

A STUDY OF THE EXPRESSED OPINIONS OF SIXTY-SEVEN  
PATIENTS ON CONTINUITY OF NURSING CARE

by

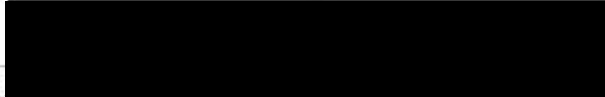
LORETTA C. LORENTZ, B. S.


A THESIS


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

June 12, 1969

APPROVED:

  
Lucile Gregerson, Associate Professor in Charge of Thesis

  
Steven G. Goldstein, Ph.D., Assistant Professor;  
Instructor in Research

  
Chairman, Graduate Council

## ACKNOWLEDGEMENTS

The writer wishes to express her appreciation to Miss Lucile Gregerson, Associate Professor, University of Oregon School of Nursing, and Steven G. Goldstein, Ph. D., Assistant Professor of Medical Psychology, for their assistance in the preparation of this thesis.

The writer wishes to express her appreciation to the referred patients of the Veterans Administration Hospital, whose participation made this study possible.

Appreciation also goes to those many individuals, friends and relatives, and most of all, Theresa, for their kindness, patience and support.

l. c. l.

This study was supported by a traineeship from the United States  
Public Health Service Grant Number NT-35-C10.

## TABLE OF CONTENTS

CHAPTER	Page
I. INTRODUCTION	1
Introduction to the Problem	1
Statement of the Problem	1
Purpose of the Study	2
Hypotheses	2
Justification of the Study	3
Definitions	4
Assumptions	5
Limitations	5
Sources of Data	6
Procedure of the Study	6
Overview of the Report	10
II. SURVEY OF LITERATURE AND RELATED STUDIES	11
Introduction	11
Report of the Survey	11
Summary	22
III. REPORT OF THE STUDY	23
Purpose of the Study	23

CHAPTER	Page
Design of the Study	23
Method of Procedure	24
Tabulation of Data--Part A	26
Age	26
Diagnosis	27
Tabulation of Data--Part B	30
Previous Hospitalization	30
Tabulation of Data--Part C	31
Responses and Interview Observations	31
Referring Personnel	49
Statistical Analysis of Data	51
Summary of Data	61
IV. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	63
Purposes of the Study	63
Summary	64
Findings	65
Conclusions	66
Recommendations for Further Studies	67
BIBLIOGRAPHY	68
APPENDIX A. CORRESPONDENCE	71
APPENDIX B. INTERVIEW GUIDE	73

CHAPTER	Page
APPENDIX C. ITEMS INDICATING INVOLVEMENT AND SATISFACTION	77
APPENDIX D. SUMMARY OF DATA	78

## LIST OF TABLES

TABLE		Page
1	Distribution of sixty-seven referred patients according to age and number in ten year groups	28
2	Frequency grouping of the number of responses of sixty-seven patients according to involvement in planning continuity of nursing care and satisfaction	55
3	Contingency table showing the expected values of the number of responses of the sixty-seven patients according to involvement in planning continuity of nursing care and satisfaction	56
4	Frequency groupings of responses of forty involved patients comparing relation to ages and satisfaction	57
5	Frequency groupings of responses of eighteen patients of neutral responses in involvement comparing relation to ages and satisfaction	58
6	Frequency groupings of responses of nine non-involved patients comparing relation to ages and satisfaction	58
7	Frequency groupings of responses of forty involved patients comparing relation to previous hospitalization and satisfaction	60
8	Frequency groupings of responses of eighteen patients of neutral responses in involvement comparing relation to previous hospitalization and satisfaction	60
9	Frequency groupings of responses of nine non-involved patients comparing relation to previous hospitalization and satisfaction	61



## LIST OF FIGURES

FIGURE		Page
1	Distribution of sixty-seven referred patients by age groups	29
2	Patient's expressed opinion of the health team's involvement in the referral plan and percentage responses to the five questions	52

## CHAPTER I

### INTRODUCTION

#### Introduction to the Problem

In a society where doctors, nurses, dietitians and social workers readily agree that continuity of nursing care is desirable; in reality, little of it is being done. (12) In 1966 the National League for Nursing presented a statement on continuity of nursing care so guidelines might be established enabling the health team to provide uninterrupted, uniform health care. (12)

The literature iterates that home care planning is the responsibility of the health team. Lenzer, Straub, Parker, Smith and Weensley advise the health team to inform the patient of his needs, to instruct the patient on how to care for himself and to indicate to the patient how his problems can be solved. (8, 21, 19, 24). It is equally important, those authorities maintain, to listen to the patient and to hear what the patient actually says.

#### Statement of the Problem

It has been repeatedly brought to the nurse's attention that continuity of nursing care begins with the patient upon admission

to the hospital, and continues through that period when he is again at home but still in need of nursing care. At national, state, and community meetings there continues to be discussion of continuity of care as an aim to be achieved. These discussions include need for consideration of the patient's preference for care and his need to participate in his home care plan.

Little is found in the literature regarding how much the patient should be involved, how or why. It is not known if patients are more satisfied when they participate in the planning for continuity of care or when the care is planned by others. Neither is it known what opinions patients hold regarding continuity of care.

#### Purposes of the Study

This study was done for the primary purpose of recording the expressed opinions of the referred patients regarding continuity of their care. Attention was focused on the patient's impressions of the plan made for his home care needs, his involvement in this plan, and the satisfaction achieved from this plan.

The major hypotheses stated in the null are:

1. There will be no difference in the expressed satisfaction of those patients who were involved and those who were not involved in planning their care.
2. That expressions of satisfaction will not be influenced by

the variables.

- a. Age
- b. Previous hospitalization
- c. Type of disease entity

#### Justification of the Study

This study was carried out among patients discharged from a Veterans Administration Hospital. As a tax supported institution, the Veterans Administration Hospital has a responsibility to use beds effectively. Many patients are not entirely well when they leave the hospital. Some may still need direct nursing care, rehabilitation, health supervision or emotional support.

Although the number of referrals could be identified there was no way of determining the extent to which the patient had participated in the planning of his post-hospitalization care. Neither was it known whether the patient was more satisfied with care when he had participated in the planning than when all the planning was done by others.

To assure continuity of care, nurses both in the hospital and the community need to synchronize their efforts. In so doing the community health nurse will know more about the referred patient and his needs, and the hospital nurse will broaden her knowledge of the improvisation and modifications necessary for the nursing

of a patient at home. When the community nurse enters the home, more case finding opportunities present themselves also.

Through studies the areas for improvement in continuity of care may be identified. While this study is by no means conclusive, it is hoped that more interest in referrals will be generated, the number of referrals increased, and most important, that planned continuity of care become a satisfying experience to the nurse and the patient. Further, it is hoped that a possible result would be an increased awareness on the part of the hospital personnel concerning the importance of planning with the patient.

#### Definitions

For the purposes of this study the following definitions were adopted.

Continuity of care - refers to the hospital and community health nursing services working together to provide a continuum of nursing care for the sick, from hospital to home or to care facilities.

Involvement - inclusion of the referred patient within the scope of his ability to plan with the health team, before and after discharge, for the maintenance of his health and the restoration of his health to its optimal state, or assisting him to a peaceful death.

Referred patient - a patient referred by the hospital for

continued nursing care provided by a community health agency.

Referral plan - significant coordinated information that will help the health team provide good care to a specific patient, transmitted in either direction, between hospital and home agency.

### Assumptions

Several assumptions were made for purposes of this study.

1. The patient's needs for nursing care beyond the hospitalization could be assessed by the hospital nurse.
2. The patient's needs for nursing care in the home situation could be assessed by the community health nurse.
3. That plans plus referrals were measures to assure improved continuity of nursing care.
4. The patient could assist in assessing his needs.

### Limitations

The study was limited to:

1. Data obtained by means of an interview, using a structured guide.
2. To responses from 67 male patients referred by the Veterans Administration Hospital to the community nursing services during the six month period of data collection.

### Sources of Data

1. The primary sources of data were:
  - a. Responses obtained from the 67 patients through the use of a guided interview.
  - b. Observations of the patient's environment made during the interview process.
  - c. Data obtained from the referral form.
2. The secondary source was obtained from:
  - a. Literature
  - b. Related studies

### Procedure of the Study

The steps involved in the development of this study are described as follows:

1. The literature was searched for materials encompassing the referral program, home visits and continuity of care.
2. Unstructured discussions with community health and hospital nursing personnel were undertaken for the purpose of ascertaining the areas of continuity of care encompassing the nursing care of the Veterans Administration patient and thus lead to identification of the problem.
3. The purpose and scope of the study were formulated.
4. The hypotheses were made.

5. The limitations and assumptions were determined.
  6. The interview guide was constructed. It was an outgrowth of the search of literature and the feelings expressed as a result of the aforementioned discussions.
  7. The data collecting device was submitted to a group of professional nurses. They were requested to evaluate the instrument in terms of content and format. Slight revisions were made; the instrument reviewed again with no further suggestions for revision.
  8. The interview guide was presented to three professional nurses to ascertain those questions which denoted "satisfaction" and those that denoted "involvement."
- Appendix C. The purpose of this deliberation was to determine if the questions would be valid. The results of this deliberation were in total agreement.
9. Permission to carry out the study was sought.
  10. A letter, cosigned by the Thesis Adviser, was sent to the Manager of the Veterans Administration Hospital, Portland, Oregon, Mr. James Harrison. Administrative clearance was received.
  11. Since this study involved interviews with patients discharged from the Veterans Administration Hospital and referred to a community agency, requests for conferences



were addressed to:

- a. The Chief of Nursing Service of the Veterans Administration Hospital, Miss Ruby Nagler.
  - b. The Assistant Chief Nurse, Miss Bertha Rhoads.
  - c. The Director of the Multnomah County Nursing Service of the Public Health Agency, Miss Eleanor Palmquist.
12. A pilot study was conducted at the Veterans Administration Hematology Clinic. The purpose of the pilot study was to determine the reliability of the data collecting device. The results of the pilot study were analyzed and found to correlate +0.99. Accordingly, the main study was initiated.
13. The data collecting tool, the interview guide, was used to collect data for a six month period from January 1, 1968 through June 30, 1968. Data were collected on all available male patients who were discharged with referrals between January 1, 1968 through June 30, 1968, a total of 67 patients. The patients omitted were those who were not within the limitations of the study and those who were unavailable for reason of distance or who were unable to be interviewed.
14. The list of referrals were obtained weekly from the hospital coordinator of the referral program, Miss

Winifred Allen. From the referral form, the following information was obtained: the patient's name, address, age and diagnosis.

15. The interviewer called at the patient's residence and requested an interview. The interviewer explained to each patient the purpose of the visit and emphasized that his statements would be treated confidentially and anonymously.
16. The interval from the date of discharge to the interview allowed time enough for at least one visit by the community health nurse. Only the information collected from those interviewed during the period of the study was considered.
17. The guided interview was read to the patient and responses recorded by the interviewer. Each respondent was given the identical interview concerning his opinion of the continuity of nursing care.
18. The data were tabulated and interpreted, the report prepared.
19. The findings were summarized; conclusions were drawn and recommendations were made for further study.

### Overview of the Report

The remainder of the thesis is organized into three chapters. Chapter II contains a review of the literature and related studies. Chapter III consists of a report of the study, tabulation of data, and description of the findings. A summary of the study, the conclusions and recommendations for further study are described in Chapter IV.

## CHAPTER II

### SURVEY OF LITERATURE AND RELATED STUDIES

#### Introduction

The literature was searched for references related to the use of a referral system for providing continuity of nursing care. Numerous articles could be found on the opinions of the nursing profession as to how the patient should receive a continuum of nursing care. There is little in regard to studies on the patient's view and opinions.

