding type of basic nursing preparation and length of time in nursing revealed some interesting findings. As was to be expected the majority had been graduated from diploma programs but there were six from associate degree programs and twelve who had received baccalaureate degrees. Since the associate degree programs in this geographic area are relatively young, it was logical to find that of the six respondents, three had been in nursing service less than one year, two for one to five years and one more than five years but less than ten.

Sixty-six nurses were from diploma programs. The distribution of respondents according to length of time in nursing showed an interesting bimodal curve which indicates that there are fewer nurses in the middle group. One had been in nursing less than one year, 21, one to five years; six, five and twelve respectively in the next three five-year periods, and 21 had been in nursing more than 20 years.

Twelve stated that they were from baccalaureate degree programs. Eight of these nurses, like those from the associate degree programs, had been in nursing no more than ten years, one less than one year, four from one to five years, three from six to ten years. Two stated that they had been in nursing more than ten years but less

than 16 and two had been nursing more than 20 years.

Four respondents apparently overlooked this portion of the questionnaire and gave no background information.

Table 1 shows the distribution of responses according to type of basic nursing education and length of time in nursing. Throughout this report the letters "D.K." will indicate the response, "don't know"; "No R." will indicate "no response."

Table 1. Distribution of Responses of 88 Hospital Staff Nurses According to Type of Basic Nursing Preparation and Length of Time in Nursing

Length of Time in Nursing	Type of Basic Preparation				
	Assoc. Degree	Diploma Program	Bacc. Degree	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . .	3	1	1	0	5
1 through 5 years . .	2	21	4	0	27
6 through 10 years .	1	6	3	0	10
11 through 15 years	0	5	2	0	7
16 through 20 years	0	12	0	0	12
More than 20 years.	0	21	2	0	23
No response . . . . .	0	0	0	4	4
Total . . . . .	6	66	12	4	88

Comparisons were then made of the responses to each item of the questionnaire and the type of program from which the participants had been graduated. Item one asked, "Is there a routine procedure



for making referrals, for post-hospital nursing care, in this hospital?" Five of the six nurses from the associate degree program stated that there was such a procedure, one said she did not know.

Thirty of the graduates from diploma programs indicated that there was a routine procedure for making referrals, 18 said there was no such procedure, 17 did not know and one did not answer the question.

Nurses from the baccalaureate degree programs were more equally distributed. Four stated that there was a routine procedure, five said there was not, and three did not know.

Of the four nurses who gave no background information, one indicated that there was a routine procedure for making referrals and three said there was no routine procedure.

Table 2 summarizes the responses to this item.

Table 2. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Routine Procedures for Making Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . . .	5	0	1	0	6
Diploma program . . . . .	30	18	17	1	66
Baccalaureate degree . .	4	5	3	0	12
No program identified . .	1	3	0	0	4
Total . . . . .	40	26	21	1	88

Question number two asked, "Have you been instructed in the procedure for making referrals at this hospital?" This was one of two items in the questionnaire which was answered either "yes" or "no." Thirty-three had been instructed in the procedure, 55 had not.

Of the six graduates from the associate degree programs, three responded in the affirmative and three in the negative.

The responses from nurses from diploma programs were less evenly divided, 26 stated that they had been instructed and 40 said they had not.

Three of the nurses from baccalaureate programs had been instructed and nine had not. The same ratio applied to the nurses who gave no background information, that is, one of four had been instructed, the other three had not.

Table 3 shows the distribution of responses to question number two.

Table 3. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Concerning Their Instruction in the Procedure for Making a Referral

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	3	3	0	0	6
Diploma program . . . .	26	40	0	0	66
Baccalaureate degree .	3	9	0	0	12
No program identified .	1	3	0	0	4
Total . . . . .	33	55	0	0	88

Item number three asked, "Is there a coordinator for post-hospital nursing care employed by this hospital?" Sixteen of the 88 nurses replied that there was a coordinator employed, 43 said there was not, 28 did not know and one did not answer the question.

Two nurses from the associate degree programs indicated that there was no coordinator, four did not know.

Fourteen of the 66 nurses from diploma programs said there was a coordinator, 29 said there was not, 22 did not know and one did not answer.

Two of the respondents from baccalaureate degree programs said there was a coordinator employed by the hospital, eight said there was not and two did not know.

All of the nurses who gave no background information answered "no" to the question.

No attempt was made to learn whether or not the responses reflected the actual situations concerning policies and procedures for making referrals in the various hospitals. However there were both negative and affirmative responses from each of the hospitals which is an interesting reflection on how much awareness personnel seem to possess regarding hospital policies.

Table 4 summarizes the data according to the nurse's basic preparation in nursing and the responses to the question

regarding a coordinator being employed by the hospital.

Table 4. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding a Coordinator Employed by the Hospital for Making Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	0	2	4	0	6
Diploma program . . . .	14	29	22	1	66
Baccalaureate degree .	2	8	2	0	12
No program identified .	0	4	0	0	4
Total . . . . .	16	43	28	1	88

Question number four was also developed to learn what the nurses knew of procedures and policies for making referrals. The responses did not differ greatly from the responses to the preceding question. This item attempted to ascertain if a coordinator came to the hospital from a community agency. Twenty-five stated that there was such a coordinator, 24 said there was not, 38 did not know and one did not answer.

The nurses from the associate degree programs answered much the same as to the previous question, one answered "no," four did not know and one did not answer.

Twenty-one of the respondents from diploma programs said there was a coordinator who came from the community agencies, 15 stated there was not such a coordinator, 38 did not know and one did not answer the question.

Responses from the nurses from baccalaureate degree programs were equally divided, four answering that there was a coordinator who came from the community, four said there was not and four did not know.

All of the nurses who gave no background information answered "no" to the question.

Table 5 summarizes the responses to the item.

Table 5. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding a Coordinator for Referrals Who Comes to the Hospital From the Community

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	0	1	4	1	6
Diploma program . . . .	21	15	30	0	66
Baccalaureate degree .	4	4	4	0	12
No program identified .	0	4	0	0	4
Total . . . . .	25	24	38	1	88

Item five asked, "Do you believe that you are expected to initiate referrals for post-hospital nursing care for those patients who in your opinion would benefit from such referral?" Thirty-four of the nurses answered in the affirmative, 44 gave a negative response, eight did not know and two did not answer the question.

There were slight differences in the ratio of responses from nurses from various educational backgrounds. Three of the respondents from the associate degree programs indicated that they were expected to initiate referrals, two said they were not expected to do this and one did not know.

Twenty-seven of the 66 nurses from diploma programs believed they were expected to initiate referrals, 33 thought they were not expected to perform this function, five did not know and one did not answer.

Four of the nurses from the baccalaureate programs answered in the affirmative, five in the negative, two did not know and one did not answer this question. It is noteworthy that this is the only question left unanswered by a nurse from the baccalaureate degree programs.

All of the nurses who gave no background information answered that they were not expected to initiate referrals.

Table 6 shows the distribution of responses to question number five.

Table 6. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Their Beliefs About Being Expected to Initiate Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	3	2	1	0	6
Diploma program . . . .	27	33	5	1	66
Baccalaureate degree .	4	5	2	1	12
No program identified .	0	4	0	0	4
Total . . . . .	34	44	8	2	88

Item six asked, "Are you encouraged to initiate referrals?"

There were fewer affirmative answers to this question than to any other. Fifteen nurses indicated that they were encouraged to initiate referrals, 63 said they were not encouraged to do this, seven did not know and three did not answer.

From the associate degree program, two said they were not encouraged, but four were.

Ten of the 15 nurses who answered in the affirmative were from diploma programs; however 48 of diploma nurses said they were not encouraged to initiate referrals, five did not know and three did not answer.

Three respondents from the baccalaureate degree program

stated that they were encouraged to initiate referrals, seven said they were not encouraged to do this and two did not know.

All of the nurses who gave no background information stated that they were not encouraged to initiate referrals.

Table 7 summarizes the responses to this item.

Table 7. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Concerning Being Encouraged to Initiate Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	2	4	0	0	6
Diploma program . . . .	10	48	5	3	66
Baccalaureate degree .	3	7	2	0	12
No program identified .	0	4	0	0	4
Total . . . . .	15	63	7	3	88

Item seven asked, "Are you encouraged to identify patient's needs for post-hospital nursing care and make your opinions known to those in charge?" The responses to this question, while not being as decisive as the responses to item six, were also weighted heavily on the negative side. Thirty-three answered in the affirmative, 50 gave a negative reply, four did not know and one did not answer the question.



Four of the nurses from associate degree programs said they were encouraged to identify needs and make their opinions known, one said she was not encouraged and one did not know. The nurses from the associate degree program were the only group in which the majority gave an affirmative answer to item seven.

Twenty-three of the respondents from diploma programs indicated that they were encouraged to identify needs, 39 stated that they were not so encouraged, three did not know and one did not answer the question.

Five of the twelve nurses from baccalaureate degree programs answered in the affirmative, seven in the negative.

One of the nurses who gave no background information said she was encouraged to identify needs, three said they were not encouraged.

Table 8 indicates the responses to item seven.

