# A STUDY OF PATIENT-FAMILY RESPONSES TO SCHEDULED AND UNSCHEDULED PUBLIC HEALTH NURSING VISITS IN BOULDER COUNTY, COLORADO

by

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A Study of Patient-Family Responses to Scheduled and Unscheduled Public Health Nursing Visits in Boulder County, Colorado

Thesis directed by Professor Katherine J. Kelly

This study was designed to compare satisfactions and annoyances of patient-families with scheduled and unscheduled home visits made by public health nurses and to obtain patient-family opinion on the scheduling of the home visit. The purposes of the study were as follows: (1) to compare satisfactions of patient-families with scheduled and unscheduled home visits; (2) to compare annoyances of patient-families with scheduled and unscheduled home visits; (3) to obtain patient-family opinion on the scheduling of the home visit; (4) to determine whether there were any patterns of preference related to scheduled home visits on the basis of (a) age of children, (b) working mother, (c) residence within Boulder or Longmont, and (d) patient diagnosis; (5) to make recommendations for improving public health nursing service.

The survey, combining the questionnaire and an interview, was used to obtain the information desired for the study. Six public health nurses and fifty-four patient-families participated in the study.

The findings revealed that (1) patient-families who were visited without an appointment indicated more satisfaction than the patient-families who were visited with an appointment; (2) patient-families who were visited with an appointment indicated more

annoyance than the patient-families who were visited without an appointment; (3) thirty-one out of forty-seven patient-families interviewed stated that they preferred public health nursing visits by appointment.

An analysis of patterns of preference for scheduled visits indicated that appointments should be made whenever possible in the following situations: (1) patient-family with residence in Boulder or Longmont; (2) patient-family with young children; (3) patient-family in which there is a working mother; and (4) patient-family in which there is long-term illness.

It was recommended that (1) the behaviors of the nurse which have created annoyance and those which have reduced satisfaction of patient-families should be reviewed by the public health nursing staff and appropriate action should be taken to eliminate these annoyances and dissatisfactions; (2) the agency review its policy on making public health nursing scheduled and unscheduled visits; (3) in view of the fact that the findings were contradictory, the agency do further study of patient-family responses to public health nursing visits; and (4) the agency do a cost study of "not-at-home" and other non-productive visits.

This abstract of about 250 words is approved as to form and content.
I recommend its publication.

Signed Katherine J. Kelly
Professor in charge of thesis

I wish to express my appreciation for the direction and advice received from the members of my thesis committee, Miss Katherine Kelly and Mrs. Aileen B. Smith. I am also grateful to the entire staff of the Boulder City-County Health Department.

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# CHAPTER I

## THE PROBLEM AND DEFINITION OF TERMS USED

### Statement of Problem

From the beginning the essence of nursing has been that of concern for the patient as an individual and as a human being within a social setting. However, in their very eagerness to do a good job, to reach as many people as possible and to "tell" them what to do about their health problems, public health nurses sometimes have overlooked one very important factor. This was the ability and readiness of an individual or family to accept whatever information or instruction the public health nurse was making available to them.

Persons referred for the services of public health nurses usually have problems which they cannot handle alone. Sometimes this is a sickness and sometimes it is a problem created by lack of a necessary knowledge or skill. The need for a visit by a public health nurse may be a real threat to the self-concept.

When a person is under threat from any cause, defensive behavior is the result.[1] Could the public health nurse minimize this threat and better prepare the member of the family whom she is to visit? Would preparation for the nursing visit, including advance notice of its date,

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[1] C. H. Patterson, Counseling and Psychotherapy: Theory and Practice (New York: Harper and Brothers, 1959), p. 147.

with consideration of the patient-family convenience as to timing whenever possible, lower this threat? Making an appointment, whether it be by telephone, postal card, or word of mouth, would enhance the individual self-concept. As we treat people with respect, so they respect themselves. Threat is removed. Thus the teaching of the public health nurse would be more satisfying to an individual family. This study was made in an attempt to answer some of these questions.

This was a study of patient-family responses to scheduled and unscheduled public health nursing visits. The purpose was to improve the nursing care given to patients in a local health department. Through the study an attempt was made:

1. To compare satisfactions of patient-families with scheduled and unscheduled home visits.

2. To compare annoyances of patient-families with scheduled and unscheduled home visits.

3. To obtain patient-family opinion on the scheduling of the home visit.

4. To determine whether there were any patterns of preference related to scheduled home visits on the basis of (a) age of children, (b) working mother, (c) residence within Boulder or Longmont, (d) diagnosis.

