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Duplication of public health nursing service to new-born infants in a selected city.

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DUPLICATION OF PUBLIC HEALTH NURSING SERVICE TO
NEW-BORN INFANTS IN A SELECTED CITY

BY

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CHAPTER I

INTRODUCTION

During the past few decades duplication in nursing services between official and voluntary public health agencies in the same community has been of concern to the leaders of public health nursing.

For many years official and voluntary agencies concerned with public health nursing have expounded the principle that one qualified nurse can best provide all the public health nursing services needed at a particular time for any one family. This principle has been put into practice to the extent that individual agencies now rarely have specialized nurses primarily for home visiting. But seldom have communities gone so far as to organize one complete family nursing service for an entire community. The explanation lies in the history of public health nursing.¹

Since the goal of all public health nursing service is the improvement of health in the community, authorities agree there should be united government and voluntary action toward reaching this goal.² Such action was taken in 1946 when a committee made up of representatives from the American Red Cross, the Children's Bureau of the United States Department of Labor, the National Organization for Public Health

¹"Desirable Organization of Public Health Nursing for Family Service," Public Health Nursing, XXXVIII (August, 1946), 387.

²Ibid., p.387.

Nursing, the United States Public Health Service, the American Public Health Association, the John Hancock Mutual Life Insurance Company, and the Metropolitan Life Insurance Company agreed upon certain recommendations for community patterns of public health nursing service. It was hoped that these recommendations would guide health department leaders, public health nursing agencies, and local planning groups in reorganizing public health nursing in their communities.³

The committee made nine recommendations that were designed to assure an adequate and sound public health nursing service, and to make it possible for one public health nurse to give health guidance and bedside care to the entire family. Among these recommendations were the following:

That each public health nurse, in her home visits, should combine the multiple functions of health teaching, prevention and control of disease, and care of the sick, whether in a given situation she works under the direction of a private physician or a health officer. This is important to provide a complete nursing service that is most satisfactory for the family.

That the community should adopt one of three patterns of organization that will provide the type of coordinated public health nursing service most feasible under local conditions and that will best fit into the general plan advocated by the State Department of Health in each state. The organization patterns are:

a. All public health nursing service, including care of the sick at home, administered and supported by the health department. This is the most satisfactory pattern for rural communities.

b. Preventive services carried by the health department, with one voluntary agency working in close coordination with the health department, carrying responsibility for bedside nursing and some special fields. At present this type of organization is the most usual one in large cities.

³Ibid., p.387.

c. A combination service jointly administered and jointly financed by official and voluntary agencies with all field service rendered by a single group of public health nurses. Such a combination of services is especially desirable in smaller cities because it provides more and better service for each dollar expended.⁴

Some communities have succeeded in organizing their health services to eliminate duplication of nursing services by arranging for one nurse in a single area to carry on the nursing care for the entire family. This has been done through combining or coordinating the work of the public health agencies.

Statement of the Problem

Is there duplication of nursing services given to infants in one city by public health staff nurses in the Visiting Nurse Association and in the Health Department?

Justification of the Problem

The writer, a public health nurse who has worked in both a voluntary and an official public health agency, observed that at times there was a nurse from both agencies visiting in the same home and checking the same infant at the same time. Later the writer worked as a public health nurse in a community where a generalized public health nursing program was in operation. This experience further increased her interest in studying the records of infants in official and voluntary agencies serving in the same community to determine whether there was duplication of nursing service.

⁴ Ibid., p. 388.

Today there is a shortage of registered nurses. Any saving of human resources is valuable to a community. If there is a possible source where duplication of nursing service exists, a survey to prove it and make possible the release of registered nurses for other nursing services would be a valuable contribution to any community.

Scope and Limitations

The records of all infants who were seen by the staff nurses in both a Visiting Nurse Association and a Health Department in 1961 were reviewed for this study. The findings apply only to those two agencies in this one community, and no further generalizations can justifiably be made.

Definition of Terms

For the purpose of this study, an infant is a child born in one of the hospitals of the city, and who was between one and four weeks of age when admitted to the Visiting Nurse Association and to the Health Department.