Numerous articles can be found concerning the problems of the nurses in the implementation of referral plans. Individuals prominent in the nursing field appear to share their views and proffer solutions but the articles repeatedly refer to difficulties in implementation of referrals.

#### Report of the Survey

It was found that home care programs were described as early as 1910. The concept of continuity of care is not new; however, the scope of the care of the sick at home has changed.

The referrals from 1910 through to 1940 were classified as maternity, health guidance, communicable disease, mostly tuberculosis and noncommunicable. (5) When the sick remained entirely at home, the doctor came as he was needed and/or remained in the home during the critical period of the illness. The nurse remained in constant attendance until the crisis was over. Continuity of care was comparatively simple. (5) Parker, Carn and Mole note significant changes in recorded entries of referrals receiving community health nurse services since 1940. The records show diagnoses of cardiac diseases, arthritis, diabetes and cerebral vascular accidents. (14, 4) More and more people became involved in the patient's daily care. The practice of making nursing care referrals increased. Carn and Mole point to the pronounced trend in 1950 for more care by the community nurse for the sick at home. (14) This change in service brought about the need for more nurses, eventually leading toward new staffing patterns and nursing techniques. The care needed for people who were sick at home increased in complexity. The supervision by skilled public health nurses therefore, became a necessity. (14)

Today's well prepared nurse has much to offer due to her intelligence, factual knowledge, judgment, common sense and compassion. (15) The needs for her services are far reaching. The patient may be referred to the community nursing service

by the physician because the patient may require an intra-muscular medication or rehabilitative measures. Rosenfeld, Goldman and Kaprio indicate that as the public health nurse enters the home, she assesses the total health needs of the family. Other factors which interfere with recovery and rehabilitation frequently come to light, such as social, emotional and economical problems. These areas often plague older people living alone. They concern the people living with the incapacitated family member as well. The great concern for future needs still hinges on the development of a nursing plan for each patient, based on his apparent needs. The coordination of the numerous services needed for optimum care continues from the time the patient needs care until the time he can care for himself. (14, 4, 18, 2)

Barrett and Curtis point out that the concept of continuity of care may refer to services provided by workers within an institution or agency; it may concern services to a patient leaving the hospital for home or for admission to another institution; it may refer to a patient entering a hospital from home; or it may be focused on a patient traveling between the doctor's office and home. (21, 4, 6, 3) Accordingly, the need for a referral program is constant. Although the referral system has been in effect for many years, it cannot be said that it is a complete success or that it is not in continuous need of improvement and implementation.

Consider the question of Louise C. Smith, "If we believe planning for a continuity is an important aspect of a patient's therapeutic regimen and we believe nurses play an important role in doing this, what can we do to make the concept a part of daily patient care, not just an idea that is never implemented or a plan that fails." (21)

The hospital nurse may complement and supplement a physician's instructions through her more continuous contact with the patient and his family. (16, 21, 10) Doctors expect the nurse to explore available services, that is to project the patient's needs into the future, to pass beyond the immediate range of services. (16, 9, 4) Robinson, Straub, Parker and Linderburg point out that preoccupied with the routines of numerous patient cares, countless interruptions, constant irritation, the hospital nurse may fail to recognize that the patient is not capable of self-management, that he needs help in meeting a nursing care need before he leaves the hospital. Hospital nurses pressured by the ever present duties often do not think about the patient's tomorrow. (9, 3, 21, 17) This should not be so. Stillar said, "We cannot afford not to plan. It takes time to plan good care, and it takes time to carry out the plan teaching the patient and family and conducting return demonstrations. Such time and such care cost money and require staff. (20)

Louise C. Smith stated in Factors Influencing Continuity of Nursing Service, "nurses failed to talk with one-half or more of

non-referred patients about their follow-up care, so how could they learn if there was a need for any continuing help outside the hospital? " (19) Stillar and Lenzer believe that the patient knows the selected factors of their complex life situation, that people do know what they can do and what they need in their health care.

(19, 20, 7)

The Blueprint for Action in Hospital Nursing maintains that the idea of home care is not totally accepted by all nurses. The pamphlet refers to the notion that the nurses have acquired a "talking" role instead of the role of a nurse giving physical care, "witness the public health nurse rejection of the nursing bag. "

(10, 11)

It is amazing to note how seldom the hospital nurse and the public health nurses meet. The public health nurses could be aggressive in seeking opportunities to become acquainted with their peers in the hospital. (9, 5, 15) The coordinator is one answer to this problem. She can bring the hospital and community personnel together in the planning, administration and evaluation of the continuity of care. In August, 1966 the Steering Committee of the National League for Nursing, composed of members of the Steering Committees of the Department of Hospital Nursing and the Department of Public Health Nursing, issued recommendations to all medical institutions to employ the coordinator's services.



The Steering Committee strongly urged the medical institutions to give the coordinators administrative authority to carry out all phases of a continuum of care program. The statement on Continuity of Nursing Care indicated that:

Planning for continuing 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. (12)

To understand more fully the operations of a successful continuity of care program, it is necessary for the health team to know more about the views of the home care patients, their needs and their reactions. Attitudes toward home care were studied intensively in several investigations. In 1962, in the study conducted by the Associated Hospital Service in New York, findings were based on reports of 450 patients who were questioned after a period of home care by a community health nurse. (7, 8) Eighty-five percent of these patients said they would choose such services again if the need arose. The main advantages reported were: being with one's family, having a freer atmosphere and enjoying one's home and the family, as well as that the patient benefited from the nurse's skill. The patients claimed they saved money and felt satisfied that they were not occupying a hospital bed that could

be used by a sicker patient. The few patients who reported dissatisfaction stated the nurses did not visit at a regular time, full time rather than part time visits were needed, home making services would have been more important, and finally, that the hospital was the better place to be when one needed to have care. (7, 8)

Lenzer cites the study of 1956 concerning patient attitudes conducted by the Hospital Council of Greater New York. Its findings indicated that over 90% of the patients surveyed preferred home care to hospital care. The patients presented as their reasons that they preferred to be close to their family and being home gave them a greater sense of dignity and personal freedom. Their dissatisfactions were with hospital food, and the proximity of the very ill patients. Almost one-half of the patients felt safer at home. (7, 8) In many instances patients believed there was more improvement in their conditions while they were at home. (8)

Ruth Von Bergen said, "In order to help a patient we must know his problems, whether he wants help with them, whether the help we have is the kind of help he needs most, whether he needs help at all. Then we can begin to plan how often and how long he will need our visits." (23)

Since the hospital nurse must implement continuity of care in the hospital situation hoping to have the patient carry the self help

principle into his home, it is important to consider how much instruction the patient must have. It is necessary before beginning any instruction that the needs of the patients be identified. The nurses are too eager to "tell" the patient what his needs are rather than finding out from him what he thinks his needs are. The patient may believe that nurses' visits entail nursing procedures only, such as dressing changes or injections. If the nurse then feels that the patient needs a supervisory visit and the patient thinks it is a "visit" or a "chat," that part of the home care plan is doomed to failure. (21, 24)

In Louise C. Smith's study of 1962, Continuity of Nursing Service, patients were interviewed as soon as possible after the patient's discharge in the belief that more recall would be possible. Almost all patients remembered being told something about follow-up care, usually given by the doctors. Two-thirds or more of the patients voiced no lack of understanding or concern about their care. Patients' knowledge of public health nursing services did not seem to affect initiation of referrals. A majority of the patients studied knew something about these services but the scope appeared to be limited. In this study, the majority of the patients were told they would have a public health nurse come to see them. Some of the patients, however, had no idea they would receive a visit from the nurse. (19)

In Continuity of Nursing Care from Hospital to Home, the authors suggest that greater effort should be made to obtain more referrals. The authors felt that the need for nursing care in the home exceeded the number of referrals for such care. A three month exploratory study was done of nursing needs of 262 patients in the Santa Monica Hospital. It was estimated that almost two-thirds (63%) of the 262 patients could care for themselves at home. A third (88 or 34%) appeared to have needs for community nursing services. Eight (3%) were too ill to be cared for at home. The 88 patients who could benefit from the help of the community nurse were considered as community nursing service potential. However only four of the 88 patients were actually referred for this type of care, a 4.5% rate of utilization of service. (5)

Following this study, the Santa Monica Hospital performed an 18 month demonstration study. During that period, 78 patients were referred for community nursing services, 73 of whom actually received nursing care. Five patients found they no longer needed the nurse's services when she called on them. Most of these 73 patients said that someone had talked to them about some aspect of their care at home. Most of the patients said they went home at a time when they felt they were ready. A general feeling of satisfaction with the referral program and home nursing care was expressed by patients and families. The only recurring question

was a feeling of uncertainty about when the nurses would arrive to give care. Overall, the comments were highly favorable. (5) Abdellah stated that the elderly usually are highly favorable in their comments to their care. (1) Elizabeth B. Curtis found patients who did not want to criticize for they felt they were fortunate the program was free. "Throughout the course of interviewing it was apparently satisfying to the patients to have the opportunity to discuss elements of discontent with regard to nursing care. The patients appear flattered by the fact that their opinions were valued and they were impressed that the administration would take the time to look for areas of improvement." (6)

A survey was taken on the attitude of veterans discharged from the Veterans Administration General Hospitals toward the care they had received. This survey was published as Veterans' Views on Medical Care in V. A. Hospitals, 1967. (22) Of 92 responses obtained after the patients' discharge from the Portland Hospital, 84 or 87% stated they had been instructed on how to care for themselves at home. Of 91 responses on whether the patient felt the nurses were interested in the patient, 85 or 93.4% answered positively. One hundred percent of the patients stated that they had good care. (22) The Veterans Administration Hospitals have established the office of coordinator in their nursing programs. The coordinator follows through on the referrals

designated by the staff nurse. She is responsible for the coordination between the hospital nurse and the public health nurse. The Veterans Administration advocates the early consideration of referrals in the course of the patient's treatment in order that the nursing care can be carried on effectively, promptly and continuously. (22, 6)

Although home care services have expanded considerably since 1961, these programs still serve relatively few patients, when matched against the national need. Anthony Lenzer estimated that existing coordinated home care programs met only one-third of the need in the areas they serve. (7) The United States Public Health Service estimated in 1963 that approximately eight out of ten Americans had no access whatsoever to comprehensive health service at home. (7) Lenzer maintained that cost and crowding have forced the hospitals to seek ways to shorten or eliminate hospital stays for those who can be cared for elsewhere. The importance of the hospital in the community cannot and will not be lessened. The availability of home care, Lenzer states, would permit the hospital to carry out its role more effectively. The numbers of inappropriate admissions and readmissions should decrease. The hospital, he says, would be free to carry on its specialized diagnostic and therapeutic functions for which it is established. (7, 8)

Wensley noted that hospitals are recognizing their responsibility to the patients for continuous care. The focus must be on the patient, on the needs of the patient and his well being. Continuity of care is basically a cooperation among community organizations, professional personnel and the patient. (24)

### Summary

The focus of literature and studies has developed from the principles and mechanics of referral systems to the problems of the patient's needs. The studies of various aspects of the follow-up care remain few in number. The literature acknowledges the need to seek the patient's opinion concerning his needs. The literature acknowledges the need to develop further the referral program where the program is already in effect. Evaluative comments of authors suggest the need for research concerning the patient participation in the referral program.

## CHAPTER III

### REPORT OF THE STUDY

#### Purpose of the Study

This study was made for the primary purpose of recording the expressed opinions of the referred patients regarding continuity of their care. Attention was focused on the patient's impressions of the plan made for his home care needs, his involvement in this plan, and his satisfaction achieved from this plan.

#### Design of the Study

This study, descriptive in nature, used a guided interview as the means of data collection. The process of the guided interview was chosen to facilitate the collection of data, to insure uniformity in obtaining the information, and to permit observation of the home situation, an opportunity not available with a mailed questionnaire. Nurses have frequently profited by such observation when seeking to interpret patients' comments.



