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A study of the opinions of forty-one public health staff nurses on their use of the family record

A Study of the Opinions of Forty-One Public Health Staff Nurses on Their Use of the Family Record

by
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CHAPTER I

INTRODUCTION

Since 1874, the writing of records has been a part of nursing service.[1] Nurses have accepted the responsibility for writing nursing records, but this has been a duty which they have considered difficult and unpleasant. Also, nurses have manifested lack of interest and dissatisfaction in this phase of nursing service. Public health nurses have not been exempt from these feelings. In view of these unfavorable attitudes, the writer has chosen to investigate one aspect of records.

The Problem

Statement of problem: How do staff nurses in public health agencies use family records?

The purposes of the study were: (1) To obtain and to analyze the opinions of staff nurses concerning the ways they use family records in rendering public health nursing service to patients and to families, and (2) to ask staff nurses for suggestions in improving the usefulness of family records.

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[1] Gladys Sellew and C. J. Nuesse, History of Nursing, (St. Louis: The C. V. Mosby Company, 1946), p. 280.

Justification of Problem

The present study arose out of the writer's conviction that there was a need for information which would contribute to the understanding of how staff nurses use family records. The Manual for Public Health Nursing[2] states that one of the general purposes of the record is to assist the nurse to render a better quality of service to the individual, to the family and to the community. If the purpose is to be fulfilled, the record must be used by the nurses. Written evidence of the specific uses made of the family record by staff nurses was not found in the available literature. Therefore, the writer felt that it would be valuable to public health nurses, and to nurses in general, to have information on the opinions of staff nurses in public health agencies regarding their use of the family record.

Scope and Limitations

The limitations of the study were: (1) That only forty-one nurses employed by six selected public health agencies located within an area of forty miles of Boston, Massachusetts participated in the study. Therefore, the data presented can only be applied to the forty-one nurses and to the six agencies employing them. (2) That it was based on the

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[2]National Organization for Public Health Nursing. Manual for Public Health Nursing. (New York: The MacMillan Company, 1941,) p. 76.

ways the forty-one nurses said that they used family records. No attempt was made to identify the actual ways the records were used. (3) That no correlations were made between the academic preparation and the public health nursing experience of the nurses and the uses the nurses said they made of family records.

Definitions of Terms

For the purpose of the study, the following definitions of terms were used:

Cases: The word cases means individuals admitted for a particular condition, for either therapeutic nursing care or health guidance.[3]

Family record: The term family record means those records which are maintained by an agency and which contain information on patients and families and the services which have been rendered to them. The Family Folder, Family Data Sheet and/or Social Data Sheet and the Narrative Record were all included in this term.

Staff nurse: The graduate, registered nurse who is employed by a public health agency and who is responsible for rendering public health nursing service to individuals and to families.

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[3]National League for Nursing, Statistical Reporting and Costs in Public Health Nursing, (Department of Public Health Nursing, 1953), p. 6.

Preview of Methodology

A questionnaire[4] was developed as the tool to be used for the procurement of data for the study. The questionnaire was distributed to the staff nurses in the six public health agencies and the data obtained was recorded and analyzed.

Sequence of Presentation

Chapter II presents a review of the literature, the basis of the hypothesis and the statement of the hypothesis used for the study. Chapter III contains the description and the selection of the sample and the methodology used for the procurement of the data. Chapter IV contains a presentation of the content of the data with an analysis and discussion of the data. Chapter V presents the summary, conclusions and recommendations.

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[4] See Appendix A

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of Literature

A review of nursing literature revealed that in 1925 non-official health agencies were becoming interested in developing record forms and were placing more emphasis on records which showed services rendered.[1] Since the above date, much has been written on the purposes and the content of public health nursing records.

In 1925, the Records Committee of the National Organization for Public Health Nursing[2] published an article on the purposes of public health nursing records. The following three overall purposes were stated: (1)to furnish data on which to base an accounting of stewardship, (2) to contribute to the care of the patient and of his family and (3) to improve future health services to patients and to families.

In explaining these purposes, the Committee stated that due to the fact that the great majority of cases were carried for a considerable length of time, it was not possible for the nurse to remember the conditions of her patients and families, nor the facts of the social history,

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[1] W. F. Walker and Carolina R. Randolph, Recording of Local Health Work, (New York: The Commonwealth Fund, 1936), p. xvi.

[2] National Organization for Public Health Nursing, "Purpose of Public Health Nursing Records," Public Health Nursing, XVII (June 1925), 389-90.

nor the care and instructions given in previous visits. The record enables the nurse to refer to these facts, conditions and instructions and to observe the details of progression and retrogression and to plan her services accordingly. The Committee further explained that records provided a means for continuity of service, for securing for the patient the best service from the supervisor, and for aiding the physician and social agencies interested in the family. Another contribution of the record as stated by the committee was for the improving of future health services to patients and to families. If the nurse approached the family with a knowledge of the family health situation at the time of previous contact and of the results accomplished, her contact would be infinitely more effective.