Preview of Methodology

All records of the infants admitted in 1961 to both the Visiting Nurse Association and the Health Department were reviewed for duplication of nursing services rendered by the public health nurses in both agencies. Information obtained from these records included the following: name of the infant, address, sex, date of birth, health history of the infant, and the nursing service given to the infant

by the public health staff nurses in both agencies.

The information was obtained from the records of the two agencies with the permission of the health director of the official agency and the executive director of the voluntary agency. A form was developed for use in gathering the information.⁵

Sequence of Presentation

Chapter II presents a review of the literature, basis of the hypothesis, and a statement of the hypothesis.

Chapter III discusses the selection and description of the sample, the Form used to collect the data, and the procurement of the data.

Chapter IV presents and analyzes the data.

Chapter V includes the summary, conclusions, and the recommendations.

⁵Appendix A

CHAPTER II

THEORETICAL FRAMEWORK OF STUDY

Review of Literature

A review of available literature did not reveal any studies that pertained directly to duplication of public health nursing services in a community; however, the literature discussed the organization of public health nursing services to prevent duplication.

Public health nursing began as a visiting nurse service to give home care to the "sick-poor" on a visit basis. Usually this was the only type of care given by an agency and the only organized program of home nursing. As the concept of public health broadened, new services, both voluntary and governmental, were organized to provide public health nursing for special phases of the public health program, such as tuberculosis and child care. This often resulted in excessive administrative costs, unnecessary duplication of nursing services in some homes, and bewilderment of families.¹

Since organization of services was often motivated by special interests or immediate needs, public health programs varied greatly in different sections of the country, especially in rural areas and in large cities. The community nursing services, organized first in large cities, were commonly called district or visiting nurse associations.

¹"Desirable Organization of Public Health Nursing for Family Service," Public Health Nursing, XXXVIII (August, 1946), 387.

While their principal purpose was to give home care to the sick, experience soon revealed that the visiting nurse was in a position to teach the family to assume responsibility for protecting its own health, thus helping to prevent or control sickness and epidemics.

City departments of health, charged by law to give better health protection to the community in the prevention and control of disease, added more nurses to their staffs for this work, but did not assume the responsibility of giving nursing care to the sick in their homes. In many places another governmental agency, the department of education, assumed responsibility for the health of the school age child. Other organizations added nurses for the special fields which they were promoting, particularly in the control of tuberculosis and in child health.

This means in many communities that at the present time public health nurses from one or more voluntary agencies and from at least two governmental agencies go into the home - sometimes the same home at almost the same time.

.....
In the future development of public health nursing, it is important to carry out those principles which will help assure an adequate and sound public health nursing service, and which will make it possible for one public health nurse to give health guidance and bedside care to the entire family.²

In a study of voluntary health and welfare agencies in the United States, made by an Ad Hoc Citizens Committee under the sponsorship of The Rockefeller Foundation, it was found that

²Ibid., p.388.

Because of . . . sweeping changes in the last two decades, voluntary agencies and government should develop a more effective alliance than now exists. It is important for voluntary agencies and government to recognize more clearly that they are allies, not competitors, in providing the health and welfare services needed by the American people.

.
It is essential that the two cooperate closely to avoid wasteful duplication, since both often apply similar services to the same problems.³

In several communities the public health agencies have combined or coordinated their nursing services and developed their program jointly, thereby avoiding wasteful duplication of nursing services and saving substantial amounts of energy and money. This has happened in Brookline, Massachusetts where, after many years of preparation and planning, the voluntary and official agencies have learned to live and work together cooperatively. This system has benefited both the professional workers and the community at large. The movement began in 1955 when the Board of Selectmen invited the Visiting Nurse Service of Brookline to consider moving into the new Health Center so that all public health nursing services could be housed under one roof. A committee from the Board of Directors of the Visiting Nurse Service studied the proposition and considered both the advantages and disadvantages. One of the advantages discussed at that time has since been proved:

³Voluntary Health and Welfare Agencies in the United States: An Exploratory Study by an Ad Hoc Citizens Committee of The Rockefeller Foundation (New York: The Schoolmasters' Press, 1961), p.25.