### Method of Procedure

The guided interview form was designed. It consisted of three parts: A, data obtained from the referral form, B, information regarding previous hospitalization (four items), and C, twenty-six items designed to elicit data regarding plans for discharge and further care. The guided interview form was submitted to a group of professional graduate nurses for evaluation of content and format. After revisions were made and further scrutinized, the interview guide was again submitted to professional graduate nurses to ascertain which of the statements of the guide denoted involvement and satisfaction. (Appendix C) The results were tallied and correlated +0.99.

The data collecting device was tested for reliability at the Out-patient Clinic of the Veterans Administration Hospital in Portland. The first ten male patients to register for the Hematology Clinic were interviewed individually and privately, using the interview guide. The interview was repeated one hour later with the same tool, the same patients, in the same order as the previous interview. The responses of the interviews were compared. The information received on the first interview was in complete agreement with the second interview. The patients used the term "public health nurse" when speaking of the community nurses; therefore, the term

public health nurse was used in that context throughout subsequent interviews. The main study was then initiated.

The interview guide was used in the collection of data for a six-month period from January 1, 1968, through June 30, 1968. During this period 3,664 patients were discharged from the Veterans Administration Hospital in Portland, Oregon. The list of patients referred to community nursing services was taken from the master file of referrals. One hundred and four patients were referred to the community nursing services.

Sixty-seven of the 104 referred patients were interviewed.

Thirty-six patients were not interviewed for the following reasons:

Four female patients were not within the limitations of the study.

Seven patients had expired

Thirteen patients were confused or senile, making an interview impossible

Twelve patients were unavailable. Some patients had a change of address. Some were not at home at the first visit or at the repeated attempts to interview them.

From the master referral form the following information was obtained: the patient's name, address, age, and diagnosis. The interval from the date of discharge to the interview allowed time enough for at least one visit by a community health nurse. The interviewer next called at the patient's residence and requested an interview. Not all patients were at home. Some were contacted at

the hospital clinics, boarding homes and friend's homes. Some patients had been readmitted to hospitals or nursing homes.

Before the interview, the interviewer explained the purpose of the visit and assured the patient that his statements would be treated confidentially and anonymously. The guided interview was read to the patient and his responses recorded by the interviewer. The sixty-seven patients willingly expressed their opinions. Many stated they felt complimented that their opinions were sought. After the interview, the patients usually indicated they wished to clarify their statements, discussing a hospital incident or a phase in their present home situation.

#### Tabulation of Data--Part A

##### Age

The ages of the patients ranged from twenty-eight to ninety-six years of age. The mean age was 69.5 years. The median age was 63.5 years. The patients were mainly veterans of the Spanish American, Mexican, World War I with a few from World War II eras. Accordingly it could be anticipated that most of the patients would be in the middle life or older age groups. When testing the tool for reliability, age of participants could not be anticipated, hence the study population may be older than those in the pilot study. The participants have been grouped by age into ten year

periods as shown on Table 1. In Figure 1 that follows, the size of each group is shown.

### Diagnosis

The diagnoses were obtained from the referral form. When more than one diagnosis was listed, the diagnosis for which the patient was referred, was used. The disease entities were classified into ten categories as listed below in descending order of frequency:

1. Pulmonary	15 patients
2. Neurology	11 patients
3. Cardiology	9 patients
4. Ophthalmology	9 patients
5. Endocrinology	8 patients
6. Gastro-enterology	7 patients
7. Genito-urinary	3 patients
8. Orthopedic	2 patients
9. Surgical	2 patients
10. Ear, Nose and Throat	1 patient

Statistical tabulations were not attempted due to the small number in each of the ten categories. No definite conclusions could be drawn from such a small sample. Comparisons could not be made to the number of patients admitted according to each category because records are not kept in that fashion.

Table 1. Distribution of sixty-seven referred patients according to age and number in ten-year groups.

10-year periods (1)	Patient's age (2)	Number (N=67) (3)
25 - 34	28	1
	29	1
35 - 44	35	1
	41	1
	42	1
45 - 54	47	1
	48	2
	49	1
	50	1
	52	1
	53	3
	54	1
55 - 64	55	1
	56	1
	57	3
	58	2
	59	1
	60	1
	62	1
	64	3
65 - 74	65	2
	69	4
	70	3
	72	4
	73	2
	74	2
75 - 84	75	4
	76	4
	77	1
	78	1
	79	2
	80	1
	81	4
	82	1
85+	87	1
	89	1
	90	1
	96	1

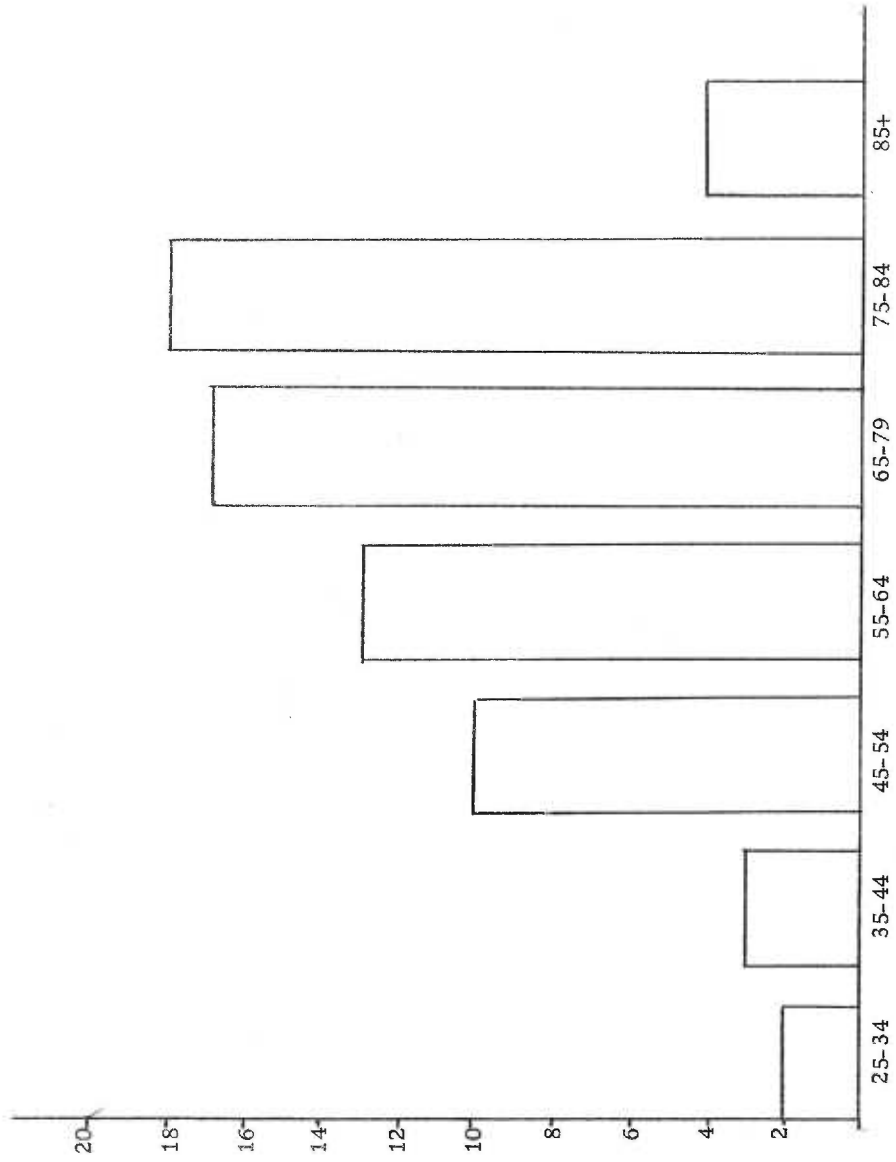


Figure 1. Distribution of sixty-seven referred patients by age groups

## Tabulation of Data--Part B

Previous Hospitalization

Fifty-six of the sixty-seven patients had previous hospitalization. Thirty patients indicated satisfaction concerning the continuity of care plan, six responded as dissatisfied and twenty indicated neutral responses.

Thirty-two patients of those who had previously been hospitalized indicated they were involved in the continuity of care plan. Eight patients indicated no involvement and sixteen gave neutral responses.

Of the fifty-six patients who had previous hospitalization, twenty-six indicated both involvement and satisfaction with the referral plan. A statistical treatment of this subject will be discussed later.

Eleven of the sixty-seven patients had no previous hospitalization. Five of the eleven respondents indicated satisfaction with their continuity of care plan; the other six indicated neutral responses. Seven of the eleven respondents indicated involvement, one indicated no involvement, three gave neutral responses. Five of these eleven patients indicated both involvement and satisfaction with the referral plan.

## Tabulation of Data--Part C

Responses and Interview Observations

The patient's opinion is a reflection of his thoughts. Interviewing the patient is one way to obtain his expressed opinions. The nursing profession has established and accepted the concept of teaching to patient to help himself; however, there is no proof that the patient agrees or accepts the self-help principles. As the patient is sent home from the hospital he may be taking with him false information concerning the type of care he will be receiving, who will be caring for him, and how he will receive this help. During the interview, the participants were found to be residing in living situations which, when described, might assist in understanding the respondents' expressed views. Immediately after each interview a report was prepared describing the living situation. Samples of these reports are cited as a means of complementing and clarifying the patient's response. The subjectivity of such comments is admitted. However in nursing, specifically in public health nursing, such written observations have been found to be significant.

Sixty-three respondents (94 per cent) stated they wanted instructions and assistance for the medicine and treatment they might need. (Item 5) Four respondents wanted no instruction or help. One example is cited.



Patient 37 was a 64 year old patient who had pulmonary emphysema. He reported that his wife was working. The patient stayed alone and was able to manage well alone. He was a tall, neat man. His clothes were very large for him. He stated he had lost a lot of weight, "he had to." The house was very cluttered, dusty, but orderly. The couch in the living room was made up as a bed. The oxygen tank was by the couch. The patient said he stayed on the couch most of the time where everything was within reach. He denied any difficulties. Library books were on the bedside stand. This patient claimed involvement in his home care plan. He was satisfied with his plan of care.

Fifty-two respondents (77.16 per cent) felt they were included in the planning of their care. (Item 6) Fourteen of the respondents (20.8 per cent) stated they were not. Two samples are described:

Patient 36 was a 69 year old gentleman who had rheumatoid arthritis. He lived with his wife who managed the home without difficulty. Their family came to mow the lawn or do any other chore the couple was not able to do. At the time of the visit, the wife cared for those needs the husband was unable to tend to by himself. The patient followed a rigid physical therapy program given by the physical therapist of the hospital. They said they did not need a "visiting nurse" but that she "is a lovely girl." At present they saw no need for outside nursing care. They stated that when they were helpless, they would call the nurse. This patient claimed involvement in the nursing care plan and satisfaction with the home care plan.

Patient 40 was a 48 year old well dressed patient who had been medically discharged from the Navy. He had had an aortic valve prosthesis inserted. He was well educated, contented, and accepted the illness and his living situation. He did a small amount of work around the house. He planned to increase his work load slowly. His wife and family participated in the patient's care. They appeared happy about the patient's progress. The family felt it would benefit the referral program if more information about the services was available.

They gave dietary instruction as an example. They stated they were very pleased with their husband's/ father's care. The public health nurse assisted them with their problems and when she could not, she inquired as to what could be done to help them. This patient claimed he was involved in his home care planning. He stated he was satisfied with his home care plan.

Regarding Item 7, four respondents stated they would rather have the hospital care for all the planning without bothering them about it. Sixty-three (94 per cent) wanted to be involved.