The basic purposes of the family record, as stated throughout the literature, coincided with those given by the Records Committee. Walker and Randolph[3] stated that the purpose of the nursing record was primarily to assist the nurse in the care of the patient by providing her with a history of the case, a knowledge of the present illness, an understanding of the relationships that exist within the family and the progress to which nursing supervision contributed. Hodgson[4] quoted the three overall purposes as an introduction to the section of her book

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[3]Walker and Randolph, op. cit., p. 142.

[4]Violet H. Hodgson, Supervision in Public Health Nursing, (New York: The Commonwealth Fund, 1939), p. 207.

in which she discussed the values of public health records. In stating the purposes of records for nursing staffs in health departments, Johnson[5] began the statement with the fact that records provide a tool for adequate nursing services to the individual and his family, and for correlation of nursing services with the services given by other members of the health department.

There have been more purposes added to those listed above. Johnson[6] added that records furnished a means of integrating health department services with those of other agencies and provided material which aided in inservice training and supervision of staff. Cady[7] stated that records served as a basis for the nurse in the evaluation of her own work and in case finding. The Public Health Nursing Service Manual: A Guide for Their Development[8] cited that the public health nursing record served to evaluate the services given to the individual, to the

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[5]Olive G. Johnson, Records and Reports of Local Health Departments, (Washington, D.C., Public Health Service Publication, January 1953), p. 1.

[6]ibid, p. 3.

[7]Louise Lincoln Cady, Nursing in Tuberculosis, (Philadelphia: W. B. Daunder Company, 1948), p. 456.

[8]National League for Nursing, Public Health Nursing Service Manual: A Guide for Their Development, (Department of Public Health Nursing, 1955), p. 84.

family and to the community and provided source material for special analytical reports. Walker and Randolph[9] stated that the social record which was written by the public health nurse showed the patient in relation to his economic and social background and the place of his family or household in his care and treatment. Two other purposes for public health nursing records as stated in the writings were that they indicated community needs and that they were useful in nursing research.

Much has been written on the content of records. A study on the recording of home visits by Hanson, Duval and Arnstein[10] embraced a complete outline of the items which should be included in the content of the record. This report cited that the contents of a record should include: (1) the present normal and abnormal physical and emotional status of individual and family, (2) the social conditions which bear directly on the health problem in question and those that did not bear directly on the present problem, but that may be important at a later date, (3) the progress notes on the health habits and actions of individuals and families to indicate the teaching which has been given, the success of the methods used and where teaching should begin, (4) the past and the present information on the medical

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[9]Walker and Randolph, op. cit., p. 152.

[10]Grace Hanson, Esther Duval and Margaret G. Arnstein, "The Recording of Home Visits," Public Health Nursing, (June 1940), 86-89.

care of the family, (5) the present care so that the nurse will know who to call for orders and for reporting conditions, (6) the attitudes of patient and family, to assist the nurse in her approach to the family and to health teaching, and to enable her to watch for changes in attitudes, (7) the care and teaching done by the nurse and (8) the noting of materials to be taken to the family at the time of the next visit.

Members of the Sub-Committee on Records of the National Organization for Public Health Nursing[11] submitted suggestions on the contents of a good record. One of the lists stated that a good record should show: (1) The problem: this should be a clearcut description of the situation, which would include a description of the family and patient, careful observations of the nurse, and if an opinion regarding attitudes were stated it should have supportive data, (2) The plan for service: the objectives of the service should be stated in such a manner that a substitute nurse could carry on without a break in the continuity of service and without confusion to the patient and family, (3) The action: an accurate statement of what the family, the patient and the nurse did to secure relief and to improve the situation; the nursing care given, and specific statements regarding instructions and referrals, (4) The accomplishments: specific statements of

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[11] National Organization for Public Health Nursing, "Let the Record Speak," Public Health Nursing, (December 1947), 625-26.

progress, such as improvement in health status, and changes in habits and attitudes.

Freeman[12] wrote that a total record should contain identifying information, significant health history and present health status, family factors which affect care, a statement of health needs, and statements of plans of health care, of nursing service rendered, of changes in situations, of the results of services rendered and a summary statement.

Studies have been done using the contents of records. In 1939, Derryberry[13] used nursing records in a study designed to reveal conditions observed by the public health nurse in an initial visit, and the subsequent changes that took place. Derryberry found that the use of nursing records as indices of actual accomplishments of public health nurses had limitations because the nurses did not always record information which would be important for future services to families. Prock[14] in a more recent study refers to the findings by Derryberry and stated that possible reasons for the lack

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[12]Ruth Freeman, Techniques in Supervision in Public Health Nursing, (Philadelphia: W. B. Saunders Company, 1944), p. 169.

[13]Mayhew Derryberry, "Nursing Accomplishment as Revealed by Case Records," Public Health Report, (November 17, 1939, 2035-43.

[14]Valencia Prock, "Analysis of the Health Services Given by a Voluntary and an Official Agency," Nursing Research, (June 1955), 4-23.

of information which imposed limitations on the use of the record might be: (1) a lack of time for recording due to pressure of work, (2) the difficulty which some nurses have in expressing themselves in writing and (3) the difficulty in recording and interpreting the meanings and implications of the relationships of nurses to patients and to families.