that combining services would avoid duplication and overlapping and would prove to be a more economic use of resources. . . . It would eliminate the shuttling of a family between one agency and another as described by one health officer as "picking up and dropping a baby." Under a combination service, the "baby" can be carried through infancy, preschool, school and into adulthood by one organization, under one program, one set of administrative policies, one set of records, with one nurse visiting and teaching a family the principles of good health.⁴

The combining of public health nursing services in various communities follows no single pattern, and no two agencies have worked out a system in exactly the same way. In Beloit, Wisconsin, three of the public health nursing services - the visiting nurse association, the city health department, and the county nursing service - have been successful in achieving a coordination of services which has eliminated much of the duplication they formerly experienced. In this community the staffs of the public health nursing services learned that it was necessary to plan together constructively before they could work together amicably.

For some time Beloit Health Department nurses had experienced frustrations in working in programs which were similar or closely related to those offered by the other public health nursing services. Jealousy, competition, and misunderstandings occurred, making the nurses' lives uncomfortable. Patient care lacked continuity and the public was confused.⁵

⁴Lilly C. Moberg, "Integrating Services . . . of a Voluntary and Health Department," in Case Studies of Community and Agency Planning for Improved Administrative Patterns in Public Health Nursing, The League Exchange, No.53, (New York: National League for Nursing, 1960), p.19.

⁵Margaret Shaffer Maloney, "Coordinated Public Health Nursing Services," Nursing Outlook, VI (January, 1958), p.22.

It was the staff nurses in one of these agencies who, recognizing the need for better interagency understanding and cooperation, initiated the movement to bring these services together in order to provide better care for patients, continuity of service, and more efficient use of administrative funds and energy for the community. Monthly meetings were held to which representatives from all public health nursing services in the community and from the Wisconsin State Board of Health were invited. Discussion of problems, sharing of ideas, and much constructive planning finally resulted in a clarification of the functions, responsibilities, and policies of the various services, and the elimination of much duplication of nursing services.⁶

The Beloit Visiting Nurse Association, the oldest public health nursing service in the community and a pioneer in health fields, had demonstrated the value of public health nursing service to the community. It was hard for this voluntary agency to relinquish some of its functions to the more recently formed official public health nursing service; however, after much unselfish, objective thinking and understanding, a workable and clear-cut plan finally evolved. Those recommendations which concerned directly a hospital-public health nursing service relationship were accepted by the physicians, and they became more interested in the public health nursing programs and more aware of the nurse's

⁶Ibid., p.22.

usefulness. Through this interagency cooperation and a definite understanding of the responsibilities assumed by each, much overlapping of nursing services has been prevented. This combining or merging of the public health nursing services has resulted in better patient care, improved continuity of service, and more efficient use of administrative funds and energy.⁷

In Philadelphia, Pennsylvania, a generalized public health nursing service under unified administration has evolved during the past two decades.

A Philadelphia public health survey reported in 1949 that there were four voluntary public health nursing agencies, four specialized public health nursing units in the city health department, and two separate nursing services in the schools, all operating relatively independently. One of the survey recommendations was to plan toward generalization.⁸

Various problems prevented immediate action, and it was not until May, 1959 that a satisfactory solution was worked out. An agreement was signed by the City of Philadelphia and the Visiting Nurse Society of Philadelphia which enabled the intermingling of their respective staffs. A plan to work on one branch of the city at a time was developed, and in September, 1960 the Northwest Branch had completed its merging of voluntary and official agencies into the first completely integrated public health nursing service in this

⁷Ibid., pp.23-24.