Ten respondents stated they should have remained in the hospital for a longer period of time. (Item 8) Fifty-five respondents (82 per cent) said they should not have remained at the hospital for a longer period of time. Two samples of observations regarding this item are cited:

The twenty-fourth patient was a clean, well dressed, well mannered 49 year old patient who had multiple sclerosis. He was single and stayed with his 72 year old mother. When the interviewer visited this home, the veteran and mother were apparently happy to have visitors. The home was tidy, clean and very warm. The son had just finished eating and he was smoking a cigar. He said his weight was 170 pounds and he stated he had to watch his weight all the time. This was especially important he said because his mother was small, about 100 pounds, and she took care of him alone. He was able to feed himself. He could shave himself at the time of the interview, but he stated this was not always true. To move about, he depended on the wheelchair continuously. His mother worried about the time when she no longer could care for him because "he is getting too much for me already." The mother and son apparently enjoyed each other's company. They stated they have been able to solve their difficulties thus far. Previously they had been satisfied with his hospital care but they were disappointed with his last hospitalization.

He claimed he was sicker when he left than when he arrived, "They sent me home too soon." He enjoyed the nursing personnel at the hospital who "were very nice." This patient did not claim involvement nor satisfaction with his home care planning.

The sixty-fifth patient interviewed was an 81 year old patient who had the diagnosis of cancer of the sigmoid. He was obviously in pain. He said he does not get much relief from his medications. His aged wife was caring for him. The patient was afraid to go back to the hospital for fear he will die there. His wife appeared tired. The home visit took place at 10 A.M. The wife had just arisen. The patient stayed in bed all of the time. A couch in the living room was used for the bed. Clothes were scattered all over the room, on the floor and on the furniture. The wife stated it was very hard to visit her husband when he was at the hospital. She could not afford the cab fare and the bus trips took all day. The medications that the doctor ordered took most of their money. This patient claimed he was involved but not satisfied with his home care plan.

In reference to Item 9, eleven respondents stated they thought their family felt they should have stayed in the hospital for a longer period of time. Forty-seven respondents (70.1 per cent) indicated they thought their family felt they should not have stayed in the hospital any longer. An observation is made as follows:

The thirty-fourth patient interviewed was a 53 year old man who was living in a one room cabin with his brother. The cabin was one among ten tucked in back of a hill. One cabin was designated for the men's toilet and another for women. After knocking on the door the interviewer heard a voice yelling, "Who's there?" The interviewer identified herself through the closed door and was told to "come in." The room was very small. It was outfitted with a bed, rocking chair, one straight back chair and a chamber pot. The patient and his brother were lying in bed fully clad. The bed was unmade; they were lying on the mattress and were covered

by a heavy quilt. The room was very warm. The brother of the patient sat up on the bed, crossed his legs and leaned against the wall. They laughed and giggled during the interview. Both men appeared to be in serious need of dental hygiene, otherwise they were clean. No unpleasant odors were in evidence in that warm, close room. These men appeared to be content with the situation. The patient's brother prepared the food on a burner in a nook off of the room. He stated it was easy to open a can. The brother of the patient apparently did not go out. The brother felt the patient came home too soon; however, they did claim involvement and satisfaction with the nursing care plan.

Fifty-three respondents (79 per cent) stated they received instruction about their medicine. (Item 10) Thirteen respondents (19.4 per cent) stated they received no instruction. Two observations are included:

The ninth patient interviewed stated he wanted instruction concerning his medicine. He was a 90 year old Spanish American War Veteran who continued to have urinary difficulties following surgery. He was living with his son at his son's home. His son and his son's family shared the nursing care of this patient. The patient's room was modern, clean and bright. There were large open windows. A water pitcher and drinking glass were next to six bottles of medicine on the night stand by the patient's bed. This gentleman was irritated with the health personnel because he was given a medicine he knew nothing about. He said he was old enough to know more about the medicine and why he was taking it. He was sitting on the edge of his bed, chewing tobacco. He was chewing fast and spat frequently. His son was in attendance and appeared to be uncomfortable about his father's chewing habit. There was a container close by which the patient used accurately and continuously. The son cared for those personal needs the father was unable to manage. This patient denied he was involved in his care plan. He indicated dissatisfaction with his home care plan.

The forty-first patient interviewed was found in another hospital. He was a 70 year old gentleman covered with numerous discolored areas. He stated it was a penicillin reaction. His daughter was present. He said his wife was an invalid and unable to do anything for herself. The daughter corrected her father by saying, "Now Dad, she is able to do almost everything by herself." They agreed that he does assist in her care and that she is in the wheelchair most of the day. This patient denied involvement and satisfaction with his home care plan.

Fifty-one respondents (76.1 per cent) stated they were satisfied with the instructions concerning their medications. (Item 12)

Fourteen (20.8 per cent) stated they were not satisfied with their instructions. Sample observations include:

The twelfth patient interviewed was a 75 year old completely blind gentleman of Irish descent. He had recovered from food poisoning. The patient resided in an upstairs apartment of a private home. The apartment had a separate entrance with many steps leading to the apartment. The patient invited the interviewer in, indicated a chair and left to turn off the stove. He prepared his own food. The light in the living room was on "for his friends." There was not much furniture in the room; the room was cluttered and dusty. The patient was wearing a white starched shirt, his pants were pressed razor sharp, his shoes were highly polished. He wore a large black rubber apron which he wore while he prepared his food. He moved about the room easily. His two bottles of eye drops were on the arm of the sofa. He picked up each bottle and specified which bottle and specified which bottle he used at certain times. He knew by feeling the various shapes of the bottles. He stated his brother and sister saw him often. They helped him by doing his grocery shopping. His sister did his laundry and some of his cooking. He stated he was embarrassed about "eating tainted food" for he knew better than that. This patient denied involvement and satisfaction with his home care plan. He stated he was not satisfied with his instructions.

The forty-eighth patient interviewed was an 81 year old gentleman who was a caretaker of a private home which had acres of land to care for. He was clean, friendly, alert and cheerful. He lived in a small three room well kept cabin, deep in a wooded area apart from the private home. He had five cats for company and introduced each cat to the interviewer. His post-operative cataract situation was very good. He saw well and had no difficulty with light gardening chores. The patient took the interviewer to the garden, chicken yard and around the cabin grounds. He sent his greetings to the hospital personnel. He stated he was involved and satisfied with his home care plan.

Fifty respondents (74.6 per cent) indicated they received instruction on how to care for themselves at home. (Item 13) Seventeen (25.3 per cent) stated they did not receive instruction. Some respondents stated they did not need instruction. They knew how to take care of themselves. An interesting observation was made.

The twenty-third patient stated he did receive instruction. He was a 78 year old healthy, clean, post-surgical patient who was readmitted to the hospital with a worsening wound infection. The nurses at the hospital had taught him to care for his wound. He had been living alone since he was 70 years old. His wife, who at that time, resided at a nursing home, had been an invalid since he retired at 70. He took care of her until she "became too much for me to care for." He was not too successful in caring for his infected wound. The doctors felt it would be better for him if he would return to the hospital. This patient stated he was satisfied with the instructions he received in caring for himself.

Fifty-three respondents (79 per cent) stated they were satisfied with the instruction they received. (Item 15) Again some patients indicated they knew how to take care of themselves. Twelve respondents (17.9 per cent) stated they were not satisfied with the

instructions. One sample observation is cited.

The sixty-sixth patient interviewed was a 54 year old tall, obese man who had multiple sclerosis. He was confined to a wheelchair. The patient lived at a hotel in the lesser privileged area of town. He did his own care which appeared inadequate. His feet were very dirty, discolored and edematous. He could not reach them to wash them. Other residents of this hotel helped him when they could. He was a belligerent man; he admitted he was difficult to assist. The public health nurse did come to make a visit. The patient stated she came to the door and knocked. At this particular time, the patient stated, he was sick and did not want to be seen. He admitted getting irritated with her and she, he stated, was irritated with him. He said she never came back. This patient denied involvement and satisfaction with his home care plan.

Thirty respondents (44.7 per cent) stated that before they left the hospital their family was instructed concerning the patient's care at home. (Item 16) Nineteen respondents (28.3 per cent) stated their family was not instructed. Some of the eighteen neutral respondents (26.8 per cent) stated they did not have family around to instruct.

Thirty-three respondents (49.2 per cent) wanted their family included in the preparation of their care at home. (Item 18) Twelve respondents did not want their family involved. Twenty-two patients (32.8 per cent) did not respond. Again some of these patients included those who had no family present to involve.

Thirty-one respondents (46.2 per cent) felt their family was satisfactorily instructed on how to care for the patient. (Item 19)

Thirteen respondents stated the family was not instructed satisfactorily. Twenty-three patients (34.3 per cent) did not respond. Some of these patients stated they did not have family.

Forty-three respondents (64.1 per cent) felt the hospital people helped them solve the problems that the patients thought they would have at home. (Item 20) Twenty respondents (29.8 per cent) felt the hospital personnel did not help them solve the problems that the patients thought they would have at home. Four patients did not respond.

It was expected that through the referral program in the hospital the patients receive accurate and complete assessment of their needs before discharge. This assessment involves the patient. Thirty-eight patients (56.7 per cent) stated they were asked if they wished to have a public health nurse visit them. (Item 21) Twenty-seven patients (40.2 per cent) said they were not asked. Some of the patients who stated they were not asked said they were told they would have a nurse visit them. Three sample observations are cited:

The second patient interviewed stated he was not asked if he wished the nurse to visit him. The referral was a thin, white, 50 year old emphysemic patient who lived with his wife in a clean lower middle class home. The home was well cared for. The couple had just recently moved from a "better class home to this place," because the illness was costing too much money. The interviewer was welcomed into the home. The couple were well dressed. The patient was sitting at a coffee table by the window. He showed no signs of occupation. He had his nasal catheter attached. A long tube that was connected to the catheter continued through the living room to the bedroom where the oxygen tank was kept.



It was not on at the time of the interview. The patient appeared to be a miserable, unhappy person. He never smiled during the interview. He showed little interest in the situations of the day. He repeatedly stated that "people should give him more time." His wife frequently interrupted him. Each time she interrupted him, the patient sighed and waited until she finished talking. The wife informed the interviewer how she had suffered and "gone without" because the patient needed so much attention. The patient's respirations increased noticeably during this period after the guided interview. He stated his wife should have been better taught at the hospital so that she could understand how sick he really was. "She wouldn't turn off my oxygen then when I need it so badly." At this remark, the wife smiled, said nothing.

The nurse later learned the public health nurse was not always welcome for visits. The pension allotted this patient was considered more than adequate. This patient denied involvement and satisfaction with his home care plan.

The fifth patient interviewed stated he was not asked if he wished community nursing services. He denied involvement but stated he was satisfied with his home care plan. This 57 year old ex-salesman had an extensive radical neck dissection and laryngectomy. He appeared to be recovering well. His attitude was friendly. He was able to help himself well. Writing was his method of communication. He wrote quickly, using only those words necessary to convey his thought. He lived with a friend in a three room apartment. The living room was large, sparsely furnished, and dusty. He wrote that his friend, who was a salesman, was gone a lot but whenever they could, they went to the games and did things together. He wrote that he had no difficulties in managing for himself. He wrote that the doctors could not salvage enough of his neck muscles and larynx so that he could ever benefit from speech therapy. He wrote that the surgery "was not worth it."

The twenty-eighth patient stated he was involved and satisfied with his home care planning. He was a 79 year old gentleman who was living at home with his wife. They had been married for 50 years. The wife was worried about "what is coming next." The patient had a

diagnosis of cancer of the colon. The wound was draining. The wife had received instruction on the care of the wound, which she was doing. The public health nurse visited and checked the wound but the wife stated she still was not sure of her technique. They stated the nurse did not change the dressing, but she checked their work, and visited. After the interview, the wife requested the nurse interviewer to check the wound. The interviewer changed the dressing and reassured the wife that her dressing procedure was good. They were told they would have a nurse visit; they were not asked. They felt the nurse charged too much. They said they could not afford her services. They stated the nurse stated the visit cost at \$11.00, later reduced to \$5.00. They received \$10.00 from the Veterans Administration Social Worker to pay for the visits. They felt it would be less expensive to visit the doctor.