Two unpublished studies were reviewed. The first study[15] was a survey of tuberculosis records in a public health agency in a large city. Many errors were found on the seven different types of records studied. The second study[16] was concerned with discovering the adequacy of records, in ascertaining the nurses' reactions to the findings, and in making recommendations based on the analysis of data. This study revealed that the nurses frequently failed to give a clear picture of the content of the home visit and failed to include written plans for subsequent service to the family.

In the review of the nursing literature, the writer has not found any public health nursing studies on the actual use of the family

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[15]Mary Agnes Romuald O'Shea, "Nurse's Understanding of the Mechanics of Records" (unpublished Master's Thesis, Boston University, Boston, 1954).

[16]Margaret Daugherty Lewis, "An Analysis of Records of the Division of Visiting Nurse Service, Department of Health and Hospitals, City and County of Denver" (unpublished Master's Thesis, University of Colorado, Denver, 1950). Quoted with the permission of the writer.

record by staff nurses. In the field of social work, an extensive study was conducted by Kogan and Brown.[17] This was a two-year study in which the workers kept an account of the number of times they actually used records and the purposes for which they were used. While there were some records that were not used after the initial writing, many of these were closed following the initial contact. The evidence collected reinforced the contention that case records warranted the cost of maintenance.

Throughout the literature, emphasis was placed on the importance and the value of public health nursing records. They were spoken of as an inseparable part of public health nursing and as a valuable tool to be used by staff nurses, supervisors and administrators. However, literature also revealed that staff nurses lack interest in the writing of records and that many nurses have found this part of nursing service a difficult and a burdensome task. While there were some nurses who did not object to the writing of records and who could see possibilities in records, they were dissatisfied with their records.

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[17] Leonard S. Kogan and Benjamin H. Brown, "A Two Year Study of Case Record Use," Journal of Social Case Work, XXXV (June 1954), 252-57.

Gardner[18] wrote that if all public health nurses could be made to realize the importance and the value of writing records and if they brought into this work the same spirit of service and the same interest in detail that they brought to the care of the patient, there would be less impatience and more interest in record work. Coulter[19] noted that the writing of records was considered by many nurses to be the most difficult task which confronted them. In an editorial,[20] the writer stated that there were few functions of the health department or the visiting nurse association which were so commonly the cause of complaint as the writing of records. Gilbert[21] cited that in more than twenty years of experience she had never heard a nurse say that she was happy about her own records, or satisfied that the record gave a true and accurate picture of her work, or that she entirely approved of the methods of recording used by the agency, or that she was given sufficient time to write records. This was found to be as true for nurses who liked to write records and who could see potentialities in the use of records as for those who disliked

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[18] Mary Sewall Gardner, Public Health Nursing, (New York: The MacMillan Co., 1932), p. 400.

[19] Pearl Parvin Coulter, The Nurse in the Public Health Program, (New York: G. Putnams' Sons, 1954,) p. 83.

[20] Editorial, "Records", American Journal of Public Health and National Health, XXXV (September 1945), 955.

[21] Ruth Gilbert, The Public Health Nurse and Her Patient, (Cambridge, Mass., Harvard University Press, 1951), p. 74.

the writing of records.

Bases of Hypothesis

As stated in the review of literature, records have been and are considered a valuable tool in the rendering of public health nursing service to individual patients and to families. This would indicate that the family record is a tool which would be used advantageously by staff nurses and would meet many of their needs. A tool that meets personal needs should bring satisfaction and should become a subject of interest to the users. Any labor involved in the maintenance of such a tool should not be a burdensome or a difficult task. However, people concerned with public health nursing have observed the reactions of staff nurses to the writing of records and have reported responses which were the opposite to those stated above.

Through close working relations with staff nurses, the writer has had the opportunity to observe the lack of interest and to hear the complaints concerning the writing of records. The writer has had occasion to use family records and has noted that pertinent data has not always been recorded. Without such data, the value and the usefulness of the family record in rendering public health service has been greatly reduced. In view of these observations and experiences, the actual use made of the family record by staff nurses in rendering public health

nursing service to individual patients and to families has appeared questionable to the writer.

The Hypothesis

The hypothesis used for the study was that staff nurses in public health agencies use family records infrequently in rendering public health nursing service to individual patients and to families.

CHAPTER III

METHODOLOGY

Selection and Description of Sample

The sample of the study consisted of forty-one nurses from one official and five non-official public health agencies. These agencies were within a distance of forty miles from Boston, Massachusetts. The size of the nursing staffs of the six agencies varied from two to ten staff nurses. Seven of the nurses were graduates of collegiate schools of nursing and thirty-four were graduates of diploma schools of nursing. Of the thirty-four diploma school graduates, six had completed thirty credit hours in public health nursing, thirteen had earned from two to ninety credits toward a bachelor's degree and fifteen had received no further academic preparation. The public health nursing experience of the forty-one nurses varied from less than six months to over five years. See Table 1.

The Tool Used to Collect Data

The questionnaire was the tool developed and utilized to collect the data for the study. To check the form and to clarify the questions, the questionnaire was answered and scrutinized by a group of eight graduate students in public health nursing at Boston University School of Nursing.