5. To make recommendations for improving public health nursing service.

## Definitions of Terms Used

Appointment. A specified time arranged for in advance with the patient-family either by telephone, postal card, or direct contact. Time to be specified as to date but not as to hour.

Health Counseling Visit. A visit made by a public health nurse with the purpose of promoting health and preventing disease.

Patient. Any person under the supervision of a licensed physician and who has been referred to the Boulder City-County Health Department.

Patient-Family. The family belonging to the patient; in this study, often denotes mother or responsible adult when the patient is a child.

Public Health Nurse. Qualified public health nurse, either Public Health Nurse I or II. The Public Health Nurse I is the nurse who is not public health educated but has had one year of experience in a public health agency, or a public health educated nurse without work experience. The Public Health Nurse II is both public health educated and experienced.

## Introduction

Psychology defines the self-concept as the core of personality. The self-concept is built, as the baby grows into child and adulthood, from contact with the social world; as the significant others in a

person's world see one, so he sees himself.[2] Communication is essential to the development of the self-concept. The attitudes and feelings of others toward us are communicated by word and action. Defense of one's picture of self is defined as the main purpose of life itself.[3]

Everyone has needs. There have been various attempts by the psychologist to categorize these needs as physical and psychological, or primary and secondary. Patterson feels that attempts to list needs in order are not a success because self is the highest value of the individual. He states, "From birth to death, the defense of the phenomenal self is the most pressing, most crucial, if not the only task of existence."[4] He feels that all behavior can be understood in reference to this basic need. A study by Ferguson, Hollistern, and Ullman revealed that people have a desire for more knowledge about health and medical matters.[5] They found that a need of health knowledge exists which can be satisfied by learning.

One of the most significant illustrations of the need to learn about one's health and to be solely responsible for this knowledge is the Peckham Experiment in England. The Peckham Centre is a center organized for family health and recreation. In attempting to promote

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[2]Ibid., p. 143.

[3]Carl R. Rogers, Client Centered Therapy (Boston: Houghton Mifflin Company, 1951), p. 41.

[4]Patterson, op. cit., p. 145.

[5]Marion Ferguson, William G. Hollister, and Florence Ullman, "What Does the Consumer Want?", Nursing Outlook, 2:571-574, November, 1954.

health and richness of living for individuals and families, there has been deep respect for the right and capacity of the individual to be responsible for himself. The family enrolls, if it desires, for the service. They then make their own appointment, which may be as late as ten o'clock in the evening.

> Few people not acquainted with the circumstance of the weekly wage earner realize the significance to him of the method of approach by choice and at his own time. He expects to have to fit himself into other people's convenience in all that he does. His hours of work are determined for him; he is not free to arrive an hour earlier and leave an hour earlier as is his master; if he wants a job or hospital treatment, he must attend at some hour determined by those who have either at their command. If his wife wants to see the child's teacher or the school doctor, she must attend at some stated time not necessarily convenient to her. Nowhere, in fact, except by the private dentist or hair dresser, is the time and convenience of the weekly wage earner and his family considered as anything to be respected. Perhaps it is this background rather than any other factor (e. g., ill-will or ignorance on the part of the applicant) which has led to failure of the attempts on the part of the hospital to introduce an appointment system
> It is useless to hope for appointments to be kept if the only hours offered are ones which clash with other responsibilities the individual recognizes. The truth of this seems to be born out by the fact that in the Centre it is the exception for appointments not to be kept and if an individual is prevented from coming it is quite unusual for a note or message of apology not to be brought by some member of his family.[6]

After enrolling for the service, each member of the family has a complete physical examination. It was found that when the findings of the "overhaul" were then presented to a family without advice, follow-up resulted. Families were left to their own degree of intelligence to act. The result was that ninety per cent of the individuals

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[6] Innes H. Pearse and Lucky H. Crocker, The Peckham Experiment (New Haven: Yale University Press, 1945), pp. 82-83.

in whom some disorder was discovered sought treatment. Rogers summarizes the findings as follows:

> If the individual or group is faced by a problem;
> If a catalyst-leader provides a permissive atmosphere;
> If responsibility is genuinely placed with the individual or group;
> If there is basic respect for the capacity of the individual or group;
> Then, responsible and adequate analysis of the problem is made;
> Responsible self-direction occurs;
> The creativity, productivity, quality of product exhibited are superior to results of other comparable methods, and
> Individuals and group morale and confidence develop.[7]

From the foregoing, it was concluded that (1) people have a desire for learning about their health; (2) that, given the opportunity, people would themselves take steps to improve their own health; (3) that learning through response to a felt need would result in satisfaction.