Forty respondents (59.7 per cent) stated they were told what type of care they would be receiving from the community health nurse. (Item 23) Twenty-four respondents (35.8 per cent) denied they were told what type of services they would receive. Two sample observations are cited.

The first patient interviewed stated he was not asked if he wished to have public health nurse services; however, he said he was told what type of care the nurse would be giving him. This patient denied involvement and satisfaction with his home care planning. The home of this referred patient was set in the back of the lot. The grass was about a foot high. The white house was in need of minor repairs such as the screen door would not close and the screen was torn. The 70 year old obese, ex-boxer was a totally blind diabetic. An elderly man was with him. His friend lived down the block and visited him regularly. The friend took the patient to the hospital, for walks, to the games, and to the tavern "down the way, for a nip now and then." A ball game was blaring out of the radio which was on the table at which the men were sitting. The patient was clean. His clothes were not ironed, but were clean. The home was

uncomfortably warm for the interviewer. There was order to the furnishings; however, the furnishings and room seemed dirty and very worn. A practical nurse came over daily to do the patient's urine reductions and occasionally came to clean the house. The urine testing was a voluntary service; the house cleaning was not. The patient stated he had little money so had "to let the cleaning go for a while." The gentlemen volunteered the comment that they needed the services of a social worker more than that of a nurse.

The eleventh patient interviewed showed involvement in his home care planning but not satisfaction. He was a 69 year old man who was found at the Veterans Administration Eye Clinic. He had had a cataract removed. He was wearing a suit with a vest. He wore a battered old hat. He cheerfully related that he had requested the community health nurse to visit, not so much that he needed her, but that he liked to visit. He lived "by the ocean and things get kind of quiet once in awhile." The patient stated his doctor told him that he did not need nursing care and that he would rather follow the patient himself. He especially enjoyed getting up and going to bed when he pleased.

There may be a change in the patient's needs by the time the nurse arrives in the home to give nursing services. This may indicate that the patient or his family had not been active participants in the referral process, or that the nurses had not accurately assessed the patient's needs prior to discharge. It may also signify that the patient became more quickly independent and able to give the necessary care to himself earlier than anticipated. When asked, "Now that you are home, do you find that the public health nurse is doing what the hospital people told you she would do?", (Item 25) twenty-eight respondents (41.1 per cent) stated the nurses were performing

the same services stated by the hospital nurses. Nineteen respondents (28.3 per cent) said the nurses were not. Twenty patients did not respond (29.8 per cent). Four sample observations are included.

The thirteenth patient gave no response to the question stated above. This 80 year old veteran reported to the Diabetic Clinic at the Veterans Administration Hospital. He was a friendly man, clean and comfortably dressed. He had returned four days after his discharge from the hospital. He was irritated with the public health nurse who had reported his dietary difficulties that he had at home. He said he knew it was her job. The patient stated that he lived by himself in southern Oregon, in the woods. He had two dogs. His greatest dilemma was that his son wanted him to live in Portland with his family. They wanted to care for him. He liked living alone and especially enjoyed his dogs. If he lived with his son there would be no room for his dogs. He was not happy to live in the city either. He explained his difficulty in complying with his diabetic diet. "Anyone knows a body can't eat just one egg and just one piece of toast for breakfast. If you eat one piece you have to eat two." When the interviewer asked him what he thought he'd do, he laughed and said, "Eat one piece of toast and stay with my dogs." This patient denied involvement and satisfaction with his nursing referral plan.

The sixteenth patient interviewed stated the public health nurses were giving the services the hospital nurses explained they would give. He claimed he was involved and satisfied with his home care plan. This patient was a 28 year old neat and healthy paraplegic man who lived alone in a modern well equipped apartment. He was asked if he wished to have public health nursing service. He did want the service and he stated he had been receiving very good care. His irrigation equipment was placed by his bedside in a clean and orderly fashion. The patient stated his eight month rehabilitation at the hospital was very good and he was well able to care for himself. His apartment is on the street level so he can get to his car. He can get into his car without any difficulty and drive to college and the hospital. He is working toward his B. S. degree hoping to major in psychology.

He participates in group therapy at the Veterans Administration Hospital assisting the paraplegics whenever he can.

The twentieth patient interviewed stated he was not asked if he wished to have the services of a public health nurse. He stated he was not told what the nurse would do. He denied being involved in his home care plan and stated he was not satisfied with his care. This thin 72 year old patient was readmitted to the Veterans Hospital for treatment of pulmonary emphysema. At the time of the interview he was sitting on the edge of his bed eating his lunch. His color was pale. He was receiving nasal oxygen. He said he did not have any money nor any decent place to live. He stated that his wife did not have work. "The young doctors," he said, "do not know what they are talking about." He said the young doctors send a patient home before he is ready to go. He stated he had to use oxygen continuously and that he had none at home. The interviewer had previously attempted to visit him at his home. The address the patient had given was a large, modern, fairly new mobile home established on blocks in a city park. The wife was not at home. The Social Worker reported that the wife was working.

The twenty-fifth patient interviewed gave no response to the question whether or not the nurse was doing what he was told she would be doing at his home. This patient lived with his wife in a old, white, two-story home. The glassed-in porch was filled with plants. The kitchen, where the couple were sitting, was warm and cozy. The living room was neat, clean and dark. There were numerous pictures on the walls with many photographs tucked in and around them. The patient had a chronic pulmonary disease along with a urinary difficulty. He had an indwelling catheter. He stated that since the nurse's call cost \$10.00, they did not need her services. The patient's doctor charged him "only \$7.00 and he did the irrigation. When the nurse visited she just watched the Mrs. do it." The patient's wife cared for him. She appeared to be tired. They both agreed they didn't need the community health nurse for they managed well without her. The public health nurse said she would come if the family called for her. The wife said, "When you have had nine children, you can handle anything."

It is possible that the patients have a clearer recollection about what actual care the nurse gave than about what had been discussed with them. Perhaps what had been talked about appeared, in retrospect, to have been incidental rather than of primary importance to the patient. The problems and anxieties discussed with the nurse may have been too personal and confidential to pass on to the interviewer, or they may have diminished in importance with time.

Twenty-three respondents (34.3 per cent) stated that the public health nurse helped them solve the problems that had arisen since they came home. (Item 26) Thirty-one respondents (46.2 per cent) said they did not. Thirteen patients did not respond (19.4 per cent). Five sample observations are cited.

The eighth patient interviewed stated the nurse did help solve the problems that had arisen since the patient went home. He denied that he had been asked if he wished her service or was told what she would do for him. This gentleman was an 87 year old blind, obese man with a diagnosis of severe emphysema. He left the hospital without the doctor's permission. He lived with his wife on their farm in their renovated home. They had a huge dog, an old pet who was "a lot of company." The house was filled with furniture, doilies, glassware, and pictures. The patient was sitting on the sofa. He appeared to be in fairly good health but wheezed continuously. After the interview, the wife stated she took her husband home without the doctor's permission. She had just gotten over pneumonia but wanted to take care of him. She was unable to do so which made it necessary to employ a practical nurse to care for him. The practical nurse said she had observed that he became more ill when she gave him his dose of digoxin so she discontinued it. The practical nurse said she told the community health nurse who had come to visit, to tell the

patient's doctor. The patient said he would never go back to the hospital.

Another negative response came from a 62 year old Negro patient who had a cerebral vascular accident with residual paralysis. He denied any problems so he felt he should not waste the nurse's time. He lived in a large white house, very clean and neat. A housekeeper showed the interviewer into the room where the patient was sitting in his wheelchair. He had a pronounced paralysis of his right leg. He used the wheelchair "for the better part of the day." He did his exercising and his walking with his cane as the doctor ordered. He had a little weakness in his right hand but it was improving. He cared for his total needs. He had devices that helped him put on his socks, and had other devices that helped him care for himself. He stated his family was all grown up and gone, but they visited and helped him all the time. He stated that his family, friends, doctors and nurses helped him so much that he "can't help but win."

Another negative response came from the gentleman of the fifteenth interview. This man claimed involvement but denied satisfaction. At the time of the interview this 81 year old irritable person was back in the hospital. He was a post operative eye patient with an eye irritation. He had no quarrel about the hospital, but did not give the impression that he and the world were on speaking terms. He was in an eight bed ward, and during the entire conversation, the interviewer noted that no one ventured even to nod to the patient. He had been living in a boarding home while he was convalescing. He continued to pay rent for his apartment so he could not afford the boarding house, he said. He was unable to instill the prescribed eye drops. His niece came to instill some of them but could not manage to instill all of them. The public health nurse reported his difficulty, which irritated him, but he notified the doctor that he ran out of eye medicine. The doctor then requested his return to the hospital to continue his treatment.

The seventeenth interview was a 76 year old man who lived with his son in his old home in an industrial area. The house was the only house on the block. The other buildings were warehouses or small manufacturing

buildings. The father and the son were sitting on their porch watching the trucks across the street when the interviewer arrived. There were three chairs on the porch, none of which appeared to be capable of handling much weight. The men stood and offered their chairs. The porch railing looked the sturdiest, so it was the choice of support selected. The furniture in the home was old and worn. The home appeared clean. The two rather obese, congenial, men offered information readily; however, they appeared mentally dull. The son, the father said, did the washing and the cooking. The gentlemen's clothing was clean, torn and unironed. The son was in dire need of dental care. When he talked his partial plate (from which some teeth were missing) moved up and down. The father had a very edematous foot. When asked about it the man laughed and said he was supposed to keep his foot up. He preferred to keep the foot down, "Why I even sleep with it on the floor." They voiced their fears of being forced to go to a nursing home by the relatives and "that nurse." When asked why they might be sent to a nursing home, the older gentleman said, "We don't eat our vegetables." Then they both laughed. The son said, "Just go inside; we take care of our house good; they just want our property." The father claimed involvement and satisfaction with the nursing plan.

Another patient claiming satisfaction and involvement with his home nursing plan was the forty-ninth patient interviewed. This 56 year old well dressed, alert patient had pulmonary emphysema. He came to the clinic for a check-up. He stated he had his own setup for so many years that he needed no special home care planning or any visiting nurse. He stated, "She'd have nothing to do."

Thirty-seven respondents (55.2 per cent) were satisfied with the public health nurse's services. (Item 27) Nineteen patients (28.3 per cent) were not satisfied. Eleven patients did not answer. Two sample observations are cited.



The fifty-first patient interviewed was a 41 year old alert man who came to the clinic for a check-up. He had a diagnosis of "fever of unknown cause." He related that he was all right and he needed no further care. He knew the public health nurse had to investigate his case because the doctors suspected he had undulant fever. He said during his hospitalization, he never knew what was going on. He didn't know what tests were going to be done or what he had to do when the tests were being done. He stated "timeliness" was very important to him. He would have liked to know when and what was going to be done. He was especially anxious to know when the doctors would arrive. "When a person is sick, time seems to be very important." This patient denied involvement but claimed satisfaction with his care plan. He was satisfied with the public health nurse's care.

The fifty-eighth patient interviewed stated he was involved and satisfied with his home care plan. He did not respond to whether or not he was satisfied with the public health nurse's care. This 42 year old, well dressed Negro came to the clinic for a check-up. He was very quiet. He stated he didn't need the visiting nurse to check on him anymore because he wasn't on the "stuff" anymore.

Sixty-five patients (97 per cent) stated they felt that doctors, nurses, and social workers were interested in their health care.

(Item 28) Two sample observations are cited.

