

1962

The relationship of public health nursing experience of the hospital nurse to her awareness of community resources and their services

<https://hdl.handle.net/2144/28033>

"Downloaded from OpenBU. Boston University's institutional repository."

THE RELATIONSHIP OF PUBLIC HEALTH NURSING
EXPERIENCE OF THE HOSPITAL NURSE TO HER
AWARENESS OF COMMUNITY RESOURCES
AND THEIR SERVICES

By

Barbara Ann Gubeno
(B.S.N., College of Mount Saint Joseph-on-the-Ohio, 1957)

And

Joan Audrey Jenckes
(B.S., Boston University, 1960)

A Field Study Submitted in Partial Fulfillment of
the Requirements for the Degree of Master
of Science in the School of Nursing
Boston University
August, 1962

First Reader

Parooky G. Jacobsen
Parooky G. Jacobsen

Second Reader

Myrtle M. Ford
Myrtle M. Ford

ACKNOWLEDGEMENTS

This study was supported (in part) by a professional nurse traineeship program from the Division of Nursing, Section 307 of the Health Amendments Act, U. S. Public Health Service.

The writers would like to express their appreciation to all who cooperated in making this study a reality. A special word of thanks must go to the agency and its personnel for making the collection of data possible and to our readers for their support and understanding.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION	1
Statement of the Problem	2
Justification of the Problem	2
Scope and Limitations	4
Definition of Terms	4
Preview of Methodology	5
Sequence of Presentation	5
II. THEORETICAL FRAMEWORK OF THE STUDY	7
Review of the Literature	7
Basis for the Hypotheses	19
Statement of Hypotheses	20
III. METHODOLOGY	21
Selection and Description of the Sample	21
Tool Used to Collect Data	22
Procurement of Data	23
IV. FINDINGS	25
Presentation and Discussion of Data	25
V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS	34
Summary	34
Conclusions	37
Recommendations	38
BIBLIOGRAPHY	40
APPENDIX	44

LIST OF TABLES

Table	Page
1. Relationship of the Respondents' Length of Time in Present Position to the Average Number of Correct Answers	27
2. Relationship of the Respondents' Year of Graduation and Basic Nursing Program to the Average Number and Range of Correct Answers	28
3. Relationship of Respondents' Basic Nursing Program to the Average Number of Correct Answers .	29
4. Public Health Nursing Theory and Length of Field Experience of Respondents in Basic Nursing Program	32
5. Relationship of Public Health Nursing Theory and Field Experience to the Average Number of Correct Answers by Respondents	33

CHAPTER I

INTRODUCTION

The role of the registered nurse has undergone many changes in recent years. In the past, there has been a tendency to minister to the physical needs of the patient during his hospitalization, but today there is an increased emphasis on the nurse's role in planning to meet the patient's nursing needs, which extends beyond the hospital into the community. It has been recognized⁽¹⁾ that the patient's problems are not confined to the hospital alone, but are also present when he returns to his home and community. The writers believe that it is the nurse's responsibility to identify the patient's nursing needs and provide assistance in meeting them, not only in the hospital, but outside the hospital as well. In order to fulfill this responsibility she must be aware of community resources and their services available to the patient. The fact that a few direct and indirect patient referrals are being made by some nurses working in hospitals may indicate their awareness of community resources and their services. This in turn led the investigators to wonder why some nurses appear to be aware of community resources and their services while others are not.⁽⁶⁾

The writers believe that there are certain significant

factors which may have contributed to the nurse's awareness of community resources and their services, such as educational background and experience in public health nursing. The public health nurse has a high awareness of community resources and their services because she often has to refer to them for assistance in meeting the health needs of the patient in the home. Therefore, it is believed that public health nursing experience, whether part of the basic educational background or work experience as a graduate nurse increases the nurse's awareness of community resources. This increased awareness in turn adds to the competence of the hospital nurse in carrying out her responsibility to plan with the patient and his family for the continuity of care from the hospital to the home.

Statement of the Problem

The purpose of this study is to determine the relationship of public health nursing experience of the hospital nurse to her awareness of community resources and their services.

Justification of the Problem

The investigators of the study, one having had public health nursing experience and the other hospital nursing experience, feel that nurses working in the hospital have little awareness of community resources and their services. This feeling is based on the writers' observations in their re-

spective work situations. The investigator who had public health nursing experience visited many patients following hospital discharge whose plan of care did not include the use of community resources. The other investigator who had many years of nursing experience in a hospital had seldom observed referrals being made to appropriate community resources. Following a public health nursing experience during a program of advanced study, she became more aware of the fact that many patients in the hospital would profit from such referrals.

The writers believe that an awareness of community resources and their services is essential in planning nursing care which will meet the health needs of the patient when he leaves the hospital. For this reason, the writers chose to investigate this awareness on the part of a group of registered nurses in order to determine its relationship to their experience in public health nursing.

The investigators hope that the findings of this study will have implication for both nursing service and nursing education. If the nurses studied are not aware of community resources and their services, it would indicate a need for staff in-service education in this area. If an experience in public health nursing contributes to an increased awareness of community resources and their services, it would indicate the importance of this experience in basic nursing education to prepare the beginning nurse to fulfill her responsibility

in providing for nursing care which extends into the community.

Scope and Limitations

The study was conducted in a metropolitan hospital. This agency was chosen because of its availability, receptive attitude, and reputation for a high standard of nursing care. The nurses' awareness was determined by their ability to name various community resources rendering the appropriate services which were identified by the investigators. The findings of the study are derived from this group of nurses.

Data were collected on two days with five days intervening. The investigators recognize the fact that this time lapse may have influenced the findings, but no attempt was made to identify the degree of influence.

Definition of Terms

Awareness.--The investigators refer to the ability of the nurses to recall the names of the community resources providing a special kind of service to patients.