⁸Dorothy Wilson, "Community Nursing Services of Philadelphia," Nursing Outlook, IX (October, 1961), 612.

city with a population of over two million, and an area of about 129 square miles. Immediately the service began operating under the name of Community Nursing Services of Philadelphia, with a newly-appointed over-all executive director.⁹

Dorothy Wilson, Executive Director of the Community Nursing Services of Philadelphia, places more emphasis on what was done to reach the first milestone of integrated public health nursing service for the city than on what must be overcome before the generalization of public health nursing services under unified administration can be completed, and she implies that one complete nursing service in a given area is more beneficial to all the people of that area than several overlapping nursing services. Pictures which were used in connection with her report illustrate clearly the advantage to a family when one public health nurse serves all their needs. In one of these pictures a public health nurse is shown leaving a home by one door while another nurse is entering the same home by another door. Each nurse appears tense and hurried, while facial expressions of the family members reveal confusion and bewilderment at the overlapping nursing services. In the other picture one senses a happy home situation as a smiling nurse, having cared for the nursing needs of the family, leaves, and members of the family show very plainly their satisfaction with one complete

⁹Ibid., p.612.

nursing service.¹⁰

Another city which has combined the public health nursing services in order to avoid duplication and overlapping of services is Pittsburgh, Pennsylvania. In 1953, after several years of planning, Pittsburgh was ready to operate a combined nursing service. Previously, the Health Department and the Visiting Nurse Association had been carrying on a generalized family health nursing service with divided responsibilities. As the result of discussions held by the administrative staffs of both organizations, a committee which included representatives from the Visiting Nurse Association and the Health Department was appointed to study the possibility of developing a combined nursing service. One of the recommendations presented to this committee for consideration by the directors of the Visiting Nurse Association and the Health Department's Office of Public Health Nursing was

that the committee seek approval and authorization from the respective governing bodies for operating the public health nursing services of the visiting nurse association and the office of public health nursing in the Arsenal Health Center area as one unit so that the duties of either staff may be assigned interchangeably in order to fulfill the objectives of providing for complete family health service, extending existing services, and avoiding confusion to families.¹¹

¹⁰Ibid., pp.612-613.

¹¹Alberta B. Wilson, Alice K. deBenneville, and Lillian G. Ostrand, "Pittsburgh's Combined Nursing Service," Nursing Outlook, I (December, 1953), 671.

A preamble to the agreement prepared by the directors of the Visiting Nurse Association and the Office of Public Health Nursing stated:

For a complete public health nursing service that is most satisfactory to the family, public health authorities recommend that each public health nurse, in her visits, combine the multiple functions of health teaching, prevention and control of disease, and care of the sick.

This recommendation is now widely recognized as a basic principle in public health nursing. More and more community groups are coming to see the importance of reducing to a practical minimum the number of nurses serving each family and the number of public health nursing agencies in each community. They are convinced that every dollar available for public health nursing and every public health nurse's time should be spent as effectively as possible. They believe that this can best be done when visiting nurse associations and health departments find a way by which their services can be more closely coordinated. Therefore, many communities today are exploring the practicability and advisability of establishing combination services. Some 40 communities spread across the country have already developed or are in process of developing combination services.¹²

A paragraph in the agreement which concerned public health nursing services stated:

The present services of both agencies will be offered the families through a single public health nurse under a supervisor representing both agencies. (This will avoid two nurses - one from each agency - giving certain services to the same family.)¹³

Step by step the administrative planners made the combined nursing service a workable reality. Preparing the nursing staffs for the combination was somewhat simplified because the Visiting Nurse Association and the Health Department occupied the same building, and

¹² Ibid., pp. 671-672.

¹³ Ibid., p. 672.

because of their physical proximity, the nurses from both agencies had the opportunity to learn more about the work of the other agency. The nurses from the two agencies who worked in the same districts reviewed their caseloads together. This joint planning not only prevented duplication of service, but it increased their understanding of the other agency's functions as well.¹⁴

The combination of services was completed in 1953. The best recommendation for the combination is the satisfaction which the nurses have expressed for the program, and they have no desire to return to the former more specialized service of either agency.

Families are truly receiving continuity of nursing service, too. No longer does a family see one nurse during the maternity cycle or illness in the family and then another nurse on problems relating to school attendance or tuberculosis.

.
A pattern of service is evolving which, in itself, will indicate whether the total public health nursing service available to the community is being used to meet the total, and most urgent, of the health needs of this particular population group. The quantity of services will be definitely measurable; the quality less so. The latter, however, will be influenced by job satisfactions, the spirit of cooperative endeavor, and the avoidance of duplication and overlapping.¹⁵

In 1960, under the direction of Leroy E. Burney, the Surgeon General of the United States Public Health Service, the Division of Public Health Nursing and the Division of Nursing Resources were combined to form the "Division of Nursing" which would function as a part of the Bureau of State Services. Among the problems to be given priority attention by this newly established Division of Nursing

¹⁴Ibid., p.673.