The twenty-seventh patient interviewed felt the health team was not interested in him. This 73 year old disgruntled gentleman lived with his wife in a retirement home. The home was in a new large high rise apartment building. The patient's one bedroom apartment was small and crowded with furniture. The couple were not as yet settled, the pictures were not up on the wall. The apartment was very warm. The couple said they were happy with this apartment arrangement. The work load for the wife had lessened enough that she felt she could better care for her husband. The patient had gone home on a pass from the hospital one weekend, and decided not to return. "No one cared for me at the hospital." He

said the visits of the public health nurse were fine but she didn't do anything. They figured they would call her if they needed her. For the better part of the conversation the wife sat by the husband, watching him speak, adding little to the conversation. The patient said mostly negative statements: "I don't have enough money," "The weather is too cold for walking," "It is too rainy." This patient claimed involvement in his care but his responses to questions indicated dissatisfaction.

The sixty-seventh patient interviewed was a Spanish American Veteran who lived in a very old apartment. Many people were sitting on the porch that extended the entire length of the block long apartment. This gentleman was active, 89 years of age, a very alert man and he was proud of it. He was thin and wore a stocking cap. When he learned why the interviewer had come, he remarked how thoughtful it was of the hospital to make sure he was properly cared for. He invited the interviewer into his three room apartment. He said he had just returned from a visit with his wife. She was too old to do the work for both of them. They lived in their separated places but he walked to her home to see her every day. She prepared food for him which he toted back to the apartment. The patient was a clean and orderly man. Everything in the apartment seemed to have a place. The apartment was cleaned by the landlady. The veteran complained that the worn linoleum was supposed to be replaced but it "probably wouldn't be done for a while yet." He was proud of his ability to care for himself. He said he didn't need the services of the public health nurse, "As you see, I can take care of myself." This patient claimed involvement and satisfaction with his home care plan.

### Referring Personnel

In the previous chapters reference was made to the health team being involved in the referral plan. The responses were too small to draw any definite inferences; however, some evidence toward care

planning were shown.

Item 11 of the questionnaire asked who, in the patient's opinion, gave him instruction about his medicine. Fifty-three patients responded in this manner:

Nurses gave 27 per cent of the instruction;

Doctors gave 71 per cent of the instruction;

Social Workers gave 2 per cent of the instruction.

Item 14 of the questionnaire asked who taught the patient concerning his self care. Fifty-one patients responded thus:

33 per cent of the instruction was given by nurses;

57 per cent of the instruction was given by doctors;

4 per cent of the instruction was given by social workers;

6 per cent of the instruction was given by others (nursing assistants, physical therapists and dietitians).

Item 17 of the questionnaire asked who instructed the family concerning the patient's care. Twenty-nine responses regarding who gave family instruction were distributed as:

32 per cent by the nurses,

52 per cent by the doctors,

6 per cent by the social workers,

10 per cent by others of the health team.

Item 22 of the questionnaire asked who in the patient's opinion, asked him if he wished the community health nurse's services.

Thirty-eight respondents answered in the following manner:

70 per cent of the inquiries were by nurses;

19 per cent were by doctors;

11 per cent of the inquiries were made by the social workers.

Item 24 of the questionnaire asked the patient who told him what type of care the community health nurse would be giving them. The respondents answered thus:

76 per cent of the information came from nurses;

16 per cent of the information came from doctors;

8 per cent of the information came from social workers.

The referrals were instigated primarily by nurses; however, the patients stated they received most of their instruction from the doctors. If the other members of the health team were involved in the planning of the patients' home care, the patients did not appear to be aware of their contributions. The following Figure 2, a graphic illustration, is presented to show the health team contributions.

#### Statistical Analysis of Data

Nine items of the interview guide indicate involvement or non-involvement. Twelve items of the guide indicate satisfaction or dissatisfaction. The nine items, numbers 5, 6, 7, 10, 13, 16, 18, 21, and 23 were questions indicating involvement. (Appendix C) It was arbitrarily determined that seven through nine positive responses

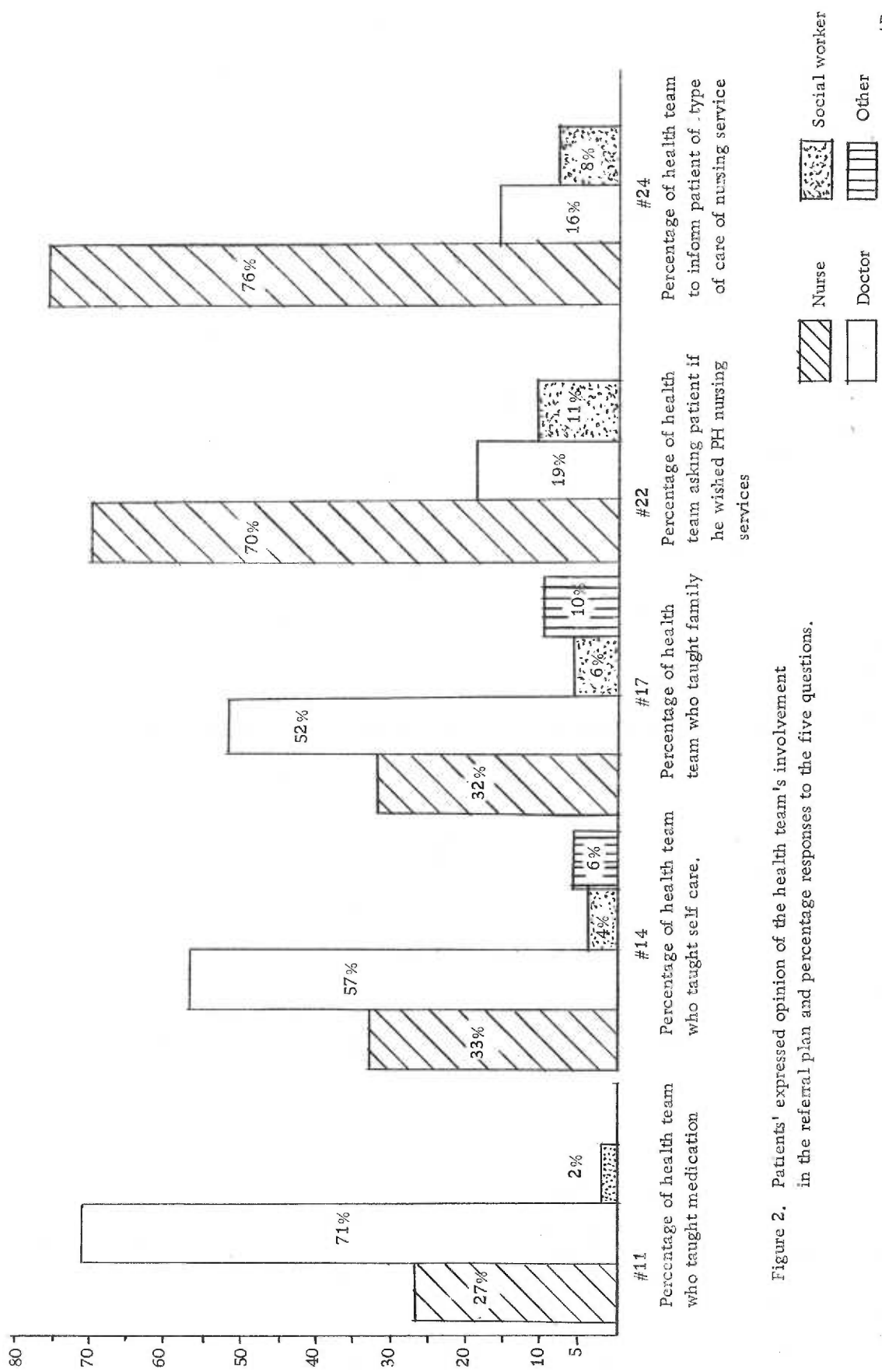


Figure 2. Patients' expressed opinion of the health team's involvement in the referral plan and percentage responses to the five questions.

indicated involvement of the patient with planning his home care with one through three positive responses indicating non-involvement in the plan, and four to six responses being neutral.

Twelve questions, numbers 8, 9, 12, 15, 19, 20, 25, 26, 27, 28, 29, 30, are items indicating satisfaction. In this instance nine through twelve positive responses indicated satisfaction of the patient with his home care plan, and one through four responses indicated dissatisfaction with the plan, the intervening responses being neutral.

The raw data were numerically computed, converted to percentages and presented in tables. Statistical processes were then applied to the data to determine the significance of the findings. Abdellah (1) states, "In essence the fundamental purpose of statistical analysis of data is to determine the amount of sampling error in the data." For the purposes of this study, "the aim is to evaluate the values of the summary measures obtained for the alternative groups are different. Such an evaluation is done through a technique known as a test of significance." Basically, the purpose of the test is to see whether the summary measures being compared, after making allowances for sampling error, could be independent estimates of the same population parameter.

Frequently research is undertaken in which the investigator is interested in responses which fall in various categories; persons may be categorized according to whether they are in favor of,

indifferent to, or opposed to some statement or opinion. The categorization enables the researcher to test the hypothesis and these responses will differ in frequency. Here it is desired to test whether a significant difference exists between an observed number of responses falling in each category and an expected number based on the null hypothesis. It is endeavored to determine whether the set of scores of satisfaction is related to the set of scores of involvement. The chi-square was selected to analyze the significance of the differences between these groups. The chi-square test is applied directly to the actual frequencies in the various categories of the variables and not to the percentages. (1)

1. Null hypothesis: There will be no difference in the expressed response of satisfaction of those patients who were involved and those who were not involved in planning their care.

$$H_0: f_1 = f_2 = f_3$$

Alternate hypothesis: There is a difference between the expressed responses of satisfaction of those patients who were involved and those who were not involved in planning their care.

$$H_1: f_1 \neq f_2 \neq f_3$$

Since the expected values are not known, a contingency table was constructed. The expected values from the row and column totals were computed from the following grouping results:

Table 2. Frequency grouping of the number of responses of sixty-seven patients according to involvement in planning continuity of nursing care and satisfaction

Number of Positive Responses (1)	Involved N = 40 7-8-9 positive responses (2)	Neutral N = 18 4-5-6 positive responses (3)	Non-involvement N = 9 1-2-3 positive responses (4)
9-10-11-12 responses (Satisfaction)	31	5	0
5-6-7-8 responses (Neutral)	9	12	5
1-2-3-4 responses (Dissatisfaction)	0	1	4



The expected values are thus:

Table 3. Contingency table showing the expected values of the number of responses of the sixty-seven patients according to involvement in planning continuity of nursing care and satisfaction.

Number of Positive Responses (1)	Involved N = 40 7-8-9 positive responses (2)	Neutral N = 18 4-5-6 positive responses (3)	Non-involve- ment N = 9 1-2-3 positive responses (4)
9-10-11-12 responses (Satisfaction)	21.5	9.7	4.8
5-6-7-8 responses (Neutral)	15.5	7.0	2.9
1-2-3-4 responses (Dissatisfaction)	3.0	1.3	.7

2. Comparing data from one sample with some presumed population, a one-sample chi-square test is used. The chi-square test is chosen because the hypothesis under consideration concerns a comparison of observed and expected frequencies in discrete categories.

3. Significance level:  $\alpha = .01$

$N = 67$

Since the observed  $\chi^2$  (32.2) is greater than 13.27, the null hypothesis will be rejected at the .01 level of significance. More

data are necessary before any definite conclusions can be made, since the one general restriction made on the use of chi-square is: if any expected frequency is less than 5, the chi-square cannot be used. This study, however, does indicate strongly that involvement is necessary for satisfaction in the nursing care plan.

The following frequency groups on age and previous hospitalization were constructed to calculate chi-square. However, since so many frequencies are less than 5, a restriction to the use of the chi-square, they are merely presented to illustrate relationships between involvement, satisfaction, age and previous hospitalization.