Community resources.--The investigators include all national, state, and local agencies which offer services that may meet the health needs of an individual whether it be physical, psycho-social, economic, or spiritual.

Public health nursing experience.--The investigators refer to the application of public health nursing theory in a public health nursing agency by either a student of nursing

or a graduate nurse.

Preview of Methodology

A two part questionnaire was constructed by the investigators. The first part was designed to obtain information regarding the educational background and work experience of the respondents. The second part was used to test their ability to name community resources which could provide for the services, identified by the writers, available to patients upon their return to the community.

These questionnaires were distributed by the investigators to registered nurses employed in a metropolitan hospital. Eighteen staff nurses received the questionnaire following an in-service program. Another group of twelve staff nurses received the questionnaire six days later at a special meeting called for this purpose. Fourteen head nurses received the questionnaire following a nursing service meeting. No time limit was set. Respondents completed the questionnaires within five to fifteen minutes and they were collected by the investigators.

The data then were compiled, analyzed, and presented. Conclusions were drawn and recommendations made.

Sequence of Presentation

Chapter II discusses the theoretical framework of the study. It includes a review of the literature on which the hypothesis is stated. Chapter III gives a description of

methodology by which the sample and tool of the study were selected and data procured. Chapter IV gives the presentation and discussion of data, and Chapter V includes the summary, conclusions, and recommendations.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of the Literature

The importance of a knowledge of community health agencies and resources to the nurse is not new in principle. Community health agencies have been used in the past to provide some aspects of care for patients following discharge. Specialized hospitals and institutions have existed for the mentally ill, crippled, and indigent. Convalescent homes have been available in limited number for domiciliary care. Bedside care has been available in the home through the services of public health nursing agencies. Changes in the social and population structure, advances in medical practice, and progress in medical knowledge have resulted in an increased need for more diversified health services.

The economy of the United States has changed from an agricultural to an industrial economy. This has resulted in increased urbanization, and a change in family structure.¹

Traditionally, the American family as a group was expected to care for children, aged persons, and other members incapable of supporting themselves. In recent decades the economic task of caring for dependent persons has shifted from the family to private and

¹Noel R. Gist and L. A. Halbert, Urban Society (New York: Thomas Y. Crowell Co., 1961), pp. 409-410.

public agencies.¹

The effects of this change on the aged of our country is particularly important.

Urbanization, with its crowded housing, industrialization, and centralization of production, often make it impossible for younger family members to care for their elders in the old accepted patterns, and this seriously jeopardizes the older person's chances for security and happiness in his declining years.²

Refinement and expansion of medical services has resulted in a changing emphasis in the American health picture. Successful immunization programs have reduced communicable diseases. The discovery of antibiotics has heralded a new era in the treatment of infection and the prevention of complications following surgery. These factors, added to the increased standards of living in this country, have had a decided effect upon life expectancy. Our people are living to an older age than ever before, and the size of our aged population is increasing annually.

At present over 8.6 per cent of the population of our country are 65 years of age or over; in 1900 only 4.1 per cent were of that age, and in 1850 only 2.6 per cent. There are now over 15 million elderly persons in the United States, and it is estimated that by 1970, 9.4 per cent (or over 19½ million) will be 65 years of age or over.³

This expansion of the elder population has contributed to the growing number of patients with chronic illness.

¹Ibid., p. 410.

²Kathleen Shafer et al., Medical-Surgical Nursing (2d ed.; St. Louis: The C. V. Mosby Co., 1961), p. 10.

³Ibid.

Chronic illness has become a major health problem in the United States.

The significance of chronic illness and aging as a major health problem is illustrated by the fact that of the ten leading causes of death in the United States seven are chronic diseases.¹

While medical advances have contributed to the control and treatment of acute illness, they have not made equal progress in the control of chronic diseases.² Increasing numbers of chronically ill patients crowd our hospitals and other institutions. The expense of maintaining these patients in an institution, whether borne by the patient, his family, or his community, has become overwhelming. Increased attention to this problem has been given in recent years. One of the measures designed to reduce the number of institutionalized persons has been the increased use of rehabilitative measures. Rehabilitative services, increasing in importance since World War II, have endeavored to relieve this burden by fostering measures designed to maintain patients in as independent a state as possible. In this way, more patients can be returned to their homes and communities.

The advances made in the treatment of the acutely ill patient have resulted in shorter hospital stays for patients. This means that additional numbers of patients convalescing

¹Frances Reiter Kreuter, Report of a Work Conference on Nursing in Long-Term Chronic Disease and Aging (New York: National League for Nursing, Inc., 1960), p. 1.

²Shafer, op. cit., p. 26.

from acute illness or surgical procedures are returning to their homes in less time than ever before.

The care of the chronically ill or the convalescent patient in the home is desirable not only because of the decrease in hospitalization costs, but also because of the therapeutic affect for the patient.

Because we know that the patient benefits from human relationships, we recognize that often his home is the place where he can receive the greatest measure of supportive care.¹

Better medical techniques, increased knowledge of the preventive and curative aspects of medicine, newer methods of diagnosis and treatment; all these have added to the physician's store of knowledge and have enabled him to provide better and broader health services to more people. This very expansion of medical knowledge has, however, resulted in a change in the physician's role. Recognition of the many varied needs of patients, and the development of methods by which these needs can be met, have forced the physician to recognize that he can no longer attempt to be "all things to all people." The general practitioner of the past who ministered to the patient and his family has found it virtually impossible to develop sufficient skill in every area of medicine so that he can provide the scope of services now available. Gradually, physicians have begun to specialize in particular areas of medicine such as internal medicine,

¹Isobel MacLeod, "The Patient Returns to the Community," The Canadian Nurse, LVI (December, 1960), 1079.

urology, neurology, and others. In specialization, physicians feel that they can concentrate on becoming expert in the techniques and knowledge of one field of concentration. Even this has proven to be difficult.