Table 8. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Their Beliefs About Being Encouraged to Identify Needs for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	4	1	1	0	6
Diploma program . . . .	23	39	3	1	66
Baccalaureate degree .	5	7	0	0	12
No program identified .	1	3	0	0	4
Total . . . . .	33	50	4	1	88

Item number eight asked, "Have you initiated referrals for post-hospital nursing care during the time that you have been employed at this hospital?" This item was one of two which was answered either "yes" or "no" by all respondents. Twenty-five indicated they had initiated referrals and 63 had not.

There was no great difference in the ratio of nurses who had or had not initiated a referral according to educational background. One of the nurses from the associate degree programs had initiated a referral, five had not.

Twenty-one, almost one third, of the respondents from diploma programs had initiated referrals, 45 had not.

It would seem logical that a greater percent of the nurses from baccalaureate degree programs would have performed this function because of the emphasis on Public Health Nursing in the baccalaureate degree programs. Three of the nurses from this type of program had initiated referrals, nine, three-fourths, of them had not.

Of the nurses who gave no identifying information, none had made a referral.

Table 9 shows the distribution of responses to the above question.

Table 9. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Their Initiating of Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	1	5	0	0	6
Diploma program . . . .	21	45	0	0	66
Baccalaureate degree .	3	9	0	0	12
No program identified .	0	4	0	0	4
Total . . . . .	25	63	0	0	88

Question nine asked, "Were courses in Public Health Nursing included in the curriculum of the nursing school which you attended?" Responses from the nurses from associate degree programs were equally divided. Three answered "yes" to the question and three answered "no." It is not known whether these six nurses were graduated from the same school.

Responses from the nurses from diploma programs were not as equally divided, 38 answered in the affirmative, 27 answered negative, and one did not know.

As would be expected, the majority of nurses from baccalaureate degree programs indicated that there were courses in Public Health in the school they attended. Nine answered "yes" and three

answered "no" to the question.

Responses from the nurses who gave no background information were equally divided, two answered "yes" and two answered "no."

Table 10 summarizes the data from question nine.

Table 10. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Courses in Public Health Nursing in the Curriculum of Their School of Nursing

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . . .	3	3	0	0	6
Diploma program . . . . .	38	27	1	0	66
Baccalaureate degree . . . . .	9	3	0	0	12
No program identified . . . . .	2	2	0	0	4
Total . . . . .	52	35	1	0	88

Item ten asked, "Are you able to explain the function of the Public Health Nurse to patients who in your opinion would benefit from such information?" Seventy-two of the nurses indicated that they could explain this function, 14 said they could not, one did not know and one did not answer the question.

The nurses from the associate degree programs were in complete agreement, six of them stated that they could explain the function

of the Public Health Nurse. This was the only item in which nurses from one type of program agreed completely.

Fifty-two respondents from diploma programs were able to explain the function of the Public Health Nurse, 12 stated they could not explain the function, one did not know and one did not answer the question.

Eleven of the nurses from baccalaureate degree programs could explain the function of the Public Health Nurse, one could not.

Three of the nurses who gave no background information answered in the affirmative and one in the negative.

Table 11 shows the distribution of responses to item ten.

Table 11. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Their Ability to Explain the Function of the Public Health Nurse.

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	6	0	0	0	6
Diploma program . . . .	52	12	1	1	66
Baccalaureate degree .	11	1	0	0	12
No program identified .	3	1	0	0	4
Total . . . . .	72	14	1	1	88

Question number 11 asked, "Do you believe that the initiating of referrals for post-hospital nursing care is one of your responsibilities?" Forty-two said they believed this to be one of their responsibilities, 38 did not believe this, six did not know and two did not answer the question.

Four nurses from the associate degree programs answered in the affirmative, two answered in the negative.

Responses to this item from nurses from the diploma programs were more varied than those from the degree programs. Thirty of the 66 nurses from the diploma programs indicated that they believed initiating referrals was one of their responsibilities. An almost equal number, 29, said they did not believe this to be one of their responsibilities, five did not know, and two did not answer.

Seven of the nurses from the baccalaureate degree programs answered the item in the affirmative and five in the negative.

Of the group of nurses who gave no background information one answered "yes" to the question, two said "no" and one did not know.

Table 12 summarizes the data from item 11.

Table 12. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Concerning Their Beliefs About Their Responsibility for Initiating Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . . .	4	2	0	0	6
Diploma program . . . . .	30	29	5	2	66
Baccalaureate degree . . . . .	7	5	0	0	12
No program identified . . . . .	1	2	1	0	4
Total . . . . .	42	38	6	2	88

Question number 12 asked, "Do you believe that the initiating of referrals for post-hospital nursing care is the responsibility of the head nurse rather than the staff nurse?" Thirty-seven replied that this was the responsibility of the head nurse, 47 stated that it was not, and four did not know.

The responses are the reverse of the responses to item eleven in most cases. Two of the nurses from associate degree programs answered "yes" two said "no." Twenty-nine nurses from the diploma program answered in the affirmative, 34 in the negative and three did not know. Five of the respondents from baccalaureate degree programs stated that this was the responsibility of the head nurse and seven said it was not. Responses from those nurses who gave

no background information were the same as their answers to item 11, one answered "yes," two answered "no" and one did not know.

Table 13 shows the distribution of responses to item twelve.

Table 13. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Concerning Their Beliefs About the Head Nurse's Responsibility for Initiating Referrals for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	2	4	0	0	6
Diploma program . . . .	29	34	3	0	66
Baccalaureate degree .	5	7	0	0	12
No program identified .	1	2	1	0	4
Total . . . . .	37	47	4	0	88

Item number 13 asked, "As a student, were you encouraged to identify patient's needs for post-hospital nursing care and initiate a referral when in your opinion the patient would benefit from such referral?"

Thirty-two nurses gave an affirmative answer to the above question, 53 gave a negative answer, two said they did not know and one did not reply to this question.

Five of the six nurses from associate degree programs



answered "yes" and one said she was not so encouraged.

Twenty nurses from diploma programs indicated they were so encouraged, 44 were not, one did not know and one did not answer the question.

Seven of the nurses from baccalaureate degree programs gave an affirmative answer, four gave a negative answer and one did not know.

All of the nurses who gave no background information said they were not encouraged to identify needs and initiate referrals.

Table 14 summarizes the data presented above.

Table 14. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Regarding Being Encouraged, as a Student, to Identify Needs and Initiate Referrals for Post-hospital Nursing Care.

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	5	1	0	0	6
Diploma program . . . .	20	44	1	1	66
Baccalaureate degree .	7	4	1	0	12
No program identified .	0	4	0	0	4
Total . . . . .	32	53	2	1	88

Question number 14 asked, "Have you found that there is a great difference in what you are expected to do, in regards to making referrals for post-hospital nursing care now, and what you were taught and expected to do as a student?" Forty-one of the respondents answered that there was a great difference, 34 said there was not, ten did not know and three did not answer the question.

Four of the nurses from associate degree programs said there was a difference in what was expected, one said there was no difference and one did not know.

Twenty-eight of the nurses from diploma programs gave an affirmative answer, 27 gave a negative answer, eight did not know and three did not answer.

Eight of the 12 nurses from baccalaureate degree programs indicated that there were differences in what was taught and expected of them as students, and what was expected of them as staff nurses, three said there was no difference and one did not know.

One nurse who gave no background information answered that there was a difference in what was expected of her, three said there was no difference.

Table 15 shows the distribution of responses to item fourteen.

Table 15. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses Concerning Differences in What Was Expected of Them as Students and as Staff Nurses

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	4	1	1	0	6
Diploma program . . . .	28	27	8	3	66
Baccalaureate degree .	8	3	1	0	12
No program identified .	1	3	0	0	4
Total . . . . .	41	34	10	3	88

Item number 15 asked, "Do you believe that you would encounter problems if you wanted to refer a patient for post-hospital nursing care?" There were 29 affirmative responses, 33 negative responses, 23 did not know and three did not answer.

One of the nurses from the associate degree program answered "yes," two "no" and three did not know.

The nurses from diploma programs were almost equally divided between "yes," "no" and "do not know," being 21, 24 and 19 respectively. Two of this group did not answer.

Seven of the respondents from baccalaureate degree programs said they would expect problems, four would not, and one did not know.

Table 16 summarizes the data from item fifteen.

Table 16. Distribution of 88 Hospital Staff Nurses According to Their Basic Nursing Preparation and Their Responses as to Whether They Would Expect Problems if They Wanted to Refer a Patient for Post-hospital Nursing Care

Type of Basic Nursing Preparation	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Associate degree . . . .	1	2	3	0	6
Diploma program . . . .	21	24	19	2	66
Baccalaureate degree .	7	4	1	0	12
No program identified .	0	3	0	1	4
Total . . . . .	29	33	23	3	88

Item number 16 asked, "If the answer to the above question is 'yes,' please explain what problems you would expect and what experiences you have had that cause you to expect problems." The responses are described following the tables that compare length of time in nursing service to the responses of items one through 15 inclusive.

The responses to each item were then compared to the length of time the participants had been in nursing service.