Table 4. Frequency groupings of responses of forty involved patients comparing relation to ages and satisfaction

Number of Positive Responses (1)	25 - 44 years (2)	45 - 64 years (3)	65 - 84 years (4)	85+ years (5)
9-10-11-12 responses (Satisfaction)	3	11	16	1
5-6-7-8 responses (Neutral)	1	5	3	0
1-2-3-4 responses (Dissatisfaction)	0	0	0	0

Table 5. Frequency groupings of responses of eighteen patients of neutral responses in involvement comparing relation to age and satisfaction.

Number of Positive Responses (1)	25 - 44 years (2)	45 - 64 years (3)	65 - 84 years (4)	85+ years (5)
9-10-11-12 responses (Satisfaction)	1	1	3	0
5-6-7-8 responses (Neutral)	0	4	8	0
1-2-3-4 responses (Dissatisfaction)	0	0	0	1

Table 6. Frequency groupings of responses of nine non-involved patients comparing relation to age and satisfaction.

Number of Positive Responses (1)	25 - 44 years (2)	45 - 64 years (3)	65 - 84 years (4)	85+ years (5)
9-10-11-12 responses (Satisfaction)	0	0	0	0
5-6-7-8 responses (Neutral)	0	1	2	2
1-2-3-4 responses (Dissatisfaction)	0	1	3	0

These frequency groupings show that age makes little difference as long as involvement is present. Those involved showed satisfaction. Those patients who were not involved expressed dissatisfaction. No definite conclusions can be made, however, due to the small sample involved.

The following frequency groupings are related to the patients who stated they did or did not have previous hospitalization. Again, the groupings are presented merely to illustrate relationships between the expressed opinions of satisfaction and involvement; the frequencies are too small in number to come to any definite conclusions. These groupings indicate, that whether the patient had or had no previous hospital experience, does not appear significant. The difference in satisfaction again appears to rely on whether the patient had or had not been involved in his own nursing care planning.

Table 7. Frequency groupings of responses of forty involved patients comparing relation to previous hospitalization and satisfaction.

Number of Positive Responses (1)	Were Previously Hospitalized (2)	Were not Previously Hospitalized (3)
9-10-11-12 responses (Satisfaction)	26	5
5-6-7-8 responses (Neutral)	7	2
1-2-3-4 responses (Dissatisfaction)	0	0

Table 8. Frequency groupings of responses of eighteen patients of neutral responses in involvement comparing relation to previous hospitalization and satisfaction.

Number of Positive Responses (1)	Were Previously Hospitalized (2)	Were not Previously Hospitalized (3)
9-10-11-12 responses (Satisfaction)	5	0
5-6-7-8 responses (Neutral)	9	3
1-2-3-4 responses (Dissatisfaction)	1	0

Table 9. Frequency groupings of responses of nine non-involved patients comparing relation to previous hospitalization and satisfaction.

Number of Positive Responses (1)	Were Previously Hospitalized (2)	Were not Previously Hospitalized (3)
9-10-11-12 responses (Satisfaction)	0	0
5-6-7-8 responses (Neutral)	4	1
1-2-3-4 responses (Dissatisfaction)	4	0

#### Summary of Data

The study was made for the primary purpose of recording the expressed opinions of the referred patients regarding continuity of nursing care. Emphasis was placed on the patient's impressions of his involvement and his satisfaction concerning the plan for his home care. No definite conclusions can be drawn concerning the positive expressions of satisfaction depending on the patient's involvement in his care planning. However, a significant relationship can be seen. The data suggest that the variable "Age" would not influence the expression of satisfaction of the patients who were involved or those who were not involved in planning their care. The variables

"Previous hospitalization" and "Disease entities", the data suggest, do not influence the expression of the satisfaction by those patients who were involved or were not involved in planning their care. Again the number of patients interviewed provided too few data to establish definite conclusions; the author can merely suggest significant relationship present.

The referring personnel appeared to be primarily nurses while the instructors of the patient at the hospital appeared to be, in the patient's opinion, the physicians.

Less than one-half of the sixty-seven referred patients interviewed (31 patients) stated they were both involved and satisfied. Forty patients stated they were involved in their home care plan. Nine of the forty patients who claimed involvement state they were not satisfied. Thirty-six stated they were satisfied with their home care plan. Six of these patients said they were not involved. Due to the size of the number, the data neither substantiate nor negate the hypotheses.

## CHAPTER IV

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Purposes of the Study

This study, descriptive in nature, was undertaken for the purpose of recording the expressed opinions of the referred patients regarding continuity of their care. Attention was focused on the patient's impression of the plans made for his home care, his involvement in this plan, and the satisfaction achieved from this plan.

The study attempted to prove the following null hypotheses:

1. There will be no difference in the expressed satisfaction of those patients who were involved and those who were not involved in planning their care.
2. That expressions of satisfaction will not be influenced by the variables
  - a. Age
  - b. Previous hospitalization
  - c. Type of disease entity



## Summary

After delineation of the problem and search of the literature, data were collected using an interview guide. Sixty-seven patients were interviewed after referral from the Veterans Administration Hospital, Portland, Oregon. Statistical analyses of the data were done and a discussion of the responses to statements of the raw data was presented. Short descriptive observations of interview surroundings were presented to supplement the information received at the time of the patient interview. Visits to the patient's place of residence while gathering data served a useful purpose. It is recognized that comments regarding the interview and the environment are inevitably subjective in nature. To the nurse, however, such observations lead to

1. Determining the frequency with which patients were aware that they received instruction about home care from the physician. Either the nurses gave little instruction or the patients did not interpret the nurses' actions accurately.
2. Understanding the difficulties some of the patients experience when trying to follow directions for self-care in the home environment.
3. Identifying discrepancies between the patient's concept of the public health nurse's role and her actual performance.

## Findings

The findings of this study are related to the interview process as well as the study itself. The findings are:

1. The patients responding to the interview appeared to understand the questions and unhesitantly participated.
2. The items signifying satisfaction and those signifying involvement were adequate to produce the information needed for the study.
3. The larger proportion of referred patients were over fifty years of age. The mean age of the sixty-seven patients interviewed was 69.5 years. The median age was 63.5 years.
4. Previous hospitalization did not appear to have any significant bearing on the expressed opinions of the patients concerning their satisfaction with their home nursing plans.
5. The patients indicated the physicians participated in the greater proportion of the home care instruction than the other members of the health team.
6. The nurses participated in the greater proportion of the referring process than the other members of the health team.
7. The patients did not appear to be aware of the contributions of the other members of the health team.

## Conclusions

On the basis of information obtained from the sixty-seven patients interviewed no widespread generalizations can be made. Several general conclusions were inferred. These conclusions are limited to the data obtained from this study.

1. There is an apparent correlation between the degree of satisfaction of the patient with his home care plan and the degree of involvement in his home care plan. Those patients who expressed satisfaction with their home care plan stated they were involved in the planning.
2. Based on the comments made by the patients, there appears to be much misunderstanding concerning the nature and scope of public health nursing on the part of the hospital nurses as well as the referred patients.
3. This research study has in actuality proved to be a pilot study. The number of patients interviewed provided too few data to establish definite conclusions; therefore, none of the hypotheses based on the raw data was statistically proved.

### Recommendations for Further Studies

1. A replication of this study be done involving a larger number of patients on a long-term basis.
2. A comparison study be done obtaining the expressed opinions of how the hospital nurses and community nurses perceive the patient's involvement and satisfaction.
3. A study be undertaken in an attempt to determine the criteria whereby nurses determine the need for referral. Concomitantly, an attempt should be made to ascertain the patient's estimation of the need for referral.

BIBLIOGRAPHY

## BIBLIOGRAPHY

1. Abdellah, Faye G. and Eugene Levine, Better Patient Care Through Nursing Research, The Macmillan Company, New York, 1965.
2. Adam, Martha D., "Public Health Nursing, the Outlook in Nursing service," Nursing Outlook, 11:1:30, January, 1963.
3. Barrett, Jean, "The Head Nurses Changing Role," Nursing Outlook, 11:800-804, November, 1963.
4. Carn, Irene and Eleanor W. Mole, "Continuity of Nursing Care: An Analysis of Referral Systems with Recommended Practice," American Journal of Nursing, 49:388-90, June, 1949.
5. Continuity of Nursing Care from Hospital to Home, A Study in a Voluntary General Hospital, National League for Nursing, Code #11-1228, 1966.
6. Curtis, Elizabeth B., "Medication Errors Made by Patients," Nursing Outlook, 9:5:290, May, 1961.
7. Lenzer, Anthony, "Home Care, the Patient's Point of View," Hospital, 40:64:74, November, 1966.
8. Lenzer, Anthony and Avedis Donabedian, "Needed, Research in Home Care," Nursing Outlook, 15:10:42-45, October, 1967.
9. Lindenberg, Ruth Ellen, "Approaches to Continued Care," Nursing Outlook, 11:8:598, August, 1965.
10. National League for Nursing, Blueprint for Action in Hospital Nursing, Department of Hospital Nursing, New York, Proceedings of 1964 Regional Conference, New York, Pamphlet, Code #20-1164, 1964.
11. National League for Nursing, Blueprint for Progress in Hospital Nursing, Department of Hospital Nursing, New York, Pamphlet, Code #20-1084, 1963.

12. National League for Nursing, Statement on Continuity of Nursing Care, Division of Nursing Services, New York, August, 1966.
13. Park, Wilford E., "Patient Transfer Form" American Journal of Nursing, 67:8:1665-1668, August, 1968.
14. Parker, Mary E., "Home Care Programs for New Yorkers," Nursing Outlook, 11:6:412, June, 1963.
15. "Principles for Development of Referral Policies Between Public Health Nursing Agencies and Hospitals," Public Health Nursing, 39:568-573, November, 1947.
16. Reader, George G., M. D. and Doris R. Schwartz, R. N., "Joint Planning for Patient Care," Journal of the American Medical Association, 201:6:104-107, August 7, 1967.
17. Robinson, Geraldine, "From the Hospital, Where?" Nursing Outlook, 15:7:47-49, July, 1967.
18. Rosenfeld, Leonard S., Franz Goldman, and Leo A. Kaprio, "Reasons for Prolonged Hospital Stay," Journal of Chronic Diseases, 6:141-152, August, 1957.
19. Smith, Louise C., Factors Influencing Continuity of Nursing Service, National League for Nursing, Inc., Teachers College, Columbia University, 1962.
20. Stillar, Edith M., "Continuity of Care," Nursing Outlook, 10: 584-585, September, 1962.
21. Straub, Mary K. and Kitty S. Parker, Continuity of Patient Care: The Role of Nursing, The Catholic University of America Press, Washington, D. C., 1966.
22. Veterans' Views on Medical Care in V. A. Hospitals, 1967. Prepared for the Committee on Veterans Affairs, U. S. Government Printing Office, Washington, D. C., May 8, 1967. House Committee, Print #64, 90th Congress, 1st Session.

23. Von Bergen, Ruth, "Intensive Family Health Work," Nursing Outlook, 13:202-203, March, 1963.
24. Wensley, Edith, Nursing Service Without Walls, A Call to Action to All Communities Coast to Coast, Department of Hospital Nursing, Department of Public Health Nursing, National League for Nursing, 1963.



APPENDICES

APPENDIX A

CORRESPONDENCE

8005 S. W. Cedar Street  
Portland, Oregon 97225  
January 27, 1968

Mr. James Harrison, Manager  
Veterans Administration Hospital  
Sam Jackson Park  
Portland, Oregon

Dear Sir:

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I hope to undertake a study of the opinions expressed by the discharged Veterans Administration patients who have been referred to the community health services. I am interested in their views regarding their home care plans. May I have permission to develop this study with those patients who live in the Portland vicinity?

I have had a conference with Miss Ruby Nagler concerning this study. A copy of this letter will be sent to her.

Upon completion of this study, copies of the report will be placed in the library at the University of Oregon Medical School. A copy will also be given to the Portland Veterans Hospital.