Not only is it no longer possible for one individual to know all there is to know about medicine, but it is difficult for him even to know all there is to know in one restricted field.¹

Increasing numbers of paramedical workers are being prepared to help the physician provide the services needed by his patients. "The modern physician is assisted, supported and often guided in the care of his patients, well or ill, by a literal host of other health workers, seen and unseen."²

One excellent example of these trends toward specialization and the use of paramedical workers is the development of rehabilitation medicine since World War II. In this area of medicine, the physician specializes in physical medicine. To help him meet the needs of handicapped patients, physical therapists are prepared to carry out restorative techniques under his direction. Occupational therapists are assisting in meeting the needs for recreational therapy, skill training and even vocational diagnostic evaluation. Other paramedical groups that assist the physician in rehabilitative services

¹Louis H. Bauer, "The Impact of New Medical Techniques," Readings in Medical Care, edited by The Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine (Chapel Hill: The University of North Carolina Press, 1958), p. 25.

²Cited in Readings in Medical Care, ibid., p. 149.

include speech therapists, vocational counselors, and social workers. Nurses are aiding the physician by coordinating the care given to his patients, and by using their unique talents for working with the patient and others involved in his care to achieve the patient's ultimate potential for a productive and happy life.

Many of these health workers, nurses, social workers, dieticians, physical therapists, occupational therapists, etc., work in the hospital. The need, however, for extending the services of these specialists into the home and community has resulted in the growing movement toward organized home care programs.

Care in the home may be given through a variety of home care programs including the traditional bedside home nursing service and organized home care which extends planned, coordinated medical, nursing and other needed services into the home to meet the patient's needs. These may include the services of social workers, physical therapists, occupational therapists, laboratory workers, psychologists, nutritionists, and others, but always with a central organization (community based or hospital based) responsible for the coordinated planning and the quality of care.¹

The patterns of home care programs are as different as the patterns of services available in a given community, but their common objective is to provide continuously for the needs of the individual patient.

The increased strain upon hospital facilities focuses attention upon the urgency of developing inclusive and continuous community health programs in which the functions of the hospital are closely correlated with

¹Kreuter, op. cit., p. 5.

those of other agencies for public health and welfare.¹

Nursing has attempted to meet the challenges of the changing health picture by broadening its scope of activities to include the recognition of the needs of the "whole person." "Stated generally, the nurse must provide the patient with what he needs to get well and stay well in body, mind and spirit."² Recent knowledge of the affects of stress on the human organism has contributed to an awareness of the influence of the mind over the body, and has led to the growth of psychosomatic medicine. These new concepts have influenced nursing to concern itself with the emotional aspects of illness, and to consider all of the needs of the individual when planning nursing care. This is known as "comprehensive nursing care." Sister M. Olivia's definition of nursing, published in 1947, describes this concept quite accurately.

Nursing in its broadest sense may be defined as an art and a science which involves the whole patient--body, mind and spirit; promotes his spiritual, mental, and physical health by teaching and by example; stresses health education and health preservation, as well as ministrations to the sick; involves the care of the patient's environment--social and spiritual, as well as physical; and gives health service to the family and

¹Margaret Bridgman, Collegiate Education for Nursing (New York: Russell Sage Foundation, 1953), p. 31.

²Ruth Chamberlin, "Are Nurses Meeting Their Responsibilities?" Hospitals, XXXIV (October 16, 1960), 75.

community as well as to the individual.¹

Abdellah describes comprehensive care in her statements about the three phases of development of nursing practice and organized nursing services in the past thirty years.

These phases have been characterized by the emphasis; first, upon physical aspects of nursing and medical care of hospital patients; second, on more comprehensive care of the "patient as a whole" including individual and social aspects of care of patients in homes and health agencies; and, third, a phase which is just beginning, on a broader scientific basis for professional practice.²

The comprehensive care approach means then, in essence, that the nurse must recognize all the needs of individuals, and must work with others to make plans to provide for these needs. This includes planning for the transition of the patient from the hospital to the home. Such continuity of care requires the cooperation of all health disciplines.

Although planning for the continuity of nursing care is primarily a nursing function and, as such, calls for nursing supervision and guidance, it is a function which involves the whole medical team within the hospital and the community--nurses, physicians, and other workers.³

The importance of community health resources in the provision of continuous care should not be minimized.

¹Aims of Nursing Administration (Washington: School of Nursing Education, Catholic University of America, 1947), p. iii, quoted in Esther Lucille Brown, Nursing for the Future (New York: Russell Sage Foundation, 1948), pp. 74-75.

²Faye G. Abdellah et al., Patient-centered Approaches to Nursing (New York: The Macmillan Co., 1961), p. 5.

³Ruth M. Farrissey, "Referral Plans: A Nursing Service Responsibility," Nursing Outlook, IV (January, 1956), 20.

"Through community health agencies the nurse is able to achieve her greatest service to the patient."¹ Nurses use this knowledge of community resources in the teaching and counseling of patients and their families.

The patient and his family are informed of the nursing needs he will have after discharge from the hospital, and either are given instruction necessary to provide safe and effective care or are assisted in securing continuing nursing through the proper health agencies.²

Nurses working in hospitals and in public health are beginning to recognize the need for closer relationships in providing for continuous nursing care after discharge from the hospital. This has led to an effort to provide organized systems of referral.

Nurses who work outside hospitals and their more numerous colleagues who work in the hospitals are endeavoring to form a strong, continuous line of service to patients who need further nursing care at home. To insure this continued care for every patient who needs it is the primary purpose of all interagency referral plans in nursing.³

The National League for Nursing has published a patients' "Bill of Rights," and included in this document is a statement of nursing responsibility for providing for continuity of care.