In response to question number one which asked, "Is there a routine procedure for making referrals, for post-hospital nursing care, in this hospital?" three of the five nurses who had been in nursing less than a year answered that there was a routine procedure, one

said there was not and one did not know.

Of the 27 nurses who had been in nursing one through five years, 11 said there was a routine procedure, ten said there was not and six did not know.

The distribution of responses was much the same from nurses who had been in nursing for six through ten years, four answered "yes," three answered "no" and three did not know.

The trend was the same in the responses from participants who had been in nursing 11 through 15 years. Three answered in the affirmative, one in the negative, two did not know and one did not answer the question.

Of the 12 nurses who had been in nursing 16 through 20 years, eight stated that there was a routine procedure for making referrals, two said there was not and two did not know.

There were 23 nurses in the group which had been in nursing more than 20 years. Ten of this group answered that there was a routine procedure for making referrals, six said there was not and seven did not know.

One of the nurses who gave no background information answered in the affirmative, three answered in the negative.

Table 17 shows the distribution of responses as described above.

Table 17. Distribution of 88 Hospital Staff Nurses According to Length of Time in Nursing and Their Responses Regarding Routine Procedures for Making Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	3	1	1	0	5
1 through 5 years . . . .	11	10	6	0	27
6 through 10 years . . .	4	3	3	0	10
11 through 15 years . .	3	1	2	1	7
16 through 20 years . .	8	2	2	0	12
More than 20 years . . .	10	6	7	0	23
No information . . . . .	1	3	0	0	4
Total	40	26	21	1	88

Item two asked, "Have you been instructed in the procedure for making referrals at this hospital?" Thirty-three nurses stated they had been so instructed, 55 had not.

Of the five nurses who had been in nursing less than one year one indicated that she had been instructed and four said they had not.

Eight of the 27 respondents who had been in nursing one through five years said they had been instructed, 19 had not.

The group which had been in nursing six through ten years was equally divided, five gave affirmative answers and five gave negative answers.

There were three affirmative and four negative answers from the nurses who had been in nursing 11 through 15 years.

Those who had been in nursing 16 through 20 years comprised the only group where the majority answered that they had been instructed in the procedure for making a referral, seven stated that they had been instructed and five had not.

Eight of the nurses who had been in nursing more than 20 years had been instructed in the procedure for making a referral, 15 had not been instructed.

Of the nurses who gave no background information, one had been instructed and three had not.

Table 18 summarizes the responses to this item.

Table 18. Distribution of 88 Hospital Staff Nurses According to Length of Time in Nursing and Their Responses Concerning Their Instruction in the Procedure for Making Referrals

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	1	4	0	0	5
1 through 5 years . . . .	8	19	0	0	27
6 through 10 years . . .	5	5	0	0	10
11 through 15 years . .	3	4	0	0	7
16 through 20 years . .	7	5	0	0	12
Over 20 years . . . . .	8	15	0	0	23
No information given. .	1	3	0	0	4
Total . . . . .	33	55	0	0	88

Item number three asked, "Is there a coordinator for post-hospital nursing care employed by this hospital?" Sixteen of the nurses indicated that there was such a coordinator, 43 said there was not, 28 did not know and one did not answer the question.

One of the five nurses who had been in nursing less than one year said there was a coordinator employed by the hospital, one said there was not, and three did not know.

Five of the nurses who had been in nursing one through five years indicated that there was a coordinator employed by the hospital, nine of this group said there was no coordinator employed and 13 did not know.

In the group which had been in nursing six through ten years, one said there was a coordinator employed by the hospital, five said no coordinator was employed and one did not know.

One in the group which had been in nursing 11 through 15 years stated that there was a coordinator employed by the hospital, five said no coordinator was employed and one did not know.

Three who had been in nursing 16 through 20 years answered the question in the affirmative, seven answered in the negative and two did not know.

The group which had been in nursing more than 20 years consisted of 23 nurses, five of whom indicated that there was a



coordinator employed by the hospital, 12 stated no coordinator was employed and six did not know.

All of the nurses who gave no background information indicated that no coordinator was employed by the hospital.

Table 19 shows the distribution of responses to item two.

Table 19. Distribution of 88 Hospital Staff Nurses According to Length of Time in Nursing and Their Responses Regarding a Coordinator Employed by the Hospital for Making Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.R.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	1	1	3	0	5
1 through 5 years . . . .	5	9	13	0	27
6 through 10 years . . .	1	5	3	1	10
11 through 15 years . .	1	5	1	0	7
16 through 20 years . .	3	7	2	0	12
Over 20 years . . . . .	5	12	6	0	23
No information given .	0	4	0	0	4
Total . . . . .	16	43	28	1	88

Question number four also asked about a coordinator for post-hospital nursing care, "Is there a coordinator for post-hospital nursing care who comes to the hospital from a community agency."

Twenty-five respondents stated that there was such a coordinator, 24 said there was not, 38 did not know and one did not answer the

question. This was the largest number to answer any item to the effect that they did not know.

Of the five who had been in nursing less than one year, one answered "yes" to question number four, one answered "no," two did not know and one did not answer the question.

Five of the 27 who had been in nursing one through five years stated that there was a coordinator who came to the hospital from the community, six said there was no coordinator, and 16 did not know.

Five in the group which had been in nursing six through ten years also answered "yes" to this question, one said "no" and four did not know.

One who had been in nursing 11 through 15 years indicated that there was a coordinator who came to the hospital from the community, two of this group said there was no such coordinator and four did not know.

Of the group which had been in nursing 16 through 20 years, six answered in the affirmative, three answered in the negative and three did not know.

Seven who had been in nursing more than 20 years said there was a coordinator who came to the hospital from the community, seven said there was no such coordinator and nine did not know.

All of the nurses who gave no background information indicated

that no coordinator came to the hospital from the community.

Table 20 summarizes the data from item four.

Table 20. Distribution of 88 Hospital Staff Nurses According to Length of Time in Nursing and Their Responses Regarding a Coordinator for Referrals Who Comes to the Hospital from the Community

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	1	1	2	1	5
1 through 5 years . . . .	5	6	16	0	27
6 through 10 years . . .	5	1	4	0	10
11 through 15 years . .	1	2	4	0	7
16 through 20 years . .	6	3	3	0	12
More than 20 years . .	7	7	9	0	23
No information given .	0	4	0	0	4
Total	25	24	38	1	88

Item five of the questionnaire asked, "Do you believe that you are expected to initiate referrals for post-hospital nursing care for those patients who in your opinion would benefit from such referral?" Thirty-four answered in the affirmative, 44 gave a negative response, eight did not know and two did not answer the question.

Four of the five who had been in nursing less than one year believed that they were expected to initiate referrals, one did not believe this was expected of her.

In the group which had been in nursing one through five years, nine thought they were expected to initiate referrals, 14 thought they were not expected to do this, two did not know and two did not answer.

Two of the group who had been in nursing six through ten years answered that they were expected to initiate referrals, six said they were not expected to do this and two did not know.

Of the seven nurses who had been in nursing 11 through 15 years, four answered in the affirmative and three answered in the negative.

The majority of those who had been in nursing 16 through 20 years answered in the affirmative. Eight answered "yes," three answered "no" and one did not know.

Seven who had been in nursing more than 20 years thought they were expected to initiate referrals, 13 thought they were not expected to do this, and three did not know.

All of the nurses who gave no background information indicated that they were not expected to initiate referrals.

Table 21 summarizes the data explained above.

Table 21. Distribution of 88 Hospital Staff Nurses According to Length of Time in Nursing and Their Responses Regarding Their Beliefs About Being Expected to Initiate Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	4	1	0	0	5
1 through 5 years . . . .	9	14	2	2	27
6 through 10 years . . .	2	6	2	0	10
11 through 15 years . .	4	3	0	0	7
16 through 20 years . .	8	3	1	0	12
More than 20 years . . .	7	13	3	0	23
No information given .	0	4	0	0	4
Total . . . . .	34	44	8	2	88

Item six asked, "Are you encouraged to initiate referrals?"

Fifteen indicated that they were encouraged to initiate referrals, 63 said they were not encouraged to do this, seven did not know and three did not answer.

Two who had been in nursing less than one year said they were encouraged to perform this function, three said they were not encouraged to do this.

Two who were in nursing one through five years also said they were encouraged to initiate referrals, 21 stated they were not encouraged to do this, three did not know and one did not answer.

Of those who had been in nursing six through ten years, two answered "yes," six answered "no," one did not know and one did not answer.

Three who had been in nursing 11 through 15 years were encouraged to initiate referrals, and four were not encouraged to do this.

Three who had been in nursing 16 through 20 years had also been encouraged to initiate referrals, seven said they were not encouraged to do this and two did not know.

Of the 23 who had been in nursing more than 20 years three had been encouraged to initiate referrals, 18 had not been encouraged, one did not know and one did not answer.

All who gave no background information said they were not encouraged to initiate referrals.

Table 22 shows the distribution of responses to question number six.