Yours sincerely,

-----  
Miss Loretta C. Lorentz is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Miss Lorentz will be greatly appreciated.

Miss Lucile Gregerson  
Thesis Adviser



VETERANS ADMINISTRATION  
HOSPITAL  
SAM JACKSON PARK  
PORTLAND, OREGON 97207

February 12, 1968

YOUR FILE REFERENCE:

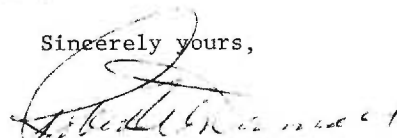
IN REPLY REFER TO: 648/11

Miss Loretta C. Lorentz  
8005 S. W. Cedar Street  
Portland, Oregon 97225

Dear Miss Lorentz:

Your proposal has been reviewed by our Chief of Staff and the Chief of our Nursing Service. It has our approval.

Sincerely yours,



ROBERT W. DARNALL  
Acting Hospital Director

cc: Chief Nursing Service

Include Zip Code in your return address and give veteran's social security number.  
*Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.*

APPENDIX B

INTERVIEW GUIDE

## INTERVIEW GUIDE

### A. Personal data (acquired from referral form)

Patient's name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Discharge date \_\_\_\_\_

### B. Previous hospital experience

1. Have you had previous experience with hospitalization?

yes \_\_\_\_\_ no \_\_\_\_\_

2. If yes, when? \_\_\_\_\_

3. Was it for the same condition as your most recent hospitalization?

yes \_\_\_\_\_ no \_\_\_\_\_

4. Did you have the services of a public health nurse after your last hospitalization?

yes \_\_\_\_\_ no \_\_\_\_\_

### C. Plans for discharge, recent hospitalization:

5. Before you were discharged did you want instruction and assistance for the medicine you might need and your treatment at home?

yes \_\_\_\_\_ no \_\_\_\_\_

6. Were you included in this planning?

yes \_\_\_\_\_ no \_\_\_\_\_

7. Would you rather have the hospital take care of all the planning without bothering you about it?
- yes \_\_\_\_\_ no \_\_\_\_\_
8. Do you think you should have remained in the hospital for a longer period of time?
- yes \_\_\_\_\_ no \_\_\_\_\_
9. Do you think your family feels you should have stayed in the hospital for a longer period of time?
- yes \_\_\_\_\_ no \_\_\_\_\_
10. Before you were discharged from the hospital were you given instruction about your medication?
- yes \_\_\_\_\_ no \_\_\_\_\_
11. If yes, by whom?
- Nurse \_\_\_\_\_ Doctor \_\_\_\_\_ Social Worker \_\_\_\_\_
- Other \_\_\_\_\_
12. Were you satisfied with your instruction about your medicine?
- yes \_\_\_\_\_ no \_\_\_\_\_
13. Before you were discharged from the hospital did you receive instruction on how to take care of yourself at home?
- yes \_\_\_\_\_ no \_\_\_\_\_
14. If yes, by whom?
- Nurse \_\_\_\_\_ Doctor \_\_\_\_\_ Social Worker \_\_\_\_\_
- Other \_\_\_\_\_
15. Were you satisfied with the instructions about how to care for yourself at home?
- yes \_\_\_\_\_ no \_\_\_\_\_

16. Before you left the hospital was your family instructed about how you should be cared for at home?

yes \_\_\_\_\_ no \_\_\_\_\_

17. If yes, by whom?

Nurse \_\_\_\_\_ Doctor \_\_\_\_\_ Social Worker \_\_\_\_\_

Other \_\_\_\_\_

18. Did you want your family included in the preparation for your care at home?

yes \_\_\_\_\_ no \_\_\_\_\_

19. Do you feel that they were satisfactorily instructed as to how you should be cared for at home?

yes \_\_\_\_\_ no \_\_\_\_\_

20. Did you feel the hospital people helped you solve the problems you thought you would have at home?

yes \_\_\_\_\_ no \_\_\_\_\_

21. Before your discharge from the hospital were you asked if you wished to have a Public Health Nurse visit you?

yes \_\_\_\_\_ no \_\_\_\_\_

22. If yes, who asked you?

Nurse \_\_\_\_\_ Doctor \_\_\_\_\_ Social Worker \_\_\_\_\_

Other \_\_\_\_\_

23. Were you told what type of care the Public Health Nurse would be giving you at home?

yes \_\_\_\_\_ no \_\_\_\_\_



24. If yes, by whom?

Nurse \_\_\_\_\_ Doctor \_\_\_\_\_ Social Worker \_\_\_\_\_

Other \_\_\_\_\_

25. Now that you are home, do you find that the Public Health Nurse is doing what the hospital people told you she would do?

yes \_\_\_\_\_ no \_\_\_\_\_

26. Has the Public Health Nurse helped you solve the problems that have arisen since you came home?

yes \_\_\_\_\_ no \_\_\_\_\_

27. Are you satisfied with the Public Health Nurse's service?

yes \_\_\_\_\_ no \_\_\_\_\_

28. Do you feel that Doctors, Nurses and Social Workers are interested in your health care?

yes \_\_\_\_\_ no \_\_\_\_\_

29. Do you feel that they are too interested?

yes \_\_\_\_\_ no \_\_\_\_\_

30. Do you feel that they are interested enough?

yes \_\_\_\_\_ no \_\_\_\_\_

Date of Interview: \_\_\_\_\_

APPENDIX C

ITEMS INDICATING INVOLVEMENT AND SATISFACTION

Questions Indicating Involvement in Home Care Plan

<u>Number</u>	<u>Positive Response</u>
5	yes
6	yes
7	no
10	yes
13	yes
16	yes
18	yes
21	yes
23	yes

Questions Indicating Satisfaction with Home Care Plan

<u>Number</u>	<u>Positive Response</u>
8	no
9	no
12	yes
15	yes
19	yes
20	yes
25	yes
26	yes
27	yes
28	yes
29	no
30	yes

APPENDIX D

SUMMARY OF DATA

B. Previous hospital experience

1. Have you had previous experience with hospitalization?

yes 56 no 11

2. If yes, when? \_\_\_\_\_

3. Was it for the same condition as your most recent hospitalization?

yes 35 no 21 did not know 11

4. Did you have the services of a public health nurse after your last hospitalization?

yes 12 no 45 did not know 10

C. Plans for discharge, recent hospitalization:

5. Before you were discharged did you want instruction and assistance for the medicine you might need and your treatment at home?

yes 63 no 4

6. Were you included in this planning?

yes 52 no 14 no response 1

7. Would you rather have the hospital take care of all the planning without bothering you about it?

yes 4 no 63

8. Do you think you should have remained in the hospital for a longer period of time?

yes 10 no 55 no response 2

9. Do you think your family feels you should have stayed in the hospital for a longer period of time?

yes 11 no 47 no response 9

10. Before you were discharged from the hospital were you given instruction about your medication?

yes 53 no 13 no response 1

11. If yes, by whom?

Nurse 25 Doctor 50 Social Worker 3

Other 1

12. Were you satisfied with your instruction about your medicine?

yes 51 no 14 no response 2

13. Before you were discharged from the hospital did you receive instruction on how to take care of yourself at home?

yes 50 no 17

14. If yes, by whom?

Nurse 31 Doctor 44 Social Worker 5

Other 9

15. Were you satisfied with the instructions about how to take care of yourself at home?

yes 53 no 12 no response 2

16. Before you left the hospital was your family instructed about how you should be cared for at home?

yes 30 no 19 no response 18

17. If yes, by whom?

Nurse 13 Doctor 21 Social Worker 2

Other 4

18. Did you want your family included in the preparation for your care at home?  
 yes 33 no 12 no response 22
19. Do you feel that they were satisfactorily instructed as to how you should be cared for at home?  
 yes 31 no 13 no response 23
20. Did you feel the hospital people helped you solve the problems you thought you would have at home?  
 yes 43 no 20 no response 4
21. Before your discharge from the hospital were you asked if you wished to have a Public Health Nurse visit you?  
 yes 38 no 27 no response 2
22. If yes, who asked you?  
 Nurse 29 Doctor 9 Social Worker 6  
 Other 0
23. Were you told what type of care the Public Health Nurse would be giving you at home?  
 yes 40 no 24 no response 3
24. If yes, by whom?  
 Nurse 32 Doctor 12 Social Worker 4  
 Other 0
25. Now that you are home, do you find that the Public Health Nurse is doing what the hospital people told you she would do?  
 yes 28 no 19 no response 20

26. Has the Public Health Nurse helped you solve the problems that have arisen since you came home?

yes 23                      no 31      no response 13

27. Are you satisfied with the Public Health Nurse's service?

yes 37                      no 19      no response 11

28. Do you feel that Doctors, Nurses and Social Workers are interested in your health care?

yes 65                      no 2

29. Do you feel that they are too interested?

yes 2                      no 65

30. Do you feel that they are interested enough?

yes 63                      no 4



Typed by Barbara Glenn

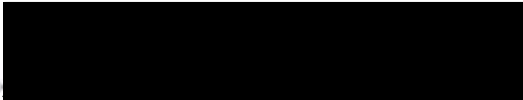
AN ABSTRACT OF THE THESIS OF

LORETTA C. LORENTZ

For the MASTER OF SCIENCE in NURSING EDUCATION

Date of receiving this degree: June 12, 1969

Title: A STUDY OF THE EXPRESSED OPINIONS OF SIXTY-SEVEN  
PATIENTS ON CONTINUITY OF NURSING CARE

Approved: 

(Associate Professor in Charge of Thesis)

The primary purpose of this study was to investigate the expressed opinions of the referred patients regarding continuity of nursing care.

The study involved the opinions and observations of sixty-seven referred patients from the Portland Veterans Administration Hospital in Oregon.

The information was obtained by using an interview guide and recording observations concerning the patients after the interview was completed. The interviews started January 1, 1968 and ended June 30, 1968.

## Findings

The findings are summarized as follows:

1. The patients responding to the interview understood the questions and unhesitantly participated.
2. The items signifying satisfaction and those signifying involvement were adequate to produce the information needed for the study.
3. The larger proportion of referred patients were over fifty years of age. The mean age of the sixty-seven patients was 69.5 years. The median age was 63.5 years.
4. Previous hospitalization did not appear to have any significant bearing on the expressed opinions of the patients concerning their satisfaction of their home nursing plan.
5. The variables age and diagnosis did not appear to have any significant bearing on the expressed opinions of the patients concerning their satisfaction with their home nursing plan.
6. The patients indicated the physicians participated in the greater proportion of the home care instruction than the other members of the health team.
7. The nurses participated in the greater proportion of the referring process than the other members of the health team.

8. The patients did not appear to be aware of the contributions of the other members of the health team.

### Conclusions

On the basis of information obtained from the sixty-seven patients interviewed no widespread generalizations can be made.

Several general conclusions are inferred. These are:

1. There is an apparent correlation between the degree of satisfaction of the patient with his home care plan and the degree of involvement in his home care plan. Those patients who expressed satisfaction with their home care plan stated they were involved in the planning.
2. This research study has in actuality proven to be a pilot study. The number of patients interviewed provided too few data to establish definite conclusions; therefore, none of the hypotheses based on the raw data were statistically proven.
3. Based on the comments made by the patients there appears to be much misunderstanding concerning the nature and scope of the public health nurse on the part of the hospital nurses as well as the referred patients.

### Recommendations for Further Studies

1. A replication of this study be done involving a larger number of patients on a long-term basis.
2. A comparison study be done obtaining the expressed opinions of how the hospital nurses and community nurses perceive the patient's involvement and satisfaction.
3. A study be undertaken in an attempt to determine the criteria whereby nurses determine the need for referral. Concomitantly, an attempt should be made to ascertain the patient's estimation of the need for referral.