¹Alice L. Price, The Art, Science and Spirit of Nursing (2d Ed.; Philadelphia: W. B. Saunders Co., 1959), p. 67.

²Mary E. Brackett and Joan R. Fogt, "Is Comprehensive Nursing Care a Realistic Goal?" Nursing Outlook, IX (July, 1961), 402.

³Ruth W. Hubbard and Mathilda Scheuer, "Referral Plans," Nursing Outlook, IV (January, 1956), 18.

That plans will be made with him and his family, or if necessary for him, so that, if possible, continuing nursing and other necessary services will be available to him throughout the period of his need. These plans will involve the use of all appropriate personnel and community resources.¹

Concern for providing continuous nursing care and other services to patients in the community is evident in publications by many authors. Changes in the structure of nursing education have included those designed to give future nurses an awareness of community resources and their services available to patients. Abdellah, in her list of twenty-one nursing problems as a basis for teaching patient-centered care, includes the use of community resources as an aid in solving patients' problems.²

Educational programs in nursing endeavor to include this aspect of nursing care in their curricula. The National League for Nursing has encouraged inclusion of this material in all programs of nursing education as evidenced in their publications of criteria for evaluation of educational programs in nursing. Programs are encouraged to implement this as a component of their curricula by teaching the student about community resources, and how to use them for patient

¹"Patients' Bill of Rights," Nursing Outlook, VII (June, 1959), 364.

²Abdellah, op. cit., p. 17.

referral upon discharge.¹ In addition, collegiate programs in nursing are expected to provide practice as well as theory in public health nursing.²

A study of the objectives of curricula of fully accredited educational programs in nursing, conducted by the National League for Nursing in 1955, showed that an awareness of community health services available in the community for health care was commonly cited as one of the objectives of the various programs.³ If this is a general objective of educational programs, the registered nurse already practicing should have this awareness if she is to meet her responsibility to provide continuity of nursing care. Gabig says that "the increasing emphasis on continuity in patients' care makes it important for nurses to know the resources of other community agencies."⁴

Efforts are being intensified to make the hospital the

¹Criteria for the Evaluation of Educational Programs in Nursing Leading to a Diploma, Prepared in collaboration with the Council of Member Agencies of the NLN Department of Diploma and Associate Degree Programs (New York: National League for Nursing, 1958), p. 20.

²Criteria for the Evaluation of Educational Programs in Nursing That Lead to Baccalaureate or Masters Degrees, NLN Department of Baccalaureate and Higher Degree Programs (New York: National League for Nursing, 1960), p. 10.

³Objectives of Educational Programs in Nursing, NLN Division of Nursing Education (New York: National League for Nursing, 1955), p. 12.

⁴Mary Gabig et al., "In-service Education for General Duty Nurses," The American Journal of Nursing, LIII (April, 1953), 452.

center for coordination of community health services. Nurses working in hospitals are being called upon to recognize the value of using available resources in helping plan for continuity of care after patients are discharged from the hospital to their homes.

Depending upon the extent of medical objectives and the professional resources in the setting or the community, the nurses may initiate referrals to appropriate community health agencies--rehabilitation centers; home care programs, nursing homes; local diabetic, heart, or polio foundations; vocational placement agencies; etc.¹

The nurse working in the community becomes familiar with other community health agencies and their services because she works with the patient in the home and community where facilities found in the hospital are not available. Her working environment is the community and she is actively engaged in community health activity.² The importance of her role as an active participant in community affairs is evidenced by the attention given to this aspect of her activities by Freeman in her text.³

The hospital nurse, however, has tended to feel that all the services needed by her patient are provided within the confines of the institution. She has been more concerned with the immediate needs of her patients in the acute stage

¹Kreuter, op. cit., p. 29.

²Ruth B. Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Co., 1957), p. 251.

³Ibid., pp. 251-261.

of illness and the immediate stage of convalescence than with their future needs. But changes in the population of hospitals due to the larger aged population, and the increased number of patients with chronic disease has changed the emphasis on care needed. Long-range planning for the patient's return to his home and community is a must if the patient is to be maintained in a state of maximum health and productivity.

If the hospital nurse is not aware of available health resources she will be seriously hampered in counseling patients about their care after discharge. It is, therefore, essential for the nurse to have this awareness before she attempts to provide for continuity of care, thereby realizing her full responsibility for patient care.

Basis for the Hypotheses

Continuity of care requires close communication between the staffs of hospitals and community health agencies.

Farrissey points out, that "daily one encounters patients and families who have fallen into the abyss which yawns between the hospital and the community agency."¹ Lack of familiarity with community agencies and their services hinders the ability of the nurse to help provide a bridge to cross this "abyss."

Experience in public health nursing should have a favorable effect on the nurse's awareness of other community

¹Ruth M. Farrissey, "Referral in Practice," The American Journal of Nursing, LII (June, 1952), 732.

health agencies and their services available to patients because the public health nurse works closely with these agencies to provide services needed by her patients. Collegiate programs in nursing have made greater efforts to include public health concepts throughout their curricula than three year diploma programs, especially by providing field experience in public health nursing. Therefore, nurses graduating from collegiate programs in nursing and nurses having had public health nursing experience should have more awareness of community resources available to patients than nurses who have not had this background and experience.

Statement of Hypotheses

1. Nurses who have had an experience in a public health agency will be more aware of community resources available to patients than nurses who have had no experience in such an agency.

2. Graduates of a baccalaureate degree program in nursing will be more aware of community resources available to patients than graduates of a diploma or an associate degree program.