Table 22. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Concerning Being Encouraged to Initiate Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	2	3	0	0	5
1 through 5 years . . . .	2	21	3	1	27
6 through 10 years . . .	2	6	1	1	10
11 through 15 years . .	3	4	0	0	7
16 through 20 years . .	3	7	2	0	12
More than 20 years . . .	3	18	1	1	23
No information given. .	0	4	0	0	4
Total	15	63	7	3	88

Item seven asked, "Are you encouraged to identify patient's needs for post-hospital nursing care and make your opinions known to those in charge?" Thirty-three answered in the affirmative, 50 gave a negative reply, four did not know and one did not answer the question.

Four who had been in nursing less than one year were encouraged to identify needs and make their opinions known, one did not know if she was encouraged to do this.

Of the group which had been in nursing one through five years, ten had been encouraged to identify needs and discuss these needs with their superiors, 15 indicated that they were not so encouraged, and two did not know.

Of those who had been in nursing six through ten years, four stated that they were encouraged to identify needs and six were not encouraged to do so.

Four of the seven who had been in nursing 11 through 15 years answered in the affirmative, three in the negative.

Four of the 12 who had been in nursing 16 through 20 years stated that they were encouraged to identify needs and make their opinions know, eight said they were not encouraged to do so.

Twenty-three nurses had been in nursing more than 20 years; of this group, six stated that they were encouraged to identify needs,

15 said they were not encouraged to perform the function, one did not know and one did not answer the question.

One of the nurses who gave no background information said she was encouraged to identify needs and three said they were not encouraged to do so.

Table 23 summarizes the data.

Table 23. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Regarding Their Beliefs About Being Encouraged to Identify Needs for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	4	0	1	0	5
1 through 5 years . . . .	10	15	2	0	27
6 through 10 years . . .	4	6	0	0	10
11 through 15 years . .	4	3	0	0	7
16 through 20 years . .	4	8	0	0	12
More than 20 years . . .	6	15	1	1	23
No information given. .	1	3	0	0	4
Total . . . . .	33	50	4	1	88

Question eight asked, "Have you initiated referrals for post-hospital nursing care during the time that you have been employed at this hospital?" Twenty-five had initiated a referral and 63 had not.

One of the five who had been in nursing less than one year had



initiated referrals, four had not.

Of the group which had been in nursing one through five years, four had initiated referrals and 23 had not. Among those who had been in nursing six through ten years, only one out of the ten had initiated referrals.

Two who had been in nursing 11 through 15 years had initiated referrals, five had not.

Those who had been in nursing 16 to 20 years comprised the only group where the majority had initiated referrals. Eight out of 12 stated that they had initiated referrals while in their present position, four had not.

Nine who had been in nursing more than 20 years had initiated referrals, 14 of this group had not.

All who gave no background information stated that they had not initiated referrals in their present place of employment.

Table 24 summarizes the above data.

Table 24. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Regarding Their Initiating of Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	No.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	1	4	0	0	5
1 through 5 years . . . .	4	23	0	0	27
6 through 10 years . . .	1	9	0	0	10
11 through 15 years . .	2	5	0	0	7
16 through 20 years . .	8	4	0	0	12
More than 20 years . . .	9	14	0	0	23
No information given. .	0	4	0	0	4
Total . . . . .	25	63	0	0	88

Item nine asked, "Were courses in Public Health Nursing included in the curriculum of the nursing school which you attended?" Fifty-two of the nurses stated that there were courses in Public Health Nursing in their school, 35 said there were no such courses where they received their education and one nurse said she did not know if such courses were in the curriculum.

Two who had been in nursing less than one year answered "yes" to the above question, three answered "no."

Twenty-four of the 27 who had been in nursing one through five years indicated that there were courses in Public Health Nursing in their schools; three of this group said there were no such courses.

Eight of ten who had been in nursing six through ten years answered in the affirmative, the other two in the negative.

Of the group which had been in nursing 11 through 15 years, four answered "yes" to the question and three answered "no."

The nurses who had been in nursing 16 through 20 years were divided almost equally in their responses, five answered "yes," six said "no" and one did not know.

The group which had been in nursing over 20 years was the only group where a majority had attended schools where Public Health Nursing was not included in the curriculum; seven of the 23 answered in the affirmative, 16 answered in the negative.

The nurses who gave no background information were equally divided, two said they had attended schools where Public Health Nursing was included and two said they had not.

Table 25 shows the distribution of responses to item nine.

Table 25. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Regarding Courses in Public Health Nursing in the Curriculum of Their School of Nursing

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	2	3	0	0	5
1 through 5 years . . . .	24	3	0	0	27
6 through 10 years . . .	8	2	0	0	10
11 through 15 years . .	4	3	0	0	7
16 through 20 years . .	5	6	1	0	12
More than 20 years . .	7	16	0	0	23
No information given .	2	2	0	0	4
Total . . . . .	52	35	1	0	88

Item ten asked, "Are you able to explain the function of the Public Health Nurse to patients who in your opinion would benefit from such information?" Seventy-two of the nurses stated that they could explain this function, 14 said they could not, one did not know and one did not answer.

All of the nurses who had been in nursing less than one year stated that they could explain the function of the Public Health Nurse.

Twenty-three of the 27 who had been in nursing one through five years also stated that they could explain this function, three said they could not, and one did not answer the question.

In the group which had been in nursing six through ten years, eight thought they could explain the function, two said they could not. The responses were very much the same in the other groups, being six affirmative and one negative in the group which had been in nursing 11 to 15 years, ten affirmative and two negative in the group which had been in nursing 16 through 20 years, 17 affirmative and five negative in the group which had been in nursing more than 20 years and three affirmative to one negative in the group who gave no background information.

Table 26 summarizes the data presented above.

Table 26. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Regarding Their Ability to Explain the Function of the Public Health Nurse

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	5	0	0	0	5
1 through 5 years . . . .	23	3	0	0	27
6 through 10 years . . .	8	2	0	0	10
11 through 15 years . .	6	1	0	0	7
16 through 20 years . .	10	2	0	0	12
More than 20 years . .	17	5	1	0	23
No information given .	3	1	0	0	4
Total . . . . .	72	14	1	1	88

Item number 11 asked, "Do you believe that the initiating of referrals for post-hospital nursing care is one of your responsibilities?" Forty-two stated that they thought this was one of their responsibilities, 38 did not accept this responsibility as theirs, six did not know and two did not answer the question.

All who had been in nursing less than one year expressed the opinion that they were responsible for initiating referrals.

Fifteen who had been in nursing one through five years answered in the affirmative, ten in the negative and two did not answer.

In the group which had been in nursing six through ten years, three stated that they were responsible for making referrals and seven stated they were not.

The seven in the group which had been in nursing 11 through 15 years were divided thus: three answered "yes," two answered "no" and two did not know.

Of the group which had been in nursing 16 through 20 years, six stated that they were responsible for initiating referrals, four said they were not responsible and two did not know.

Nine of those who had been in nursing more than 20 years believed they were responsible for initiating referrals, 13 of this group did not believe they were responsible and one did not know.

One of the nurses who gave no background information answered

"yes" to the question, two answered "no" and one did not know.

Table 27 shows the distribution of responses to item 11.

Table 27. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Concerning Their Beliefs About Their Responsibility for Initiating Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	5	0	0	0	5
1 through 5 years . . . .	15	10	0	2	27
6 through 10 years . . .	3	7	0	0	10
11 through 15 years . .	3	2	2	0	7
16 through 20 years . .	6	4	2	0	12
More than 20 years . .	9	13	1	0	23
No information given .	1	2	1	0	4
Total . . . . .	42	38	6	2	88

Question number 12 asked, "Do you believe that the initiating of referrals for post-hospital nursing care is the responsibility of the head nurse rather than the staff nurse?" Thirty-seven nurses expressed the belief that the head nurse was responsible for initiating referrals, 47 did not believe this and four did not know.

Those who had been in nursing less than one year agreed that this was not the function of the head nurse rather than the staff nurse.

The respondents who had been in nursing one through five years

were not as decisive. Eight answered in the affirmative, 18 in the negative and one did not know.

Those who had been in nursing six through ten years and 11 through 15 years were more equally divided. Six of the first group answered "yes" and four answered "no." Four of the second group said they believed initiating referrals was the function of the head nurse rather than the staff nurse and three disagreed.

Three who had been in nursing 16 through 20 years answered in the affirmative and nine in the negative.

The only group where a majority indicated that this function was the responsibility of the head nurse rather than the staff nurse were those who had been in nursing more than 20 years. Fifteen of them answered "yes" and six "no."

One of the nurses who gave no background information answered "yes," two answered "no" and one did not know.

Table 28 summarizes the above data.



Table 28. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Concerning Their Beliefs About the Head Nurse's Responsibility for Initiating Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	0	5	0	0	5
1 through 5 years . . . .	8	18	1	0	27
6 through 10 years . . .	6	4	0	0	10
11 through 15 years . .	4	3	0	0	7
16 through 20 years . .	3	9	0	0	12
More than 20 years . .	15	6	2	0	23
No information given .	1	2	1	0	4
Total. . . . .	37	42	4	0	88

Item 13 asked, "As a student, were you encouraged to identify patient's needs for post-hospital nursing care and initiate a referral when in your opinion the patient would benefit from such referral?" Thirty-two gave an affirmative answer, 53 gave a negative response, two did not know and one did not reply.