TABLE 1 - The experience in Public Health Nursing of the forty-one staff nurses

Length of Time	Number of Nurses	Per Cent
Less than six months	5	12.0
Six months to one year	8	19.5
One year to three years	8	19.5
Three years to five years	6	15.0
Over five years	14	34.0
Total	41	100.0

The revised and final questionnaire[1] consisted of a preface sheet, a check list for securing the academic preparation and the public health nursing experience of the staff nurses, and questions on the use of the family record. The preface sheet contained definitions of terms used in the questionnaire and a statement assuring the nurses that there would be no individual identification. The questions on the use of the record were divided into three parts. The questions in Part I related to the uses of the family record in rendering public health nursing service to individual patients. In contrast, the questions in Part II related to the uses of the family record in rendering public health nursing service to families. Part III was an open end question asking for suggestions concerning ways the family record could be made more useful to the staff nurse in her daily work.

Procurement of Data

The writer made appointments for conferences with the directors of nurses of the six public health agencies. At these conferences, the purposes of the study, the contents of the questionnaire, and the time required to answer the questionnaire (which was approximately thirty minutes) were discussed. Following the conferences, the directors

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[1] See Appendix A

made arrangements for the writer to meet with the staff nurses. At these meetings, the writer explained the study and reviewed the questionnaire with the nurses. It was stressed that the desired data was the frank opinions of the staff nurses concerning the factual uses which they made of the family record. The nurses then answered the questionnaire and placed the completed forms in envelopes which were taken by the writer.

CHAPTER IV

FINDINGS

Presentation and Discussion of Data

The total number of staff nurses employed by the six public health agencies that participated in the study was forty-three. Forty-one or ninety-five and three tenths per cent of the nurses answered the questionnaire and provided the data for the study.

The number of answers and percentages to the questions on the use of the family record in rendering public health nursing service to individual patients (Part I of the questionnaire) and to families (Part II of the questionnaire) have been tabulated.[1] While the largest number of answers to both parts of the questionnaire appeared in the two columns indicating that in the opinions of the nurses the family record was used in over half of the cases, it was interesting to note the number of answers showing use of the record in less than half of the cases and the purposes which received these answers.

For convenience in presenting and in analyzing the data, the percentages for each purpose were totaled to show the use of the

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[1] See Appendix B and Appendix C

family record in over fifty per cent of the cases. Similarly, the percentages for each purpose were totaled to show the use of the family record in less than fifty per cent of the cases. The purposes were then listed in rank order according to the percentages. In analyzing the lists, some of the purposes which appeared in the upper half of the rankings and some which were found in the lower half were considered and, when possible, comparisons were made.

The rank order listing of the purposes, according to the percentages of the answers received, for the use of the family record in over fifty per cent of the cases in rendering public health nursing service to individual patients (Part I of the questionnaire) was as follows:

1.	To report conditions to physicians and to clinics	95.2%
2.	To determine why treatments were given to patients	85.4%
3.	To be aware of physical conditions of patients which need to be checked	85.3%
4.	To recognize progress or lack of progress in physical conditions of patients	80.5%
5.	To determine what treatment patients need	75.6%
6.	To learn whether patients have accepted or rejected public health nursing service	75.6%
7.	To make referrals to other agencies	70.7%

8.	To be aware of emotional conditions of patients which need to be checked	68.3%
9.	To gain an understanding of the reasons why the health teaching was done	65.8%
10.	To learn the health teaching that has been done with patients	63.4%
11.	To determine changes in patients attitudes toward their treatments	61.0%
12.	To determine changes in patients' attitudes toward their illnesses	58.6%
13.	To decide where health teaching should begin	56.1%
14.	To plan for future health teaching	56.1%
15.	To evaluate own work with patients	56.1%
16.	To determine why changes in patients' attitudes occurred	53.7%
17.	To determine success of health teaching	48.8%

Five purposes which rank high in the above roster show that in the opinions of the staff nurses the family record is used more in relation to physical conditions and to treatments than to the other listed purposes. The relationship between the five purposes suggests that the word treatment could have been interpreted to mean merely treatment for physical conditions. In view of the fact that these five purposes rank in immediate subordination to the use of the family record, to report conditions to physicians and to clinics, indicates that the

record is used more for the reporting of physical conditions and treatments than for the reporting of other health problems.

To learn whether patients have accepted or rejected public health nursing service ranks in the upper portion of the list. The precedence given to this use of the record over purposes that relate to determining attitudes and to determining changes in attitudes might imply that the information recorded regarding acceptance or rejection of service could cite only the fact that the patient was cooperative or uncooperative without supportive statements.

The purposes for which the family record can be used in rendering public health nursing service to individual patients that are listed in the lower half of the above list can be classified in three definite categories. These are: (1) the use of the record in health teaching, (2) the use of the record in relation to determining patient's attitudes and (3) the use of the record to evaluate self and to evaluate the progress made in health teaching with patients.

The rankings of the use of the family record in health teaching in the lower groupings could indicate that health teaching is not being done to as great an extent as would be anticipated. Due to the fact that health teaching has been stressed in public health work, this would be amazing. There can be no interpretation that health teaching is not

being done, but only that the nurses do not use family records for notations of health teaching.

The fact that there is a correlation between the rankings of the use of the record in health teaching and in determining attitudes is of significance. It would be practical for the nurse to relate the attitudes of the patient with the method and the approach to be used in health teaching.