CHAPTER III

METHODOLOGY

Selection and Description of the Sample

This study was conducted in a metropolitan hospital with a capacity of 375 beds. The hospital has a teaching program for medical and surgical residents, nurses, medical technologists, and provides facilities for research in diabetes mellitus and cancer. It is a private hospital with a majority of medical-surgical units, a teaching unit for diabetic patients, and a psychiatric shock therapy unit. This agency was selected for the study because of its availability, receptive attitude, and reputation for maintaining high standards of patient care.

Forty-four registered nurses comprised the total sample. Thirty of these were staff nurses, and fourteen were head nurses. Eighteen staff nurses were selected on the basis of their availability while attending a scheduled in-service education program. The investigators met with another group of twelve staff nurses one week later to obtain additional data. Fourteen head nurses were selected on the basis of their availability while attending a scheduled nursing service meeting. All data were collected within a six day period. No attempt was made to secure a more select

sample because the investigators feel that all nurses need to be aware of community resources and services available to patients.

Tool Used to Collect Data

Questionnaire method was used for collecting data.

A copy of the tool, which consisted of two parts, is included in the Appendix.

Part I was constructed to obtain information about the basic and advanced educational background, and work experience of the respondent. These questions sought information about her present employment, basic nursing education, advanced nursing educational preparation, and nursing work experience. Questions pertaining to public health nursing theory courses and public health nursing field experiences were included under the section on basic and advanced nursing educational preparation. The questions were arranged as alternative and open-ended questions.

Part II was constructed to determine the respondents' awareness of community resources and their services available to patients. Five broad areas of need for continued care after discharge from the hospital were identified. These areas included: Mental, Emotional, and Spiritual Care; Direct Nursing Care; Financial Assistance; Rehabilitation; and Domiciliary or Institutional Care. These five areas were identified from the definitions of "comprehensive" care stated by various nursing authorities. The respondent was asked to

name community resources offering appropriate services.

The tool was pretested on seven registered nurses for clarity. Several minor changes were made in the wording of the questions.

Data in Part II were analyzed separately to determine a score for each of the respondents as an indication of her awareness of community resources offering services needed by the patient being discharged from the hospital. Answers were scored by the investigators according to the definitions of awareness and community resources as stated in Chapter I and the appropriateness of the agency for the service needed. The investigators judged the correctness of answers on the basis of their knowledge, past experiences with community resources, information obtained from consulting local community health directories, and a review of current literature.

Each agency correctly identified in each service area received a score of one. The total score was the sum of the agencies correctly identified. If any agency was incorrectly identified with a service area, it was counted as an error and the respondent received no credit for it. Her total score was taken as an indication of her overall awareness of community resources and their services available to patients on discharge from the hospital.

Procurement of Data

A preliminary interview was held between one of the investigators and the Director of Nursing of the Hospital to

discuss the purpose of the study, the research design, and the assistance needed from the agency. Arrangements were made for the investigators to attend an in-service education program for staff nurses and a nursing service meeting for head nurses for the purpose of collecting data. The investigators desired a larger number of staff nurses in the sample than was obtained at the in-service program, therefore, arrangements were made for another meeting with additional staff nurses. Data were obtained on two days within one week.

At each of the three meetings the investigators were introduced to the group. A brief explanation of the study including instructions for filling out the questionnaire was given by the investigators. The questionnaires were distributed and collected when completed. No time limit was set. All respondents completed the questionnaire within fifteen minutes.

CHAPTER IV

FINDINGS

This study was concerned with determining the relationship of public health nursing experience of the hospital nurse to her awareness of community resources and their services available to patients after discharge from the hospital. Forty-four registered nurses working in a metropolitan hospital were selected for the sample. A questionnaire was used to obtain data. The replies of the respondents were used to determine the relationship of their public health nursing experience to their degree of awareness of community resources and their services.

Presentation and Discussion of Data

In Part I of the questionnaire, the investigators obtained data concerning the educational background and work experience of the respondents. The purpose was to determine the relationship of each of these factors to the respondent's awareness of community resources and their services as determined in Part II.

Forty-four registered nurses comprised the sample. Thirty respondents or sixty-eight per cent of the sample were staff nurses and fourteen respondents or thirty-two per cent

of the sample were head nurses. The investigators obtained data from both of these groups for the purpose of determining the influence of the head nurse's awareness on that of the staff nurses on her unit. However, several head nurses failed to indicate the name of their units so this relationship could not be determined.

Forty-two of the forty-four nurses worked full-time and two worked part-time. Both of the part-time nurses worked as staff nurses; one worked twenty hours a week and the other thirty-two hours. The difference in awareness between full-time and part-time nurses was not determined because of the small number of part-time nurses in the sample.

Forty-one respondents worked on Medical-Surgical Units and three worked on a Psychiatric Unit. Determination of a possible relationship between the type of unit where the respondents worked and the degree of their awareness was not done because the majority of the respondents worked on Medical-Surgical Units.

The investigators were interested in determining the relationship between the respondents' length of time in present position and their awareness of community resources and their services. They suspected that nurses who had been working for a longer period of time in the hospital studied might have more awareness than nurses recently employed. However, data in Table 1 shows that respondents who had been employed less than one year had the highest average number of

correct answers.