Those who had been in nursing the shortest period of time answered in the affirmative the majority of the time. Four who had been in nursing less than one year answered in the affirmative, one in the negative; 18 who had been in nursing one through five years answered "yes," eight answered "no" and one did not reply.

The majority of the rest of the respondents stated that they were not encouraged to identify needs and initiate referrals, as students. Two of the ten who had been in nursing six through ten years answered in the affirmative, eight in the negative; one of seven who had been in nursing 11 through 15 years, answered in the affirmative, five in the negative and one did not know. Four who had been in nursing 16 through 20 years said "yes," seven said "no" and one did not know. Three who had been in nursing more than 20 years had been encouraged to perform this function, 20 had not. All who gave no background information gave negative replies.

Table 29 shows the distribution of the responses to item 13.

Table 29. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Regarding Being Encouraged, as a Student, to Identify Needs and Initiate Referrals for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	4	1	0	0	5
1 through 5 years . . . .	18	8	0	1	27
6 through 10 years . . .	2	8	0	0	10
11 through 15 years . .	1	5	1	0	7
16 through 20 years . .	4	7	1	0	12
More than 20 years . .	3	20	0	0	23
No information given .	0	4	0	0	4
Total. . . . .	32	53	2	1	88

Question 14 asked, "Have you found that there is a great difference in what you are expected to do, in regards to making referrals for post-hospital nursing care now, and what you were taught and expected to do as a student?" Forty-one answered that there was a great difference, 34 said there was not, ten did not know and three did not answer. The responses were quite similar from all groups except those who had been in nursing 16 through 20 years.

Of the five nurses who had been in nursing less than one year, two said "yes," two said "no" and one did not know.

The responses were similar from those who had been in nursing one through five years; 13 answered "yes," 13 answered "no," and one did not answer the question.

Five who had been in nursing six through ten years answered in the affirmative, three in the negative, one did not know and one did not answer.

The answers were two "yes," three "no" and two "don't know" from the group which had been in nursing 11 through 15 years.

Eight of the 12 who had been in nursing 16 through 20 years stated that there was a great difference in what was expected of them as staff nurses and what was expected of them as students, one said there was no difference, two did not know and one did not answer the question.

Eleven who had been in nursing more than 20 years answered in the affirmative, eight in the negative and four did not know.

One nurse who gave no background information gave an affirmative answer the other three gave negative answers.

Table 30 summarizes the above data.

Table 30. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses Concerning Differences in What Was Expected of Them as Students and as Staff Nurses

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	2	2	1	0	5
1 through 5 years . . . .	13	13	0	1	27
6 through 10 years . . .	5	3	1	1	10
11 through 15 years . .	2	3	2	0	7
16 through 20 years . .	8	1	2	1	12
More than 20 years . .	11	8	4	0	23
No information given .	1	3	0	0	4
Total . . . . .	41	34	10	3	88

Item fifteen asked, "Do you believe that you would encounter problems if you wanted to refer a patient for post-hospital nursing care?" There were 29 affirmative responses, 33 negative responses, 23 did not know and three did not answer.

Two who had been in nursing less than one year stated that they

believed they would not encounter problems and three stated that they did not know.

The group which had been in nursing one through five years was the only group where the majority stated that they would expect problems. Fifteen gave an affirmative answer, six gave a negative response, four did not know and two did not reply.

Two who had been in nursing six through ten years said they would expect problems, three said they would not and five did not know.

The responses were similar in the group which had been in nursing 11 through 15 years, two affirmative, two negative and three did not know.

Of those who had been in nursing 16 through 20 years, five answered "yes," five answered "no" and two did not know.

Five who had been in nursing more than 20 years indicated that they believed they would have problems if they wanted to refer a patient for post-hospital nursing care, 12 believed they would not and six did not know.

The nurses who supplied no background information gave three negative answers and one did not answer the question.

Table 31 is a summary of the data reported above.

Table 31. Distribution of 88 Hospital Staff Nurses According to Their Length of Time in Nursing and Their Responses as to Whether They Would Expect Problems if They Wanted to Refer a Patient for Post-hospital Nursing Care

Length of Time in Nursing	Distribution of Responses				
	Yes	No	D.K.	No R.	N.
(1)	(2)	(3)	(4)	(5)	(6)
Less than 1 year . . . .	0	2	3	0	5
1 through 5 years . . . .	15	6	4	2	27
6 through 10 years . . .	2	3	5	0	10
11 through 15 years . .	2	2	3	0	7
16 through 20 years . .	5	5	2	0	12
More than 20 years . .	5	12	6	0	23
No information given .	0	3	0	1	4
Total . . . . .	29	33	23	3	88

Item number 16 asked, "If the answer to the above question is "yes," please explain what problems you would expect and what experiences you have had that cause you to expect problems." Of the 29 who answered "yes" to question 15, twenty-three wrote a brief response to item 16, as did two who answered "no" to the question. Three who answered "don't know" to question number 15 also wrote a brief response.

All of the comments can be found in Appendix C. The letter preceding the comment indicates the type of basic nursing program and the length of time in nursing as indicated by the nurse making

the comment. Some comments have been cited in the body of this report to illustrate the nature of replies to item 16. The quotes are verbatim.

Lack of knowledge was often cited as a problem area:

The problems I have experienced have been connected with nobody knowing who should be contacted and from no one taking the responsibility of referrals. Generally no one knew much about it. I would like to say that this type of program has just been started here but I, personally, have had no contact with it.

The nurse who wrote the above response was from a Diploma program in nursing; she had had one year's experience in nursing, she indicated that there had been courses in Public Health Nursing in the curriculum of the school she attended, that she could explain the function of the Public Health Nurse, that she was expected to initiate referrals, that initiating referrals was one of her responsibilities and that she had actually initiated referrals during the time she had been employed at the hospital.

We have no system of which I am aware to do so--  
I assume the Dr. makes any arrangements with  
Public Health.

This nurse, like the one mentioned above, stated that she believed initiating referrals was one of her responsibilities, that she had initiated referrals, and that she could explain the function of the Public Health Nurse. This nurse believed that initiating referrals was the responsibility of the head nurse rather than the staff nurse

and also stated that there was a great difference in what she was expected to do as a student and as a staff nurse. This nurse was also from a Diploma program in nursing; she had been nursing for 20 years.

A nurse who had graduated from a baccalaureate degree program and had been nursing three and one half years said:

At this time there are no facilities available for the care of post-hospital patients. Once a program is established and personnel is found to carry out such a program one would expect few major problems . . . .

This nurse indicated that there had been courses in Public Health Nursing in the curriculum of her school, that she could explain the function of the Public Health Nurse, that she thought initiating referrals was one of her responsibilities, that as a student she had been encouraged to identify needs and initiate referrals and that there was a great difference in what she was taught and expected to do regarding referrals, as a student, and as a staff nurse.

Belief that the doctor was responsible for initiating referrals was found to be one of the problems expressed by several of the nurses:

Most of the doctors feel that this is their area--and many do not believe in the use of public health services.

The nurse who made the above comment was from a Diploma program in nursing, she had been nursing three years, stated that



there was a coordinator for post-hospital nursing care employed by the hospital, that there were courses in Public Health Nursing in the curriculum of the school she attended, that she could explain the function of the Public Health Nurse and that initiating referrals was one of her responsibilities.

A respondent from a Diploma program, who had been nursing for 20 years wrote:

This is a private hospital and the doctors have stated they will handle the post-hospital care of their private patients.

This nurse stated that there was a routine procedure for initiating referrals at the hospital, that she had been instructed in the procedure for making referrals, that she was encouraged to identify needs and make her opinions known to those in charge and that there was a great difference in what was taught and expected of her as a student and what was expected of her as a staff nurse.

One participant from a Baccalaureate Degree program who had been in nursing three years stated:

Believe referrals to be final responsibility of doctor-- Also believe there to be hard feelings between doctors of hospital and public health service which hinders co-operation between hospital and home care.

This nurse stated that there were courses in Public Health Nursing taught in her school, that she could explain the function of the Public Health Nurse, that she believed initiating referrals to be

the responsibility of the head nurse rather than the staff nurse, that as a student she had been taught and expected to initiate referrals and that she had found a great difference between what she had been taught as a student and what was expected of her as a staff nurse.

That the doctors would resent the nurse assuming the responsibility for initiating referrals was given as an area where problems could occur.

I'm not certain that the doctors would welcome my referral for post-hospital care . . . .

Doctors in our area do not coordinate with our Public Health system very well . . . .

Most of the doctors feel that this is their area--and many do not believe in the use of Public Health services.

The belief that the staff nurse does not have the authority to initiate referrals was noted in many responses:

I do not have the authority to refer a patient for post-hospital care.

I would expect to go through the head nurse, never contact P. H. Services on my own.

My only concern here would be that some doctors would say I was trying to tell him how to take care of his patients . . . .

I believe this is the duty and responsibility of the doctor . . . .