¹⁵Ibid., p.674.

were

how to increase the nurse supply, how to educate nurses more effectively on the basic and graduate level, how to avoid wasting scarce professional skills, bringing more and more care to the patient wherever he is - at home or in clinic or in hospital.¹⁶

Those who participated in reorganizing the Public Health Service to form the new Division of Nursing believed that the result would support Dr. Burney's aim "to have every arm . . . do a better job."¹⁷

In 1958, Roy J. Morton, while president of the American Public Health Association, pointed out the importance of consolidating public health services for strength. In his presidential address he expressed the concern felt by the public health profession

with the perplexing problems and the inadequacies of present-day programs. . . . the increasing scope of public health demands, the rapidity of change, the mounting pressures of new and growing health problems, the shortages of qualified personnel,¹⁸

and he stressed the need of coordination in the planning and execution of activities. In discussing the strength and the effectiveness that result from unity, he emphasized the fact that health agencies, through properly applied teamwork, could achieve more beneficial results and, at the same time,

¹⁶Dorothy D. Sutherland, "Nursing's New Look in the Public Health Service," Nursing Outlook, VIII (October, 1960), 572.

¹⁷Ibid., p.572.

¹⁸Roy J. Morton, "Consolidation for Strength," American Journal of Public Health and the Nation's Health, XLVIII (December, 1958), 1571.

build up more effective participation and support. He further stated:

. . . . In many places the programs of voluntary health groups, civic organizations, private research agencies, and various others could be tied in more closely to public health programs. Health leaders must take the initiative in order to gain maximum aid from other programs having a health component.

The obvious advantages we seek to gain by joining forces with others are a greater variety of essential knowledge and skills, more available manpower, and increased volume of health services.¹⁹

In reviewing available literature, the writer has found that the need to avoid duplication of nursing services has been recognized in many communities, and that steps have been taken by leaders of public health nursing services in some communities to eliminate such duplication.

Statement of Hypothesis

There is duplication of nursing service given to infants by staff nurses in the Visiting Nurse Association and by staff nurses in the Health Department.

¹⁹Ibid., p.1575.

CHAPTER III

METHODOLOGY

Selection and Description of the Sample

The study was done in an industrial city in the north-eastern part of Massachusetts. According to the 1961 census, verified by the city clerk, the population of the city was 92,107. Prominent among the nationality backgrounds that made up this cosmopolitan community were Greek, French, Polish, Irish, and Italian. During the past three decades many diversified industries have replaced the textile mills that once extended for a mile along the bank of the Merrimack River and gave the name, "City of Spindles," to the city. Because of the network of canals that furnished water power for the mills, the city was often called "The Venice of America." During this transitional period the city had experienced the problem of unemployment to a great extent.

There were three general hospitals operating in the city; also, there were a Visiting Nurse Association and a Health Department. The Visiting Nurse Association was a voluntary agency whose financial support was partly supplied by fees for service rendered, and partly from the United Fund. The Health Department was a governmental agency supported by local taxes.

The Visiting Nurse Association employed thirteen registered nurses, including the Executive Director and one supervisor. One member of the staff worked as an industrial health nurse; one combined general nursing with part-time school nursing; and the remaining nine members of the staff did home nursing in an assigned section of the city and assisted in clinics or in classes conducted for mothers. The Visiting Nurse Association visited those infants who had been referred to them through a variety of sources, such as the mother or some other member of the family, a neighbor, a friend, a member of a mothers' class, a medical doctor, the Society for the Prevention of Cruelty to Children, the Health Department, or one of the local hospitals. The staff nurses who visited the infants also met the nursing needs of other members of the family.

The Health Department employed twenty-four nurses. Four of these were assigned to work with infants, five to the care of tuberculosis patients, two to genito-urinary patients, one to diabetic patients, and twelve were school nurses. By city ordinance, the Health Department was required to visit and check every infant born to residents within the city. Infants were referred to the Health Department mainly through the City Clerk.