The low ranking of the purposes that relate to the use of the record by the nurse to evaluate her work and her accomplishments through health teaching might infer that staff nurses have not been helped in the recognition of the record as a valuable tool that may be used for personal development and for improving public health nursing service. Have administrators, educators and supervisors used the record with nurses in mutual evaluation?

The rank order listing of the purposes, according to the percentages of the answers received, for the use of the family record in less than fifty per cent of the cases in rendering public health nursing service to individual patients was as follows:

1. To determine why changes in patients' attitudes have occurred	34.1%
2. To plan for future health teaching	29.3%
3. To decide where health teaching should begin	26.9%

4.	To determine success of health teaching	26.8%
5.	To evaluate own work with patients	19.6%
6.	To determine changes in patients' attitudes toward the illness	19.4%
7.	To make referrals to other agencies	17.1%
8.	To determine what treatment patients need	14.6%
9.	To determine changes in patients' attitudes toward treatment	14.6%
10.	To be aware of emotional conditions of patients which need to be checked	12.2%
11.	To learn whether patients have accepted or rejected public health nursing service	12.2%
12.	To gain an understanding of the reasons why the health teaching was done	9.8%
13.	To learn the health teaching that has been done	9.8%
14.	To recognise progress or lack of progress in physical conditions of patients	7.3%
15.	To determine why treatments were given to patients	7.3%
16.	To be aware of physical conditions of patients which need to be checked	4.9%
17.	To report conditions to physicians and to clinics	0

In comparing the two listings of the uses of the family record in rendering service to individual patients, it is found that the majority of the purposes which were in the upper half of the first list, which

indicated use on over half of the cases, rank in the lower half of the second list which shows use in less than half of the cases. This would be anticipated due to the large percentage of answers received by the purposes in the first listing.

One use of the record, namely, to determine what treatment the patient needed ranks in the upper half of both listings. The ranking in the above list does not seem reasonable. A record to be of any value should contain information on the treatments that have been ordered for the patients. Also, it would seem inevitable that the nurse would use the record for this purpose in rendering service to patients.

Two purposes that relate to the use of the record in health teaching, to gain an understanding of the reasons why the health teaching was done and to learn the health teaching that had been done, rank in the lower half of the above list. These purposes, also, ranked in the lower half of the list showing use of the record in over half of the cases. The low ranking in the second list substantiates the indication cited in the analysis of the rankings in the first listing, videlicet, that the nurses are not recording health teachings.

To analyze the opinions of the staff nurses regarding the use of the family record in rendering public health nursing service to families, a rank order listing of the purposes was made in accordance

to the per cent of answers received in the columns showing use in over half of the cases and in the columns showing use in less than half of the cases.

The rankings for use in over half of the cases were as follows:

1.	To learn about the present health problems of families	92.7%
2.	To learn about the previous health problems of families	85.3%
3.	To determine the economic status of families	80.5%
4.	To learn what use families make of medical facilities	78.0%
5.	To determine social conditions which may bear directly on families' health problems	75.7%
6.	To gain an understanding of families' backgrounds and origins	70.9%
7.	To determine the relationships which exist within families	65.9%
8.	To determine the results of the health teaching done with families	65.8%
9.	To determine changes in families' attitudes toward family health problems	63.5%
10.	To determine the social status of families which may influence planning	63.5%
11.	To learn what health teaching has been done with families	63.4%
12.	To determine the attitudes of families toward medical care	63.4%

13.	To learn what health guidance families need	56.1%
14.	To find where health teaching should begin	56.1%
15.	To determine possible reasons for a lack of interest of families in their health problems	53.6%
16.	To evaluate work with families	46.4%
17.	To do case finding	39.0%

The highest ranking purposes in the above listing relate to the determining of family health problems. This could indicate that family records are used in rendering of public health nursing service to families to determine overall family health problems or it could indicate that the records are used more to determine the physical health problems than to determine total health problems of families. The latter indication is implied by the fact that no coordination exists between the top ranking purposes in the list and the rankings of the purposes relating to social conditions and to attitudes. If the word health is interpreted to mean physical health, the high ranking of these purposes is comparable to the high ranking of the uses of the family record in the rendering of service to individual patients which include purposes referring directly to physical conditions and others which might infer use in only the physical aspects of treatment.

The use of the record to determine the results of the health teaching done with families ranks in the upper portion of the above

roster. In comparing the rankings of this purpose with the low ranking of the purpose that relates to the evaluation of health teaching to individual patients, the inference is that records are used more for evaluating family health teaching. It could indicate, on the other hand, that the word "success" which was used in the stating of the purpose in the first list influenced the low ranking.

The purposes referring to attitudes, to self evaluation and to health teaching, with the exception of the purpose to determine the results of family health teaching, rank in the lower half of the above list. These rankings are comparable to the rank order listing of uses for the record in rendering service to individual patients in over half of the cases. These rankings further substantiate the implications stated in the analysis of the listing of uses of the record in rendering individual service which were: (1) that there is significance in the relationship of the rankings of the purposes indicating use of the record for health teaching and for determining attitudes, (2) that there might be a lack of understanding by the staff nurses of the usefulness and the value of the family record in evaluation and (3) that health teaching is not being noted on records by the nurses.