The two nurses who indicated that they would not expect problems and who made short comments stated that they had had

satisfactory results from the referrals which they had made.

As indicated previously in this chapter, comparisons were made between the responses of certain items. In tabulating the data, there appeared to be much discrepancy between the way the respondents answered each item and the number who actually had made referrals.

This is illustrated by responses showing that 25 had initiated referrals (item 8), but 17 said there was a routine for making referrals (item 1), 15 had been instructed in the procedure for making referrals (item 2), seven felt they were encouraged to make referrals (item 6), nine thought the responsibility belonged to the head nurse (item 12), and eight thought they would encounter problems.

A master tabulation appears in Appendix C. However, a composite table is herewith presented to show the range of responses. Reference to each item is by number only. Item 16 is excluded because the responses were open end.

Table 32 shows responses of items one through 15 in comparison to item 8 which asked if nurses had initiated referrals.

Table 32. Distribution of 88 Hospital Staff Nurses According to Whether They Had Initiated a Referral and Their Responses to Other Items in the Questionnaire

Question- naire Item	Hospital Staff Nurse Initiated a Referral								N.
	Yes-N 25				No-N 63				
	Yes	No	D.K.	No R.	Yes	No	D.K.	No R.	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1 . . . . .	17	8	0	0	23	18	21	1	88
2 . . . . .	15	10	0	0	18	45	0	0	88
3 . . . . .	7	14	4	0	9	29	24	1	88
4 . . . . .	8	10	7	0	18	14	30	1	88
5 . . . . .	16	7	2	0	18	38	6	1	88
6 . . . . .	7	17	1	0	7	47	7	2	88
7 . . . . .	12	11	1	1	21	39	2	1	88
9 . . . . .	13	11	1	0	25	38	0	0	88
10 . . . . .	22	2	1	0	50	11	1	1	88
11 . . . . .	17	8	0	0	25	30	6	2	88
12 . . . . .	9	15	1	0	28	32	3	0	88
13 . . . . .	11	12	2	0	21	41	0	1	88
14 . . . . .	17	6	2	0	25	27	8	3	88
15 . . . . .	8	11	6	0	21	22	17	3	88

There was further discrepancy between those who had made referrals (item 8) and those who had courses in Public Health Nursing (item 9). As was noted in Tables 10 and 25, fifty-two respondents had had courses in Public Health Nursing in their basic programs, 35 had not, and one did not know. Twenty-four of those respondents had been in nursing five years or less, but only four had ever initiated a referral. It would take a more extensive study than this to

determine if the need for making a referral existed only in the number of times referrals were made or if the statements made in response to item 16 revealed a situation that deterred nursing action.

### Summary

This study supports the findings in the literature in that the majority of nurses have had courses in Public Health Nursing, believe that initiating referrals is one of their responsibilities, and can explain the function of the Public Health Nurse, also the study shows that hospital staff nurses who actually make referrals are in the minority.

The responses to item number 16 also support the findings in other studies, that is that the staff nurses do not think others expect them to initiate referrals.

It would be expected that nurses from baccalaureate degree programs would take a more active part in initiating referrals than nurses from other type programs, however this is not the case with this group of nurses.

## CHAPTER IV

### CONCLUSIONS AND RECOMMENDATIONS

#### 1. Summary

This study was conducted in an attempt to obtain answers to the following questions concerning the hospital staff nurse and her role in initiating referrals to insure post-hospital nursing care for those patients she believed would benefit from such referrals:

1. Are hospital staff nurses aware of the procedure for making referrals for post-hospital nursing care in the hospital where they are employed?
2. What are the hospital staff nurse's self expectations regarding her responsibility for initiating referrals for post-hospital nursing care for those patients who in her opinion would benefit from such referral?
3. Does the nurse believe that there is a discrepancy between what she was taught and expected to do regarding referrals, as a student nurse, and what she is expected to do as a staff nurse?

4. Are there differences in self expectations of hospital staff nurses regarding their responsibility for initiating referrals due to differences in their educational background or length of time in nursing service?
5. Does the nurse's educational background, length of time in nursing service, knowledge of the procedure for making referrals, or her expressed beliefs about role expectations have any relationship to the fact that she has or has not initiated a referral for post-hospital nursing care?

The study proceeded according to the plan indicated in chapter one.

## 2. Findings

Background information revealed that the 66 nurses were from diploma programs in nursing, 12 from baccalaureate degree programs and six from associate degree programs.

The respondents had been in nursing for various lengths of time ranging from two days to 36 years. The distribution according to length of time showed a bimodal curve indicating that there were more nurses in the group which had been in nursing one through five years and over 20 years than in the other groups.

Responses from each item showed inconsistencies even within the same institution. No attempts were made to verify the responses.

Individual tables have been presented for the responses for each item. The detail may be found in Appendix C. However the positive

responses are summarized here briefly.

Forty said there was a routine procedure for making referrals.

Thirty-three of the respondents had been instructed in the procedure for making referrals.

Sixteen stated definitely that there was a coordinator for post-hospital nursing care who was employed by the hospital.

Twenty-five were definite about a coordinator coming to the hospital from a community agency.

Thirty-four of the nurses believed that they were expected to initiate referrals for post-hospital nursing care for those patients who they believed would benefit from a referral.

Fifteen stated that they were encouraged to initiate referrals for post-hospital nursing care.

Thirty-three of the nurses indicated that they were encouraged to identify patient's needs for post-hospital nursing care and make their opinions known to those in charge.

Twenty-five of the respondents had initiated referrals for post-hospital nursing care.

Fifty-two stated that there were courses in Public Health Nursing included in the curriculum of their school of nursing.

Seventy-two of the nurses stated that they were able to explain the function of the Public Health Nurse.

Forty-two believed that initiating referrals was one of their responsibilities.



Thirty-seven believed that initiating referrals was the responsibility of the head nurse rather than the staff nurse.

Thirty-two said that as students they were encouraged to identify patient's needs for post-hospital nursing care and initiate a referral when they believed the patient would benefit from a referral.

Forty-one of the respondents stated that they had found a great difference in what was taught and expected of them as students and what was expected of them as staff nurses in regards to initiating referrals.

Twenty-nine believed that they would encounter problems if they wanted to refer a patient for post-hospital nursing care.

Problems that were expected were related to lack of information or knowledge of the home care programs and policies, beliefs that doctors were responsible for referrals, beliefs that the doctors would resent the nurse making referrals and the belief that the staff nurse does not have the authority to initiate referrals.

The nurses who had made referrals and those who had not expressed similar opinions regarding problems they might expect if they wanted to refer patients for post-hospital nursing care.

### 3. Conclusions

The limited population precludes widespread generalizations, but the following conclusions are made from this study.

1. Hospital staff nurses are not well informed as to the policies and procedures for making referrals for post-hospital nursing care in the hospitals where they are employed.
2. Although most of the nurses seem to be aware of their responsibility in the procedure for initiating referrals, have had courses in Public Health Nursing and can explain the function of the Public Health Nurse, the majority do not believe they are expected to initiate referrals and have not done so.
3. The greatest differences between the responses from nurses who had made referrals and those who had not made referrals were in the areas of instruction in the procedure, encouragement to make referrals and being expected to initiate referrals.

#### 4. Recommendations for Further Studies

1. A similar study designed to include equal numbers of nurses from the various educational backgrounds so that a more valid comparison could be made.
2. A similar study, involving a larger population from more hospitals, including tax-supported institutions.
3. An investigation into the discrepancies between what student

nurses are taught concerning their responsibilities for initiating referrals and what they actually are able to do as staff nurses. This study should focus on what nurses can do and not on what they think they are permitted to do.

4. An investigation of the problems the nurses expected to encounter if they made referrals. This study might well determine if the stated problems exist or are merely rationalizations.
5. A study involving administrative and supervisory personnel in nursing services to ascertain their expectations of the staff nurses' role in making referrals. Such a study might also include polling the physicians regarding their expectations of the nurses' role.
6. A study of actual needs of patients for post-hospital nursing care. Although there is much in the literature regarding lack of continuity of care, it is not known exactly what percent of patients really need post-hospital care and precisely the scope of that care.

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## APPENDICES

APPENDIX A  
CORRESPONDENCE



## CORRESPONDENCE

Battle Ground, Washington

Dear Director:

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study of the role of the hospital staff nurse in referring patients for post-hospital nursing care. Your staff nurses are invited to participate. It will involve completing a simple questionnaire. A self-addressed post card is enclosed for your convenience in indicating your willingness to assist with the study. A mutually satisfactory date will be arranged for coming to your hospital to administer the questionnaire which can be completed in fifteen minutes.

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

Yours sincerely,

(Signed) Eutha Shannon

-----

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

(Signed) Lucile Gregerson

Thesis Adviser

## REPLY CARD

Dear Mrs. Shannon,

The staff nurses in our hospital will be able to participate in your study of the hospital staff nurse's function in referring patients for post-hospital nursing care. \_\_\_\_\_

The staff nurses in our hospital will not be able to participate in the study. \_\_\_\_\_

Director of Nursing Service,

APPENDIX B

QUESTIONNAIRE

## QUESTIONNAIRE

The following questions have been developed to obtain your opinions about an area of concern in nursing.