This study was based on the records of infants who were born to residents of the city in one of the local hospitals during the year 1961. The number of infants who were visited

by the Visiting Nurse Association was limited to the referrals they received and did not include all infants born to residents in the city. The study is limited to those infants who were visited by both the Visiting Nurse Association and the Health Department. The age of each infant included in the study was not more than four weeks when admitted to each agency. The study represented about 8½ per cent of the number of babies born to residents in the city during 1961. All data concerning the infants were limited to that obtained from the records of both agencies.

Form Used to Collect Data

After examining the record forms used by the Visiting Nurse Association and the Health Department for recording information concerning the infants visited by the staff nurses, the writer prepared a form that would include all services given to a certain infant by the staff nurses of either agency. This information included the following: name of the infant, address, sex, date of birth, health history of the infant, and the nursing service given to the infant by the staff nurses in both agencies.

Procurement of Data

The writer made an appointment by telephone for an interview with the Executive Director of the Visiting Nurse Association and with the Director of Health of the Health Department. At the time of each interview a copy of the Form

to be used in securing the data was presented and an explanation given. The purpose of this study was discussed and permission was requested to study and review the records of the agency in order to collect the material necessary to do the study.

The writer made several visits to the Visiting Nurse Association and the Health Department in order to procure the necessary data. Files were made available to her. All records of infants not more than four weeks of age when admitted to both agencies during the year 1961 were reviewed carefully; all records from the Visiting Nurse Association were cross-checked with those from the Health Department, and the information obtained was recorded on the Form.

CHAPTER IV

FINDINGS

Presentation and Analysis of Data

The findings of the study are presented and analyzed in three sections: feeding of infants, physical care of infants, and health teaching of infants.

Feeding of Infants

The data collected in relation to the feeding of infants were classified into five main areas, as shown in Table 1.

TABLE 1. - - Number of infants visited and the assistance in infant feeding given to the mothers by the staff nurses of the Visiting Nurse Association and the Health Department during the period, January through December 1961

Agency	Feeding of Infants				
	Preparation	Reaction	Formula	Breast	Diet and Vitamins
V.N.A.	246	245	245	6	245
H.D.	. .	246	246	6	. .

The infants' records in the Visiting Nurse Association for the year 1961 showed 246 visits made to mothers for the

purpose of assisting them in the method and equipment used in sterilizing the formula. In the Health Department the infants' records showed no service of this type.

In both the Visiting Nurse Association and the Health Department, records of infants revealed that almost the same number of visits was made by each agency to discuss with mothers the reaction of their infants to breast feeding or to formula. Duplication of nursing services in this area was apparent in all visits made by the Visiting Nurse Association and Health Department nurses.

The Visiting Nurse Association and the Health Department recorded about the same number of visits to discuss the ingredients in the infant's formula. According to the findings, duplication of nursing services was also apparent in this area.

Six visits were made by both the Visiting Nurse Association and the Health Department to assist mothers in breast feeding. Duplication of nursing services was also found in this area, but the total number of visits was less than in the other two areas in which there was duplication of nursing services.

In the Visiting Nurse Association the infants' records showed 245 visits made in which assistance was given to mothers concerning diet and the use of vitamins. No record of this type of assistance was found on the infants' records in the Health Department.

Physical Care of Infants

Data collected in relation to the physical care of infants were divided into five main areas, as shown in Table 2.

TABLE 2. - - Number of infants visited and the assistance in infant physical care given to mothers by the staff nurses of the Visiting Nurse Association and the Health Department during the period, January through December 1961

Agency	Physical Care of Infants				
	Bath	Cord	Skin	Eyes	Circumcision
V.N.A.	81	247	241	198	59
H.D.	..	252	252	254	2

The Visiting Nurse Association made eighty-one visits to teach mothers how to bathe the infants, and to teach the care and selection of infant's clothing. No assistance of this kind was recorded on the infants' records by the Health Department.

Both agencies made visits to check the condition of the umbilical cord of the infants, and gave the necessary care. The Visiting Nurse Association made 247 visits for this purpose, and the Health Department 252. Duplication of nursing services was apparent in this area.