The purpose that ranks the lowest on the list for use of records in over half of the cases is to do case finding. This could indicate

that the family record is not designed to be used extensively for this purpose or that this use of the record has not been fully recognized.

The purposes for which the family record can be used in rendering public health nursing service to families in less than half of the cases were listed in rank order according to the percentage of answers received in the columns indicating use in less than half of the cases. The list follows:

1.	To do case finding	41.5%
2.	To determine the relationships which exist within families	24.4%
3.	To evaluate own work with families	24.4%
4.	To determine changes in families' attitudes toward family health problems	24.3%
5.	To determine possible reasons for a lack of interest of families in their health problems	22.0%
6.	To determine the attitudes of families toward medical care	17.1%
7.	To gain an understanding of families' backgrounds and origins	16.9%
8.	To find where health teaching should begin	14.7%
9.	To determine the results of health teaching	12.2%
10.	To learn what health guidance families need	12.2%
11.	To learn what use families make of medical facilities	9.8%

12. To learn what health teaching has been done with families	9.7%
13. To determine the social status of families which may influence planning	9.7%
14. To determine the economic status of families	4.9%
15. To determine social conditions which may bear directly on families' health problems	4.8%
16. To learn about previous health problems of families	4.7%
17. To learn about the present health problems of families	0

In comparing the two lists which refer to the use of the family record in rendering public health nursing service to families, it is found that the majority of the purposes that were in the upper half of the listings showing use in over half of the cases are in the lower portion of the above listing which shows use in less than half of the cases. This was anticipated and is consistent with the listings of the purposes in the rendering of public health nursing service to individual patients.

The suggestions given by the nurses in reply to the question in the questionnaire concerning ways to increase the usefulness of the family record for staff nurses included: (1) the allocation of more time for the writing of records, (2) the provision of clerical help for

staff nurses, (3) the establishment of policies on the use of summaries, and (4) changes in the forms of records.

The suggestion that more time should be allowed for enabling the nurse to write more complete records could infer that the agencies' policies are such that the nurse is not permitted sufficient time in the office to write records or that the pressure of work does not allow ample time for the completion of this part of public health nursing service. It could indicate nurses have not been given adequate preparation in the writing of concise, brief but meaningful records and thus they require more time than is allotted for this part of their work. It was mentioned on the remarks that often more information can be obtained on a family or an individual through "word of mouth" than from the record. The time factor might be a reason for this fact or it might infer that this is a preferred method. To overcome some of the time element involved in the writing of records, the providing of clerical assistance for staff nurses was suggested. Are nurses any better prepared to use recording devices and to dictate brief, concise, pertinent information than to write such notes?

The establishing of policies for the use of summaries in the writing of records was another suggestion. The frequency for summarizing as stated by the nurses varied. The suggestions included:

(1) every month, (2) every six months, (3) annually on patients with chronic diseases and (4) on discharge. These suggestions might infer that summarizations might make the record more useful to the nurse for evaluation of self and of services rendered.

There were differences in the ideas presented for changes in the forms of records. Simpler forms were desired by some of the nurses and check list forms with summaries were suggested. Other nurses stated that extra space or extra forms for the recording of reports from social agencies and for recording attitudes and emotional problems would increase the usefulness of the family record. Could this imply that the lack of space or special forms which definitely referred to attitudes and emotional conditions is a reason for the record being used more for physical conditions and problems than for other health problems?

The data showed a lack of a general agreement of the opinions of the staff nurses in the use of the family record in rendering public health nursing service. While the larger number of the answers indicated that the record was used frequently in over half of the cases, there was no purpose on which the nurses unanimously agreed that it would be used in over fifty per cent of the cases. To learn about the present health problems of families was the only purpose for which the

answers showed use of the record in half and in over half of the cases.

An analysis of the data by listing the purposes in rank order in accordance with the percentages of the answers received revealed limitations in specific uses of the family record. It showed that the record was used to a large extent to determine physical conditions, physical health problems and treatments, but the use of the record in relation to determinigg attitude, to health teaching, to evaluation of self and of services, and to case finding were limited.

The data does not confirm the hypothesis used for the study that staff nurses in public health agencies use family records infrequently in rendering public health nursing service to individual patients and to families.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was undertaken in an effort to discover how forty-one staff nurses in public health agencies use family records in rendering public health nursing service to individual patients and to families. A questionnaire was developed and utilized to obtain the opinions of staff nurses concerning the ways they use family records in their daily work and to ask them for suggestions to improve the usefulness of family records.

The findings revealed that, in the opinions of the forty-one nurses, the family record was a tool that was used in the rendering of public health nursing service. However, there was no general agreement among the nurses on the use of the record, and there were limitations in the use of the record for specific purposes. The findings indicated that the greatest use of the record was in relation to physical conditions, to physical health problems and to treatments. The limited uses were in the areas of health teaching, of determining attitudes and changes in attitudes, of the evaluating by staff nurses of services rendered, and of case finding.

The suggestions advanced by the staff nurses for improving the usefulness of the family record indicated possible needs for changes in record forms and for changes in agency policies that refer to the time allocated for the writing of records, to clerical assistance for staff nurses and to the use of summaries in the writing of the family record.