TABLE 1

RELATIONSHIP OF THE RESPONDENTS' LENGTH OF TIME
IN PRESENT POSITION TO THE AVERAGE NUMBER
OF CORRECT ANSWERS

Respondents' Length of Time in Present Position	Number of Respondents	Average Number of Correct Answers
Under 1 Year	19	8
1-5 Years	22	6
6-10 Years	2	4
11-15 Years	1	2

Over half of the nurses in the sample had graduated between 1958 and 1962. Analysis of data indicated that nurses graduating in the years between 1958 and 1962 had a higher awareness than those graduating in the years between 1953 and 1957. However, nurses graduating in the years between 1948 and 1952 had the highest average number of correct answers of the entire sample. The investigators felt that recency of graduation might have been a more influencing factor on awareness than the length of time in the present position. The fact that two graduates of degree programs graduated in the years between 1958 and 1962 and one graduated in the years between 1948 and 1952 may have influenced these findings. Nurses graduating prior to 1948 gave significantly fewer correct answers than those graduating after

1948. These findings are illustrated in Table 2.

TABLE 2

RELATIONSHIP OF THE RESPONDENTS' YEAR OF GRADUATION AND BASIC NURSING PROGRAM TO THE AVERAGE NUMBER AND RANGE OF CORRECT ANSWERS

Years of Graduation	Number of Respondents and Basic Nursing Program			Average Number of Correct Answers	Range of Correct Answers
	Diploma	Degree	Total		
1958-1962	23	2	25	8	1-20
1953-1957	7	-	7	6	3-12
1948-1952	2	1	3	9	5-14
1943-1947	2	-	2	4	3-4
1938-1942	1	-	1	4	4
1933-1937	4	-	4	4	2-5
1928-1932	1	-	1	-	-
1923-1927	1	-	1	2	2

Forty-one respondents or ninety-three per cent of the sample were graduates of diploma programs in nursing and three respondents or seven per cent of the sample were graduates of baccalaureate degree programs. No graduates of associate degree programs were obtained in the sample. Two nurses from degree programs were in the staff nurse group and one was in the head nurse group. The average number of correct answers was computed to determine the difference between the awareness of community resources of diploma gradu-

ates to degree graduates. This is illustrated in Table 3.

TABLE 3

**RELATIONSHIP OF RESPONDENTS' BASIC NURSING PROGRAM
TO THE AVERAGE NUMBER OF CORRECT ANSWERS**

Basic Nursing Program	Number of Respondents	Average Number of Correct Answers
Diploma	41	6
Degree	3	10

The investigators recognize that the dissimilarity in the size of the groups presents a limitation as to the conclusion that may be made from these findings. The findings indicate that graduates of degree programs seem to have more awareness of community resources and their services than graduates of diploma programs.

None of the respondents had received degrees since graduation from their basic nursing program. Nineteen of the nurses in the sample had taken some college or university courses. Three nurses had attended workshops or institutes. Since the amount of data regarding advanced educational preparation was insufficient, the investigators were unable to determine a relationship between this and awareness of community resources and their services.

Forty nurses or ninety-one per cent of the sample had worked exclusively in hospitals since the completion of their

basic nursing program. Four nurses or about ten per cent of the sample had worked in other agencies. Of these nurses, one had four years of experience in the Army and gave a total of four correct answers; one had two years of nursing in a German refugee center and gave a total of fourteen correct answers; one had fifteen years of experience in nursing homes and gave no answers; and one had been a "public health apprentice" in the State of New York for six weeks and gave a total of ten correct answers. These data led the investigators to suspect that work experience in a community health agency other than a hospital following graduation from a basic nursing program may increase awareness of community resources and their services.

Data concerning the respondents' public health nursing experience were analyzed to determine the relationship of this experience to their awareness of community resources and their services. Thirty-three nurses or seventy-five per cent of the total sample had a theory course in public health nursing. Seven nurses or sixteen per cent of the total sample did not have a theory course in public health nursing. Thirty-two nurses or seventy-three per cent of the total sample had a field experience in public health nursing. Twelve nurses or twenty-seven per cent of the total sample did not have a field experience in public health nursing. The length of field experience varied from one day to eight weeks. Twenty-one nurses or sixty-six per cent of those who had a field experience had an experience of less than one

week, eight nurses or twenty-five per cent of the sample had an experience of between one and four weeks, and three nurses or nine per cent of the sample had an experience of between five and eight weeks. The three respondents who had a field experience of between five and eight weeks were graduates of a baccalaureate degree program. Sixteen nurses or fifty per cent of those with field experience had a one day experience.

Data illustrated in Table 4 indicate that nurses who had a theory course in public health nursing were more aware of community resources and their services than nurses who had not had a theory course. It also indicates that nurses who had between five and eight weeks of field experience were more aware of community resources and their services than nurses who had less than five weeks of field experience. Nurses who had less than a week of field experience seem to have an equal awareness with nurses who had between one and four weeks of field experience.

TABLE 4
PUBLIC HEALTH NURSING THEORY AND LENGTH
OF FIELD EXPERIENCE OF RESPONDENTS
IN BASIC NURSING PROGRAM

Public Health Nursing Theory and Length of Field Experience	Number of Respondents	Average Number of Correct Answers
Theory Course		
Yes	33	8
No	7	4
Not Indicated	4	4
Length of Field Experience		
5-8 Weeks	3	10
1-4 Weeks	8	8
Under 1 Week	21	8
No Experience	12	4

A theory course or field experience in public health nursing seemed to increase the nurses' awareness of community resources and their services. The investigators felt that nurses who had a combination of a theory course and field experience might be more aware of community resources than nurses who had a theory course or field experience only. Table 5 illustrates these findings.

TABLE 5

RELATIONSHIP OF PUBLIC HEALTH NURSING THEORY
AND FIELD EXPERIENCE TO THE AVERAGE NUMBER
OF CORRECT ANSWERS BY RESPONDENTS

Public Health Nursing Theory and Field Experience	Number of Respondents	Average Number of Correct Answers
Theory and Field Experience	29	8
Theory Only	4	7
Field Experience Only	3	6
No Theory or Field Experience	8	3

Data illustrated in Table 5 show that there is only a slight increase in awareness of nurses having a combined experience in public health nursing compared with nurses who had a theory course or field experience only. Nurses who had a public health nursing experience had a significantly higher degree of awareness than nurses who had no public health nursing experience.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study was undertaken to determine the relationship of public health nursing experience of a group of registered nurses working in a hospital to their awareness of community resources and their services available to patients. The hypotheses stated by the investigators were:

1. Nurses who have had an experience in a public health nursing agency will be more aware of community resources available to patients than nurses who have had no experience in such an agency.
2. Graduates of a baccalaureate degree program in nursing will be more aware of community resources available to patients than graduates of a diploma or an associate degree program.