Names of respondents or hospitals will not appear in the study. Any and all information will be regarded as confidential.

Please check the response which reflects your opinion about the situation at this time, in this place of employment.

Please place the completed questionnaire in the envelope which has been provided, seal it, and return it to the nursing service office. Completed questionnaires will be picked up at the end of the week.

Thank you for your cooperation.

Mrs. Eutha Shannon  
Route 1, Box 553  
Battle Ground, Washington.

## Background Information:

Type of basic nursing preparation \_\_\_\_\_  
 (Diploma, Associate degree, Baccalaureate)

Length of time in nursing \_\_\_\_\_

Please check the response which reflects your opinion.

	Yes	No	Don't Know
1. Is there a routine procedure for making referrals, for post-hospital nursing care, in this hospital?			
2. Have you been instructed in the procedure for making referrals at this hospital?			
3. Is there a coordinator for post-hospital nursing care employed by this hospital?			
4. Is there a coordinator for post-hospital nursing care who comes to the hospital from a community health agency?			
5. Do you believe that you are expected to initiate referrals for post-hospital nursing care for those patients who in your opinion would benefit from such referral?			
6. Are you encouraged to initiate referrals?			
7. Are you encouraged to identify patient's needs for post-hospital nursing care and make your opinions known to those in charge?			
8. Have you initiated referrals for post-hospital nursing care during the time that you have been employed at this hospital?			
9. Were courses in Public Health Nursing included in the curriculum of the nursing school which you attended?			

	Yes	No	Don't Know
10. Are you able to explain the function of the Public Health Nurse to patients who in your opinion would benefit from such information?			
11. Do you believe that the initiating of referrals for post-hospital nursing care is one of your responsibilities?			
12. Do you believe that the initiating of referrals for post-hospital nursing care is the responsibility of the head nurse <u>rather</u> than the staff nurse?			
13. As a student, were you encouraged to identify patient's needs for post-hospital nursing care and initiate a referral when in your opinion the patient would benefit from such referral?			
14. Have you found that there is a great difference in what you are expected to do, in regards to making referrals for post-hospital nursing care now, and what you were taught and expected to do as a student?			
15. Do you believe that you would encounter problems if you wanted to refer a patient for post-hospital nursing care?			
16. If the answer to the above question is "yes," please explain what problems you would expect and what experiences you have had that cause you to expect problems.			

## APPENDIX C

## MASTER TABULATION

## BACKGROUND INFORMATION SUMMARIZED

Type of basic nursing preparation:	Number
Baccalaureate Degree . . . . .	12
Associate Degree . . . . .	6
Diploma Program . . . . .	66
No information given . . . . .	<u>4</u>
Total . . . . .	88

Length of time in nursing service:	Number
Less than 1 year . . . . .	5
1 through 5 years . . . . .	27
6 through 10 years . . . . .	10
11 through 15 years . . . . .	7
16 through 20 years . . . . .	12
More than 20 years . . . . .	23
No information given . . . . .	<u>4</u>
Total . . . . .	88



## DISTRIBUTION OF RESPONSES TO QUESTIONS

Questions, as they appeared in the questionnaire:	Responses				N.
	Yes	No	D.K.	No R.	
1. Is there a routine procedure for making referrals, for post-hospital nursing care, in this hospital?	40	26	21	1	88
2. Have you been instructed in the procedure for making referrals at this hospital?	33	55	0	0	88
3. Is there a coordinator for post-hospital nursing care employed by this hospital?	16	43	28	1	88
4. Is there a coordinator for post-hospital nursing care who comes to the hospital from a community agency?	25	24	38	1	88
5. Do you believe that you are expected to initiate referrals for post-hospital nursing care for those patients who in your opinion would benefit from such referral?	34	44	8	2	88
6. Are you encouraged to initiate referrals?	15	63	7	3	88
7. Are you encouraged to identify patient's needs for post-hospital nursing care and make your opinions known to those in charge?	33	50	4	1	88
8. Have you initiated referrals for post-hospital nursing care during the time that you have been employed at this hospital?	25	63	0	0	88
9. Were courses in Public Health Nursing included in the curriculum of the nursing school which you attended?	52	35	1	0	88

## Questions continued:

	Responses				N.
	Yes	No	D.K.	No R.	
10. Are you able to explain the function of the Public Health Nurse to patients who in your opinion would benefit from such information?	72	14	1	1	88
11. Do you believe that the initiating of referrals for post-hospital nursing care is one of your responsibilities?	42	38	6	2	88
12. Do you believe that the initiating of referrals for post-hospital nursing care is the responsibility of the head nurse <u>rather</u> than the staff nurse?	37	47	4	0	88
13. As a student, were you encouraged to identify patient's needs for post-hospital nursing care and initiate a referral when in your opinion the patient would benefit from such referral?	32	53	2	1	88
14. Have you found that there is a great difference in what you are expected to do, in regards to making referrals for post-hospital nursing care now, and what you were taught and expected to do as a student?	41	34	10	3	88
15. Do you believe that you would encounter problems if you wanted to refer a patient for post-hospital nursing care?	29	33	23	3	88

## Request for statement of opinion:

16. If the answer to the above question is "yes," please explain what problems you would expect and what experiences you have had that cause you to expect problems. (D = diploma program; B = baccalaureate degree program; A = associate degree program. Numbers indicate length of time in nursing service.)

- D +20 I have not the authority to refer a patient for post-hospital care.
- D -10 The problems I have experienced have been connected with no body knowing who should be contacted and from no one taking the responsibility of referrals. Generally no one knew much about it. I would like to say that this type of program has just been started here but I, personally, have had no contact with it.
- D -10 There may be a routine procedure for referrals but as yet I do not know of any in this hospital.
- B -10 At this time there are no facilities available for the care of post-hospital patients. Once a program is established and personnel is found to carry out such a program one would expect few major problems. One problem which might occur is specific instruction or orders to be carried out not being detailed enough. This area should be the doctor's responsibility. Communication regarding correlation of care should be established between the hospital staff (who has cared for the patient), Public Health service (who will be providing the post-hospital care) and the doctor (who's responsibility it is to see that the patient is provided with the care needed).
- A -10 I would expect to go through the Head Nurse, never to contact P. H. Services on my own.
- D -10 Most of the doctors feel that this is their area--and many do not believe in the use of public health services.
- D -10 Physicians often neglect to make use of this service or voice that they feel this service is of no value to the patient. Also patients often consider this a form of

charity or don't want a stranger coming into their home for follow up.

D      Doctor resistant to "outside advise"--poor working  
20      relationship between medical staff and Dept. of Health  
Nursing Services.

B      Believe referrals to be final responsibility of doctor--  
-10      Also believe there to be hard feelings between doctors  
of hospital and public health service which hinders co-  
operation between hospital and home care.

D      Doctors in our area do not coordinate with our Public  
-10      Health system very well--due to past experiences  
etc. --therefore patients are not referred readily.

D      My only concern here would be that some doctors  
+20      would say I was trying to tell him how to take care of  
his patients. I have found that the majority of Drs.  
make arrangements for their patients to call P. H.  
for these services.

D      This is a private hospital and the doctors have stated  
20      they will handle the post-hospital care of their private  
patients.

D      I believe this is the duty and responsibility of the  
+10      Doctor to refer the pt to a post-hospital nursing unit.

B      We have just recently had post-hospital nursing care  
+10      (in home) other than nursing home so none of the  
problems have come up.

D      We have no system of which I am aware to do so--I  
20      assume the Dr. makes any arrangements with Public  
Health.

D      Not familiar with any referral plan for post nursing  
+10      care in this area--

B      Care of the Geriatric patient.  
+20

- D  
-10      Basic change in procedure would cause the major amount of problems--everyone resists change--also doubt if community funds would allow the increase in referrals.
- D  
+10      Coordinating efforts of all concerned.
- D  
-10      I have never referred a patient for post-hospital nursing care however I don't think we as RNs have been made aware of the hospital's policy of referral of patients. If I felt the need I would probably go to the head nurse.
- D  
-10      I'm not certain what resources are available in this community. I'm not certain that the doctors would welcome my referral for post-hospital care. New medicare community service may offer better post-hospital care; but referrals to this agency comes from the doctor.
- B  
+20      There would be problems now as we have no post-hospital care dept. but when we do have the answers will be different. If we should have such a service you will always find some patients who will try and take advantage of it.
- D  
-10      I wouldn't know what type of patient could expect home nursing care. I am not familiar with this counties home nursing program if there is one.
- D  
-10      One of the main problems is that I don't have enough information about post-hospital nursing or the different agencies etc. involved in this area.
- D  
20      I have not had any experience at all in post hospital referrals.
- B  
-10      The first referral I made to the VNA office--they weren't really too clear whether we mailed the referral to their office or their repres. would come to pick it up. Our hosp. has no special VNA referral

slip--we use nursing home referral. Our unit has no envelopes for mailing these referrals to the V.N.A. office.