CONCLUSIONS

It may be concluded from the study that:

1. The opinions of the staff nurses indicated that there were limitations in the use of the family record in rendering public health nursing service to individual patients and to families.

2. The staff nurses were not in general agreement on the uses of the family record.

3. The limitations of the use of the family record may have some bearing and influence on the unfavorable attitudes which staff nurses have manifested toward the writing of records.

4. The staff nurses felt that the usefulness of the family record could be increased.

RECOMMENDATIONS

On the basis of the findings the following recommendations are presented:

1. That administrators, supervisors and educators use family records in inservice programs, workshops and institutes by presenting examples of records for group discussion.

2. That supervisors use the family record with staff nurses in planning health teaching.

3. That supervisors use family records with staff nurses as a tool for evaluating services rendered.

4. That administrators, supervisors and staff nurses review agency policies that relate to the writing of records.

5. That a similar study should be done in which the questionnaire and the interview should be combined in order that explanations of the answers may be provided.

6. That a similar study should be conducted and the size of the sample increased.

7. That studies should be conducted employing the same method used in this study with the analysis of the data including:

a. A correlation between the uses that the nurses said they made of the family record and the academic preparation and/or the public health nursing experience of the nurses.

b. A comparison of the differences between the use of family records by staff nurses in official agencies and those in non-official agencies.

8. That a more extensive study be conducted on the actual use of the family record by having the staff nurses keep an account of the number of times they use a record and the purposes for which the record is used.

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APPENDIX A

This questionnaire has been prepared in an attempt to determine how staff nurses in public health agencies use family records. Please DO NOT sign your names. Your questionnaire and answers will be considered confidential. There will be no identification of individual participants.

The term "family record" as used in the questionnaire means those records maintained by your agency which contain information on patients and families and the services which have been rendered to them. The Family Folder, Family Data Sheet and/or Social Data Sheet and the Narrative Record are all included in this term.

The word "cases" as used in the column headings means those individuals who have been admitted for particular conditions, for either therapeutic nursing care or health guidance.

Are you a graduate of:

1. A three year school of nursing? _____
2. A collegiate school of nursing? _____

What nursing education have you received other than your basic nursing education?

1. Thirty hours in public health nursing _____
2. Bachelor's degree _____
3. Master's degree _____
4. Other _____

How much work experience in public health nursing have you had? This does not necessarily have to be continuous experience.

1. Less than six months _____
2. Six months to one year _____
3. One year to three years _____
4. Three years to five years _____
5. Over five years _____

Listed under Item I are questions on possible purposes for which staff nurses may use family records in rendering public health nursing service to individual patients. Listed under Item II are questions on possible purposes for which staff nurses may use family records in rendering public health nursing service to families. Please put a check (✓) in the column beside each purpose which in your opinion best describes how often YOU Actually USE Family Records.

I. In rendering public health nursing service to individual patients, do YOU USE family records to:	In all cases	In the Majority of cases	In half of the cases	In the Minority of Cases	Not used
1. Determine why treatments were given to patients?					
2. Determine what treatments patients need?					
3. Be aware of physical conditions of patients which need to be checked?					
4. Be aware of emotional conditions of patients which need to be checked?					
5. Recognize progress or lack of progress in physical conditions of patients?					
6. Learn the health teaching that has been done with patients?					
7. Gain an understanding of the reasons why the health teaching was done?					
8. Decide where health teaching should begin?					

	In all cases	In the majority of cases	In half of the cases	In the minority of cases	Not used
9. Plan for future health teaching ?					
10. Determine the success of health teaching?					
11. Determine changes in patients' attitudes toward treatment?					
12. Determine changes in patients' attitude toward their illness?					
13. Determine why changes in patients' attitudes have occurred?					
14. Learn whether patients have accepted or rejected public health nursing services?					
15. Report conditions to physicians and clinics?					
16. Make referrals to other agencies?					
17. Evaluate your work with patients?					

II. In rendering public health nursing service to families, do <u>YOU USE</u> family records to:	In all cases	In the majority of cases	In half of the cases	In the minority of cases	Not used
1. Determine possible reasons for a lack of interest of families in their health problems?					
2. Learn about the previous health problems of families?					
3. Learn the present health problems of families?					
4. Learn what health teaching has been done with families?					
5. Find where health teaching should begin with families?					
6. Determine the results of the health teaching done with families?					
7. Learn what health guidance families need?					
8. Learn what use families make of medical facilities?					
9. Determine the attitudes of families toward the need for medical care?					
10. Determine changes in families' attitudes toward family health problems?					

	In all cases	In the majority of cases	In half of the cases	In the minority of cases	Not used
11. Determine the relationships which exist within families?					
12. Determine social conditions which may bear directly on families' health problems?					
13. Determine the social status of families which may influence planning?					
14. Determine the economic status of families?					
15. Gain an understanding of families' backgrounds and origins?					
16. Do case finding?					
17. Evaluate your work with families?					