Forty-four registered nurses working in a metropolitan hospital participated in the study. Thirty of the total sample were general staff nurses and fourteen were head nurses. No differentiation between nurses according to type of position was made in the analysis of data.

A two part questionnaire was developed. The first part was constructed to obtain information about their educational

background and work experience. It consisted of four sections pertaining to their present employment, basic nursing education, advanced nursing educational preparation, and nursing work experience. The second part was constructed to determine the respondents' ability to identify community resources which offer certain selected services to patients being discharged from the hospital.

Eighteen staff nurses were selected on the basis of their availability while attending a scheduled in-service education program. The investigators met with another group of twelve staff nurses six days later to obtain additional data. Fourteen head nurses were selected on the basis of their availability while attending a scheduled nursing service meeting. All data were collected within a seven day period.

After the entire data were collected, it was tabulated and analyzed. The following constitute the major findings from the data related to the problem in this study.

1. Nurses who had been in their present position under five years appeared to have a higher awareness of community resources than those employed over five years. Among these nurses, those employed under one year gave an average of eight correct answers; between one to five years an average of six correct answers; between six to ten years an average of four correct answers; and between eleven to fifteen

years an average of two correct answers.

2. Nurses who had graduated since 1948 appeared to have a higher awareness of community resources than those who had graduated prior to 1948. Among these nurses, those who graduated in the years 1958 to 1962 gave an average of eight correct answers; 1953 to 1957 an average of six correct answers; 1948 to 1952 an average of nine correct answers. All those who graduated prior to 1948 gave an average of four or less correct answers.
3. The graduates of degree programs in nursing gave an average of ten correct answers as compared to graduates of diploma programs in nursing who gave an average of six correct answers.
4. Nurses who had public health nursing theory and field experience gave an average of eight correct answers, and those who had no public health nursing theory or field experience gave an average of three correct answers.
5. Nurses who had only a public health nursing theory course gave an average of seven correct answers; nurses who had only a public health nursing field experience gave an average of six correct answers.
6. Nurses who had five to eight weeks of public health nursing field experience gave an average of ten correct answers; those who had under four weeks

gave an average of eight correct answers.

Conclusions

The following conclusions were drawn by the investigators from the data obtained from the respondents participating in this study.

1. Nurses who had a public health nursing theory course and field experience appear to have a higher awareness of community resources and their services than nurses who did not have this experience.
2. Nurses who had both public health nursing theory and field experience appear to have slightly more awareness of community resources and their services than nurses who had a theory course or field experience only.
3. Nurses who had a public health nursing field experience of from five to eight weeks appear to have slightly more awareness of community resources and their services than nurses who had four or less weeks of experience.
4. Graduates of a baccalaureate degree nursing program appear to have a higher awareness of community resources and their services than graduates of a diploma nursing program.
5. Recency of graduation appears to have more influence on awareness of community resources and their services than length of time in present position.

Recommendations

The investigators would like to make the following recommendations:

1. That information on community resources and their services be made available to nurses through in-service programs in hospitals
2. That a theory course and field experience in public health nursing be provided in basic nursing programs
3. That a similar study be made in another hospital or other hospitals to determine if the findings are comparable to those of this study
4. That a study be made to determine the hospital nurse's use of awareness of community resources and their services in teaching patients and planning for their health needs after discharge from the hospital
5. That a study be made to determine the influence of length of public health nursing field experience to awareness of community resources and their services.

BIBLIOGRAPHY

BIBLIOGRAPHY

Books

- Abdellah, Faye, et al. Patient-centered Approaches to Nursing. New York: The Macmillan Co., 1960.
- Bridgman, Margaret, Collegiate Education for Nursing. New York: Russell Sage Foundation, 1953.
- Brown, Amy Frances. Research in Nursing. Philadelphia: W. B. Saunders Co., 1958.
- Brown, Esther Lucille. Nursing for the Future. New York: Russell Sage Foundation, 1948.
- Facts on the Major Killing and Crippling Diseases in the United States Today. New York: The National Health Education Committee, Inc., 1961.
- Freeman, Ruth. Public Health Nursing Practice. 2d ed. Philadelphia: W. B. Saunders Co., 1957.
- Gist, Noel R., and Halbert, L. A. Urban Society. New York: Thomas Y. Crowell Co., 1961.
- Price, Alice L. The Art, Science and Spirit of Nursing. 2d ed. Philadelphia: W. B. Saunders Co., 1959.
- Readings in Medical Care. Ed. by The Committee on Medical Care Teaching of the Association of Teachers of Preventive Medicine. Chapel Hill: The University of North Carolina Press, 1958.
- Selltiz, Claire, et al. Research Methods in Social Relations. Revised. New York: Henry Holt and Co., Inc., 1960.
- Shafer, Kathleen Newton, et al. Medical-Surgical Nursing. 2d ed. St. Louis: The C. V. Mosby Co., 1961.
- Turabian, Kate L. A Manual for Writers of Term Papers, Theses, and Dissertations. Chicago: The University of Chicago Press, 1961.

Articles and Periodicals

- Brackett, Mary E., and Fegt, Joan R. "Is Comprehensive Nursing Care a Realistic Goal?" Nursing Outlook, IX (July, 1961), 402-404.

Bratton, J. K. "A Definition of Comprehensive Nursing Care," Nursing Outlook, IX (August, 1961), 481-482.