## Justification for the Study

Studies such as that made by Hansen have explored the reasons for breaking appointments, but no studies were found which explored any aspect of making appointments for home visits.[8] The absence of published studies seemed to indicate a need for such a study as this. Another need was to explore ways to keep to a minimum the loss of nursing time through non-productive visits. Sometimes in the past the patient was not at home and at other times he was engaged in activities not conducive to a productive visit. The shortage of qualified public

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[7] Rogers, op. cit., pp. 63-64.

[8] Ann C. Hansen, "Broken Appointments in a Child Health Conference," Nursing Outlook, I:417-419, July, 1953.

nurses makes it imperative to search out and use all possible methods which will give the available service to those who can use it most effectively.[9] Patient-family involvement in the planning for a public health nursing visit could well result in a more productive visit. Setting an appointment with the patient would involve his participation in the planning. Since 1940, there has been increased emphasis on the psychology of participation and motivation of people. Davis' definition of participation is as follows: "A mental and emotional involvement of a person in a group situation which encourages him to contribute to group goals and share responsibility in them."[10] Davis feels that participation is more than getting consent for something already decided. It is a psychological and social relationship among people, rather than a procedure for imposing ideas from above. It encourages people to share responsibility in an activity. Although Davis is concerned primarily with business relationships, public health nurses might also use the principle of participation if they are to be truly democratic in home visiting. More participation by the patient would increase his responsibility for the nursing visit and might well decrease dependency.

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[9]Ruth E. Rives, "Priorities According to Needs," Nursing Outlook, VI:404-406, July, 1958.

[10]Keith Davis, Human Relations in Business, (New York: McGraw-Hill Book Company, 1957) p. 28.

## CHAPTER II

## A REVIEW OF LITERATURE

This chapter will deal with background literature related to the appointment. Nothing was found in a review of nursing literature to reveal any concern with appointments in relation to home visits until 1949. Therefore the use of appointment in business and social case work as well as nursing was reviewed. Following that, public health nursing trends were discussed as illustrated by selections from nursing literature.

### Literature Pertaining to the Appointment

#### Nursing

In 1949 Swanson had the following to say about the appointment in her discussion of school nursing:

> For the one-of-a-series interview, the appointment is often of a scheduled type. Often it is better to say "When will you have time to talk to me about _____?" With administrators and teachers certain periods are scheduled at the greatest convenience of both parties, at which times certain matters of certain nature will be taken up. With pupils and parents, the time for the next conference, which may be a simple report type, may well have been set at the previous conference, either as a specific date or "after such or such has been done or happened."[1]

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[1] Marie Swanson, "The Interview in School Nursing," Public Health Nursing, 41:228-232, April, 1949.

Appointments with parents for interviews at school allow the nurse to choose a time when interruptions will be at a minimum.[2]

In favor of the interview by appointment at school, Swanson adds further:

> The parent who might have felt on the defensive in a home conference has worked through that reaction by taking the positive action of coming to school. There is no feeling of being at a disadvantage because of a disordered house, informal clothing, or household interruptions.[3]

Again, in favor of an appointment when going into the home, she says:

> With children going back and forth between home and school each day, there is little excuse for a nurse making a home call without an appointment. The time she saves in avoiding "not-at-homes" is of value, but more valuable is the reaction of the parent to the courtesy, and the better setting for a conference in a home that is prepared for the visit.[4]

French expresses discomfort with the unscheduled home visit in her discussion of the handicapped children's program:

> The clinic interview is of primary importance to the public health nurse. The nurse making a home visit may find the family on the defensive, ashamed of its living conditions or housekeeping, harassed or preoccupied. When the family comes to the clinic, it comes as a guest ready to be welcomed and usually planning to discuss its problems.[5]

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[2] Ibid.

[3] Ibid.

[4] Ibid., p. 232.

[5] Mary Anne French, "Interviewing in a Handicapped Children's Program," Public Health Nursing, 41:650, December, 1949.

Social Case Work

No studies were found exploring the appointment in social work. This may be because social workers do not, traditionally, go into a home without an appointment. Young, in his text, states the following:

> Convention requires that the interviewer be properly introduced to the interviewee. General letters of introduction "To-whom-it-may concern" are of little value. The introduction should, if at all possible, be personal, and by one who in a sense sponsors the interviewer. It may be sufficient if the sponsor will telephone or write directly to the interviewee explaining who the interviewer is and, if desirable, telling briefly what is wanted. That is, the interviewer should, whenever possible, be expected.[6]

> Even those who place little weight on convention will generally appreciate the gesture of politeness. The necessity of postponing a given interview to a more convenient time should be foreseen by the interviewer, and the proposal should originate with him.[7]

From the foregoing, it is seen that the field of social case work has believed in the courtesy of making home visits by appointment whenever possible. While it may be argued that "you would never get in if they knew you were coming," it must be realized that a productive home visit by a public health nurse involves more than "getting in." Beginning with an appointment, so that the nurse is expected, might be one approach. In her editorial for the January, 1956 Nursing Outlook, Ruth Freeman states: "We believe that nurses have a large contribution to make to as well as much to learn from other health, education, and welfare movements.[8]

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[6] Pauline V. Young, Scientific Social Surveys and Research (New York: Prentice Hall, Incorporated, 1939), p. 183.