III. What are your suggestions concerning ways family records can be made more useful to you?

Remarks:

APPENDIX B

Purposes and Frequency of Use of Family Records in Rendering Public Health Nursing Service to Individual Patients

Purposes	In all Cases		In the Majority of the Cases		In Half of the Cases		In the Minority of the Cases		Not Used		Not Answered		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
1. To determine why treatments were given patients	17	41.5	18	43.9	3	7.3	2	4.9	1	2.4	0		41	100
2. To determine what treatments patients need	20	48.8	11	26.8	4	9.8	6	14.6	0		0		41	100
3. To be aware of physical conditions of patients which need to be checked	22	53.6	13	31.7	4	9.8	2	4.9	0		0		41	100
4. To be aware of emotional conditions of patients which need to be checked	12	29.3	16	39.0	8	19.5	5	12.2	0		0		41	100
5. To recognize progress or lack of progress in physical conditions of patients	18	43.9	15	36.6	5	12.2	3	7.3	0		0		41	100
6. To learn the health teaching that has been done with patients	12	29.3	14	34.1	11	26.8	4	9.8	0		0		41	100
7. To gain an understanding of the reasons why the health teaching was done	10	24.3	17	41.5	9	22.0	3	7.3	2	4.9	0		41	100
8. To decide where health teaching should begin	9	22.0	14	34.1	6	14.6	9	22.0	2	4.9	1	2.4	41	100
9. To plan for future health teaching	5	12.2	18	43.9	5	12.2	7	17.1	5	12.2	1	2.4	41	100
10. To determine the success of health teaching	8	19.5	12	29.3	10	24.4	6	14.6	5	12.2	0		41	100
11. To determine changes in patients' attitudes toward their treatments	9	22.0	16	39.0	9	22.0	5	12.2	1	2.4	1	2.4	41	100
12. To determine changes in patients' attitudes toward their illness	12	29.3	12	29.3	9	22.0	6	14.5	2	4.9	0		41	100
13. To determine why changes in patients' attitudes have occurred	6	14.6	16	39.1	5	12.2	8	19.5	6	14.6	0		41	100
14. To learn whether patients have accepted or rejected public health nursing services	12	29.3	19	46.3	4	9.8	3	7.3	2	4.9	1	2.4	41	100
15. To report conditions to physicians and clinics	24	58.6	15	36.6	1	2.4	0		0		1	2.4	41	100
16. To make referrals to other agencies	19	46.4	10	24.3	5	12.2	7	17.1	0		0		41	100
17. To evaluate your work with patients	6	14.6	17	41.5	7	17.1	4	9.8	4	9.8	3	7.2	41	100
Column Totals	221		253		105		80		30		8		697	
Percentages of Column Totals		31.6		36.3		15.1		11.5		4.3		1.2		100

APPENDIX C

Purposes and Frequency of Use of Family Records in Rendering Public Health Nursing Service to Families

Purposes	In all Cases		In the Majority of the Cases		In Half of the Cases		In the Minority of the Cases		Not Used		Not Answered		Total	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
1. To determine possible reasons for a lack of interest of families in their health problems	3	7.3	19	46.3	8	19.5	9	22.0	0		2	4.9	41	100
2. To learn about the previous health problems of families	13	31.7	22	53.6	4	9.8	2	4.9	0		0		41	100
3. To learn about the present health problems of families	17	41.5	21	51.2	3	7.3	0		0		0		41	100
4. To learn what health teaching has been done with the families	11	26.8	15	36.6	10	24.5	3	7.3	1	2.4	1	2.4	41	100
5. To find where health teaching should begin	7	17.1	16	39.0	11	26.8	4	9.8	2	4.9	1	2.4	41	100
6. To determine the results of the health teaching done with families	11	26.8	16	39.0	9	22.0	4	9.8	1	2.4	0		41	100
7. To learn what health guidance families need	8	19.5	15	36.6	13	31.7	3	7.3	2	4.9	0		41	100
8. To learn what use families make of medical facilities	12	29.3	20	48.7	5	12.2	2	4.9	2	4.9	0		41	100
9. To determine the attitudes of families toward the need for medical care	13	31.7	13	31.7	8	19.5	3	7.3	4	9.8	0		41	100
10. To determine changes in families' attitudes toward family health problems	9	22.0	17	41.5	5	12.2	6	14.5	4	9.8	0		41	100
11. To determine the relationships which exist within families	7	17.2	20	48.7	3	7.3	8	19.5	2	4.9	1	2.4	41	100
12. To determine social conditions which may bear directly on families' health problems	15	36.7	16	39.0	8	19.5	1	2.4	1	2.4	0		41	100
13. To determine the social status of families which may influence planning	12	29.3	14	34.2	11	26.8	3	7.3	1	2.4	0		41	100
14. To determine the economic status of family	20	48.7	13	31.8	6	14.6	2	4.9	0		0		41	100
15. To gain an understanding of families' backgrounds and origins	14	34.2	15	36.7	5	12.2	6	14.5	1	2.4	0		41	100
16. To do case finding	3	7.3	13	31.7	5	12.2	12	29.3	5	12.2	3	7.3	41	100
17. To evaluate your work with families	7	17.1	12	29.3	10	24.3	3	7.3	7	17.1	2	4.9	41	100
Column totals	182		277		124		71		33		19		697	
Percentages of Column Totals		26.1		39.8		17.8		10.1		4.8		1.4		100