Bulkeley, Katherine. "Home Care for Chronically Sick Patients," Nursing Outlook, V (May, 1957), 305-307.

Chamberlin, Ruth. "Are Nurses Meeting Their Responsibilities?" Hospitals, XXXIV (October 16, 1960), 75-78.

Farrissey, Ruth M. "Referral in Practice," The American Journal of Nursing, LII (June, 1952), 732.

_____. "Referral Plans: A Nursing Service Responsibility," Nursing Outlook, IV (January, 1956), 19-21.

Gabig, Mary, et al. "In-service Education for General Duty Nurses," The American Journal of Nursing, LIII (April, 1953), 452-453.

Hubbard, Ruth W., and Scheuer, Mathilda. "Referral Plans," Nursing Outlook, IV (January, 1956), 18-19.

Johnson, Dorothy E. "A Philosophy of Nursing," Nursing Outlook, VII (April, 1959), 198-200.

MacLeod, Isobel. "The Patient Returns to the Community," The Canadian Nurse, LVI (December, 1960), 1079-1082.

"Patients' Bill of Rights," Nursing Outlook, VII (June, 1959), 364.

Reports

Criteria for the Evaluation of Educational Programs in Nursing Leading to a Diploma. Prepared in collaboration with the Council of Member Agencies of the NLN Department of Diploma and Associate Degree Programs. New York: National League for Nursing, 1958.

Criteria for the Evaluation of Educational Programs in Nursing That Lead to Baccalaureate or Masters Degrees. NLN Department of Baccalaureate and Higher Degree Programs. New York: National League for Nursing, 1960.

Kreuter, Frances Reiter. Report of a Work Conference on Nursing in Long-term Chronic Disease and Aging. The League Exchange No. 50. New York: National League for Nursing, 1960.

Millis, John Schoff, et al. Education for Nursing, Past, Present, and Future. The League Exchange No. 45. New York: National League for Nursing, 1959.

Objectives of Educational Programs in Nursing. New York: National League for Nursing, 1955.

Pamphlets

Ogg, Elizabeth. Your Nursing Services Today and Tomorrow. Public Affairs Pamphlet No. 307. 1st ed. New York: Public Affairs Committee, Inc., January, 1961.

Unpublished Material

McCann, Virginia H. "The Role of the Hospital Nurse and the Public Health Nurse in the Continuity of Care for Patients with Hemiplegia Due to a Cerebral Vascular Accident." Unpublished Master's thesis, School of Nursing, Boston University, 1961.

APPENDIX

QUESTIONNAIRE

The following questionnaire has been developed to obtain data for a Master's thesis. We are interested in your assistance in identifying the available resources in the community to be used by patients after discharge from the hospital. Your cooperation in answering the following questions will be appreciated. Do not put your name on this questionnaire.

This questionnaire is divided into two parts. Please answer each question as it relates to you by an X or word(s) on the line provided.

PART I. EDUCATIONAL BACKGROUND AND WORK EXPERIENCE

A. Present employment:

1. What is your present position? Staff Nurse _____

Head Nurse _____

2. How long have you held this position? State the number of years _____

If less than a year, state the number of months _____

3. Do you work full or part time? Full time _____

Part time _____

If you work part time, how many hours do you work weekly? _____ hrs.

4. Where are you assigned in the hospital?

Unit _____
(eg. 3D, East 1, 6 North)

Service _____
(eg. Medical, Surgical, etc.)

B. Basic nursing education:

1. From which type of basic nursing educational program did you graduate?

Diploma (3 yr. hospital school) _____

Questionnaire

Part I. (Continued)

- B. 1. Degree (4-5 yr. collegiate program) _____
Associate degree (2 yr. program) _____
Other (specify) _____
2. What year did you graduate from this program? _____
3. Did your basic nursing program provide:
- a. A theory course in public health nursing?
Yes ___ No ___
- b. A field experience in public health nursing?
Yes ___ No ___
- i. If yes, state the number of weeks ___
or days ___
- ii. If yes, indicate the type of agency
where you received your public health
nursing field experience:
State Health Department ___
County Health Department ___
City Health Department ___
Visiting Nurse Association ___
Other (specify) _____
- C. Advanced nursing educational preparation:
1. Have you received a baccalaureate degree since
graduation from a diploma or associate degree
program? Yes ___ No ___
- a. If yes, date received _____
- b. If yes, did this program provide:

Questionnaire

Part I. (continued)

C. 1. b. 1) A theory course in public health nursing?

Yes _____ No _____

ii) A field experience in public health nursing? Yes _____ No _____

a) If yes, state the number of weeks _____
or days _____

b) If yes, indicate the type of agency where you received your public health nursing field experience:

State Health Department _____

County Health Department _____

City Health Department _____

Visiting Nurse Association _____

Other (specify) _____

2. If you have not received a baccalaureate degree since graduation from your basic nursing program, have you:

a. Taken any college or university courses?

Yes _____ No _____

If yes, indicate each course by its title.

Questionnaire

Part I. (continued)

C. 2. b. Attended any workshops or institutes?

Yes _____ No _____

If yes, indicate each one by its title.

D. Nursing work experience:

What have been your work experiences since the completion of your basic nursing educational program to the present time?

List below in order of sequence.

<u>Type of Agency</u>	<u>Position held</u>	<u>Number of years or months</u>
-----------------------	----------------------	--------------------------------------

PART II.

Directions: In the left column below we have identified five broad services that might be needed by the patient being discharged from the hospital. In the right column, name the community agencies or other resources which are known to offer the appropriate services.

Services Needed	Agencies or Resources Offering Appropriate Services
Mental, Emotional, and Spiritual care.	
Direct Nursing Care	
Financial Assistance	
Rehabilitation	
Domiciliary or institu- tional care	