The Visiting Nurse Association made 241 visits to give skin care to infants, and 198 visits to give eye care. The Health Department made 252 visits to give skin care, and 254

visits to give eye care to infants. Duplication of nursing services was noted in this area.

The Visiting Nurse Association assisted fifty-nine times in the care of infants, following circumcision, and the Health Department twice. Very little duplication was found in this service.

Health Teaching

The data collected from the infants' records of the Visiting Nurse Association and the Health Department which related to health teaching were classified into five areas, as shown in Table 3.

Table 3.-- Number of infants visited and health teaching given mothers regarding the infant's weight, elimination, sleep and rest, immunization, and medical follow-up by the staff nurses of the Visiting Nurse Association and the Health Department during the period, January through December 1961

Agency	Health Teaching				
	Weight	Elimi- nation	Sleep and Rest	Immuni- zation	Medical Follow-up
V.N.A.	251	138	23	188	249
H.D.	252*	..

*The Health Department conducts immunization clinics weekly. The Health Department staff nurses advise mothers to bring their children to these clinics but they do not record this information on their infants' records.

The only area where duplication of nursing services appeared in health teaching to the mothers was in the recording of the infant's weight. The Visiting Nurse Association

recorded the weight of 251 infants, and the Health Department recorded 252. In the areas of elimination, sleep and rest, immunization, and medical follow-up, only the Visiting Nurse Association recorded service.

This data supported the hypothesis that there was duplication of nursing service given to infants by the staff nurses in the Visiting Nurse Association and in the Health Department.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine whether duplication of nursing services given to infants by the staff nurses of the Visiting Nurse Association and the Health Department existed in the same community. The study was limited to the nursing services given to infants who were no more than four weeks of age when admitted to the Visiting Nurse Association and the Health Department during the period, January 1 through December 31, 1961.

The data, collected from the records of the Visiting Nurse Association and the Health Department, were limited to the records of those infants who were served by the staff nurses of both the Visiting Nurse Association and the Health Department. The data indicated that there was almost total duplication of nursing services given to infants by the staff nurses of both the Visiting Nurse Association and the Health Department in the following areas of nursing care: reaction of infants to formula or breast feeding, the ingredients of the formula, assisting mothers in breast feeding, condition of the cord, care of the skin, care to the eyes, and weight. Areas in which there was no duplication of nursing services were in the preparation of formula, discussion of diet and vitamins,

demonstration of bath, and care of circumcision.

Conclusions

In general, the findings indicated that the staff nurses in the Visiting Nurse Association offered a wider range of services to infants than the staff nurses of the Health Department. The findings indicated there were many areas of duplication of nursing services to infants by the staff nurses of the Visiting Nurse Association and the Health Department in this one community.

These findings are important in relation to the discussion in the literature concerning the effect on the family and the community when unnecessary duplication of service occurs. With the increasing shortage of professional personnel and the increasing need for extensive community programs, communities cannot afford the luxury of having health services duplicated.

The findings of the study support the hypothesis that there is duplication of nursing services given to infants by the staff nurses of the Visiting Nurse Association and the Health Department in the same community.

Recommendations

As a result of this study, the following recommendations are made:

1. That a review of all nursing records of the Visiting Nurse Association and the Health Department in the same

community be made in order to discover any further duplication of nursing services given by the staff nurses of the two agencies.

2. That an arrangement be made for personal interviews with the staff nurses of both the Visiting Nurse Association and the Health Department to obtain their opinions and their knowledge of the existence of duplication of nursing services.

3. That a study be made to determine whether there is duplication of nursing services in the well-baby clinics conducted by the Visiting Nurse Association, and in the immunization clinics conducted by the Health Department.

4. That an effort be made to coordinate the nursing services of the Visiting Nurse Association and the Health Department in order to avoid unnecessary duplication.

Disposition _____

V.N.A. H.D.

Have any other members of this infant's family been admitted to either the V.N.A. or the H.D. within the last two years?

Yes _____

No _____

If answer is yes:

Reasons for Admission to:

V.N.A. _____

H.D. _____

Number of Visits _____

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