B      Our doctors here are not especially oriented to post  
-10      hospital nursing care. A program has recently  
started with a coordinator from Public Health coming  
to the hospital. Our doctors are not adverse to follow  
up home care--just aren't accustomed to it--and are  
willing to refer patients at the suggestion of one of the  
nurses.

D      My referrals have been with New Born Babies and  
+20      have always had very good relationships with our  
County Health Dept.

Distribution of Responses From Nurses in the Associate Degree Program. --Number--6.

Question; Brief Summary:	Response			
	Yes	No	Don't Know	No Response
1. Is there a routine procedure	5	0	1	0
2. Have you been instructed	3	3	0	0
3. Is there a coordinator employed here	0	2	4	0
4. Is there a coordinator who comes from the community	0	1	4	1
5. Do you believe that you are expected to initiate referrals	3	2	1	0
6. Are you encouraged to initiate referrals	2	4	0	0
7. Are you encouraged to identify needs and make your opinion known	4	1	1	0
8. Have you initiated a referral	1	5	0	0
9. Were courses in Public Health Nursing included	3	3	0	0
10. Can you explain the function of the Public Health Nurse	6	0	0	0
11. Do you believe initiating referrals is one of your responsibilities	4	2	0	0
12. Do you believe that initiating referrals is the responsibility of the head nurse	2	4	0	0

Distribution of Responses From Nurses in the Associate Degree  
Program. --Number--6. (cont)

Question; Brief Summary:	Response			
	Yes	No	Don't Know	No Response
13. As a student were you encouraged to identify needs and initiate referrals	5	1	0	0
14. Have you found that there is a great difference in what you are expected to do	4	1	1	0
15. Do you believe that you would encounter problems	1	2	3	0
16. The nurse who answered "yes" to the above question wrote a brief response to item number 16. This response appears in the master tabulation preceded by the letter "A."				



Distribution of Responses From Nurses in the Diploma Program. --  
Number--66

Question; Brief Summary:	Responses			
	Yes	No	Don't Know	No Response
1. Is there a routine procedure	30	18	17	1
2. Have you been instructed	26	40	0	0
3. Is there a coordinator employed here	14	29	22	1
4. Is there a coordinator who comes from the community	21	15	30	0
5. Do you believe that you are expected to initiate referrals	27	33	5	1
6. Are you encouraged to initiate referrals	10	48	5	3
7. Are you encouraged to identify needs and make your opinion known	23	39	3	1
8. Have you initiated a referral	21	45	0	0
9. Were courses in Public Health Nursing included	38	27	1	0
10. Can you explain the func- tion of the Public Health Nurse	52	12	1	1
11. Do you believe initiating referrals is one of your responsibilities	30	29	5	2

Distribution of Responses From Nurses in the Diploma Program--  
Number--66. (cont)

Question; Brief Summary:	Responses			
	Yes	No	Don't Know	No Response
12. Do you believe that initiating referrals is the responsibility of the head nurse	29	34	3	0
13. As a student were you encouraged to identify needs and initiate referrals	20	44	1	1
14. Have you found that there is a great difference in what you are expected to do	28	27	8	3
15. Do you believe that you would encounter problems	21	24	19	2
16. Sixteen of the nurses who answered "yes" to the above question wrote brief responses to item number 16. These responses appear in the master tabulation preceded by the letter "D." Two who answered no to the question and two who did not know also wrote a brief response.				

Distribution of Responses From Nurses in the Baccalaureate Degree Program--Number--12.

Question; Brief Summary:	Response			
	Yes	No	Don't Know	No Response
1. Is there a routine procedure	4	5	3	0
2. Have you been instructed	3	9	0	0
3. Is there a coordinator employed here	2	8	2	0
4. Is there a coordinator who comes from the community	4	4	4	0
5. Do you believe that you are expected to initiate referrals	4	5	2	1
6. Are you encouraged to initiate referrals	3	7	2	0
7. Are you encouraged to identify needs and make your opinion known	5	7	0	0
8. Have you initiated a referral	3	9	0	0
9. Were courses in Public Health Nursing included	9	3	0	0
10. Can you explain the func- tion of the Public Health Nurse	11	1	0	0
11. Do you believe initiating referrals is one of your responsibilities	7	5	0	0

Distribution of Responses From Nurses in the Baccalaureate Degree Program--Number--12. (cont)

Question; Brief Summary:	Response			
	Yes	No	Don't Know	No Response
12. Do you believe that initiating referrals is the responsibility of the head nurse	5	7	0	0
13. As a student were you encouraged to identify needs and initiate referrals	7	4	1	0
14. Have you found that there is a great difference in what you are expected to do	8	3	1	0
15. Do you believe that you would encounter problems	7	4	1	0
16. Six of the nurses who answered "yes" to the above question wrote brief responses to item number 16. These responses appear in the master tabulation preceded by the letter "B." One nurse who did not know if she would encounter problems also wrote a brief response.				



AN ABSTRACT OF THE THESIS OF


EUTHA M. SHANNON

For the MASTER OF SCIENCE in NURSING EDUCATION

Date of receiving this degree: June 8, 1967

Title: THE OPINIONS OF 88 HOSPITAL STAFF NURSES  
REGARDING THEIR ROLE IN REFERRING PATIENTS FOR  
POST-HOSPITAL NURSING CARE

Approved:

  
(Associate Professor in Charge of Thesis)

## ABSTRACT

This study was conducted to gain information concerning the opinions of hospital staff nurses regarding their role in initiating referrals for post-hospital nursing care for patients they believed would benefit from such referrals.

The study was limited to 88 hospital staff nurses employed in general hospitals in Oregon and Washington in geographic areas where home nursing care was available if it was requested.

Information was obtained by the use of a written questionnaire.

### 1. Findings

Sixty-six of the nurses were from diploma programs in nursing, 12 from baccalaureate degree programs and six from associate degree programs.

Respondents had been in nursing for various lengths of time ranging from two days to 36 years.

Responses from each item showed inconsistencies even within the same institution. No attempts were made to verify the responses.

Individual tables have been presented for the responses for each item. The detail may be found in Appendix C. However the positive

responses are summarized here.

Forty said there was a routine procedure for making referrals. Thirty-three had been instructed in the procedure for making referrals. Sixteen stated that there was a coordinator for post-hospital nursing care who was employed by the hospital. Twenty-five were definite about a coordinator coming to the hospital from a community agency.

Thirty-four of the nurses believed that they were expected to initiate referrals for post-hospital nursing care for those patients who they believed would benefit from a referral. Fifteen stated that they were encouraged to initiate referrals. Thirty-three indicated that they were encouraged to identify needs and make their opinions known to those in charge.

Twenty-five of the respondents had made referrals.

Fifty-two stated that there were courses in Public Health Nursing included in the curriculum of their school of nursing. Seventy-two indicated that they were able to explain the function of the Public Health Nurse.

Forty-two believed that initiating referrals was one of their responsibilities. Thirty-seven believed that initiating referrals was the responsibility of the head nurse rather than the staff nurse.

Thirty-two said that as students they were encouraged to



identify patient's needs for post-hospital nursing care and initiate a referral when they believed the patient would benefit from a referral. Forty-one had found a great difference in what was taught and expected of them as students and what was expected of them as staff nurses in regards to initiating referrals.

Twenty-nine believed that they would encounter problems if they wanted to initiate a referral, the problems they indicated were related to lack of information or knowledge of the home care programs and policies, beliefs that doctors were responsible for referrals, beliefs that the doctors would resent the nurse making referrals and the belief that the staff nurse does not have the authority to initiate referrals.

## 2. Conclusions

The limited population precludes widespread generalizations, but the following conclusions are made from this study.

1. Hospital staff nurses are not well informed as to the policies and procedures for making referrals for post-hospital nursing care in the hospitals where they are employed.
2. Although most of the nurses seem to be aware of their responsibility in the procedure for initiating referrals, have had courses in Public Health Nursing and can explain the function of the Public Health Nurse, the majority do not

believe they are expected to initiate referrals and have not done so.

3. The greatest differences between the responses from nurses who had made referrals and those who had not made referrals were in the areas of instruction in the procedure, encouragement to make referrals and being expected to initiate referrals.

### 3. Recommendations for Further Studies

1. A similar study designed to include equal numbers of nurses from the various educational backgrounds so that a more valid comparison could be made.
2. A similar study, involving a larger population from more hospitals, including the tax-supported institutions.
3. An investigation into the discrepancies between what student nurses are taught concerning their responsibilities for initiating referrals and what they actually are able to do as staff nurses. This study should focus on what nurses can do and not on what they think they are permitted to do.
4. An investigation of the problems the nurses expected to encounter if they made referrals. This study might well determine if the stated problems exist or are merely rationalizations.

5. A study involving administrative and supervisory personnel in nursing services to ascertain their expectations of the staff nurses' role in making referrals. Such a study might also include polling the physicians regarding their expectations of the nurses' role.
6. A study of actual needs of patients for post-hospital nursing care. Although there is much in the literature regarding lack of continuity of care, it is not known exactly what percent of patients really need post-hospital care and precisely the scope of that care.