[7] Ibid., p. 184.

[8] Ruth B. Freeman, "This We Believe," Nursing Outlook, IV:17, January, 1956.

patients were segregated. Second, methods of sanitation were revolutionized. The emphasis on immunization and the belief that healthy living must be founded on knowledge of health principles brought the public health nurse into active use. Although as early as 1890 there were twenty-one organizations engaged in visiting nursing, it was not until 1912 that the National Organization for Public Health Nursing came into being. It was 1918 before there was an official organ for the group. This was a quarterly which originated as the Visiting Nurse Quarterly in Cleveland and became known in 1918 as The Public Health Nurse. In 1931 the name was changed to Public Health Nursing, and finally, in 1953, it became Nursing Outlook.[14]

The extent to which complete responsibility was placed on the nurse in Mary Gardner's book on Public Health Nursing published in 1917 is emphasized in her discussion of tuberculosis nursing: "Tho she cheers and nurses the patient--she will barely have touched the problem unless she prevents the spread of infection. Rather than ask 'can I help this poor soul?' she must say 'How can I keep others from a like fate?'" And further: "Attendance at clinics prove a very good index to the activity of the nurse. It is easy for a nurse to grow careless about clinic attendance and to rely too much on her own experience in home visiting."[15]

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[14] Mary S. Gardner, Public Health Nursing (New York: The Macmillan Company, 1936), pp. 24-54.

[15] Ibid., pp. 228-233.

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[14]Mary S. Gardner, Public Health Nursing (New York: The Macmillan Company, 1936), pp. 24-54.

[15]Ibid., pp. 228-233.

The Visiting Nurse Manual published by the Visiting Nurse Association of Chicago in 1919 shows the same autocratic thinking. The instructions for "maternities" say the following:

> Breast Feeding: Insist upon breast feeding and watch patient's diet carefully if milk supply is insufficient. Always try to feed the mother first if there is no other reason for the baby's being taken from the breast.[16]

Exercise: Warn against heavy lifting and over exertion.

While there may be an assumption, there is no discussion of the mother's participation. The strength of words "insist" and "warn" paint the nurse as an authoritative symbol who has no doubt of her own knowledge and allows for no assumption of basic intelligence on the part of the mother.[17]

That nurses were autocratic in their dealings with patients, and sometimes without proper background in knowledge of what they were trying to teach, is reflected by an article in The Public Health Nurse in 1926. By then the activities of nurses had grown and they were teaching schools and factories as well as homes. Nurses themselves were aware of their lack of preparation. Rand discussed the wonderful opportunity nurses had as teachers in their community contacts; her article was begging for "nurses who know what to teach" as revealed in the following exerpt:

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[16] Edna Foley, Visiting Nurse Manual (Chicago: The Visiting Nurse Association of Chicago, 1919), p. 51.

[17] Ibid., p. 49.

> The nurse, like most of the world, has thought that the one thing to do with spectacular behavior was to stop it immediately and by force. She has not known the importance of getting at the cause of behavior nor how to get at it even if she has realized its importance.[18]

> She has, therefore, sometimes suggested treatment of behavior which, in light of cause, is bad. The child who screams night after night at the thought of bears under his bed is an example. Should that child be shut in a room and left to cry it out? Yet that is the advice given.[19]

In 1930 there was an interesting article on the use of a psychiatric social worker giving consultation to public health nurses:

> About a year ago a nurse reported: "It just burns me up to see how Mrs. Smith sits there by the stove doing nothing every single time John gets sick. I told her in a polite way that she was lazy." This woman had to be hospitalized for a severe depression--the nurse hadn't helped![20]

Later, in 1934, this criticism of the behavior of nurses was expressed by Esther Richards, a nursing leader. The article tells of a public health nurse who took a child from school to a doctor for an opinion. The child had attacked another boy. The mother, when eventually contacted, would have been glad to come discuss the child's behavior with the doctor, but the nurse had not asked her to do this. A little girl had not been keeping her appointments with a posture class. She had been told to do such and such things by the nurse, but not the reason why. Miss Richards felt that the "emphasis in nurses' training has

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[18] Winifred Rand, "Normal Development of the Child," Public Health Nurse, 18:460-461, August, 1926.

[19] Ibid.

[20] Lois Blakely, "Relation of Psychiatric Social Work to Public Health Nursing," Public Health Nurse, 22:26-30, January, 1930.

been put specifically upon the punctilious carrying out of techniques and routines with very little left to her initiative and judgment."[21]

In this same year, 1934, there was mention of some freedom to adapt her teaching to the situation, in an article by Leslie Wentzel. "Whatever teaching is done by the public health nurse, it must be kept flexible and adapted to the individual situation which she finds in the home."[22] However, this was not the prevailing concept of the public health nursing visit as shown by the following points taken from an article on "Follow Up Care of the Tuberculosis Patient."

> The visit is best made soon to get him started on the right path. Tell him to continue the sanitorium regime in home surroundings. Give him a card with the name and place of chest clinics. Advise him about the disposal of sputum. If the patient gets a job, urge him to have a chest examination. Impress upon him the necessity for rest. Point out that careful living pays dividends.[23]

By 1940 there was beginning to be a change in the philosophy although it was not the pronounced change that became evident later. At the biennial convention some of the remarks of the then President, Grace Ross, were:

> We are no longer impressed by large totals of visits made, of persons seen, of miles covered. We are interested in what a nursing visit costs and what we get for its cost; in what

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[21]Esther Loring Richards, "Is the Public Health Nurse Behavior Conscious?" Public Health Nursing, 26:474-477, September, 1934

[22]Leslie Wentzel, "The Post Partum Period," Public Health Nursing, 26:129, March, 1934.

[23]Gertrude Bedell, "Follow Up Care of the Tuberculosis Patient," Public Health Nursing, 26:80-81, February, 1934.

> detrimental patterns of family life we successfully change; in what impaired physical conditions we definitely improve or arrest; in the amount of instruction which holds over from one situation to another.[24]

Even in the National Organization for Public Health Nursing Manual of Public Health Nursing, published first in 1926, with a last revision in 1939, one can read what the nurse is to do. The nurse teaches, instructs, explains, and interprets to the patient or family. There is never mention of a visit wherein the nurse begins where the patient is and perhaps lays aside her original visit plan.[25]

That the profession itself was becoming increasingly aware of the need for a different approach was shown in an article discussing how the supervisor can help in a child health conference.

> The supervisor can advise her (the staff nurse) against the dangers of an autocratic or dictatorial type of instruction and show the need for explaining to the mother the reasons underlying her instructions and suggestions. The supervisor can make her appreciate the importance of having the mother and her wants the center of interest rather than what the nurse wants to impart.[26]

By 1944 further concern with what the patient wants or feels he needs was reflected in Public Health Nursing:

> An interview was held with a young girl who had progressed from very early to moderately advanced disease while carried as a contact to tuberculosis. The public health nurse had recorded

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[24] Grace Ross, "Our Task in a Changing World," Public Health Nursing, 32:425-427, July, 1940.

[25] National Organization for Public Health Nursing, Manual of Public Health Nursing (New York: The MacMillan Company, 1939), Third Edition.

[26] Laura S. Story, "The Nurse's Child Health Conference," Public Health Nursing, 32:539-544, September, 1940.

repeated efforts to persuade the patient to return. The patient was surprised when it was explained that her long illness could have been avoided. She said, "No one ever told me I had tuberculosis; they only asked me to return to the clinic." It is wise to find out what the family thinks is its greatest problem and begin with that.[27]

It appears from the nursing literature that it was the mid 1940's before nursing as a profession became concerned with getting the patient's participation by "starting where the patient is." The world of psychology was becoming concerned with participation at about the same time. Allport published an article supporting active participation on the basis that ego involvement increases one's self respect.[28] Rogers was developing the client centered type of psychotherapy. It was his belief that the directive type of counseling made the client dependent upon the counselor; that the client has within himself the ability to change his behavior; and that as he hears himself discuss his problems freely to an understanding listener who is not a threat, insight will develop.[29]

Thus we have business, psychology, and nursing all becoming concerned with participation by the prospective customer, client, or patient in the respective field. If there is unity in this development in widely diverse fields, nursing is truly on its way toward becoming a true profession. That nursing was becoming concerned

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[27]Louise A. Lincoln, "Solving Tuberculosis Problems in Wartime," Public Health Nursing, 36:394-398, August, 1944.

[28]Gordon W. Allport, "The Psychology of Participation," The Psychological Review, 52:122, May, 1945.

[29]Carl R. Rogers, Client-Centered Therapy (Boston: Houghton Mifflin Company, 1951), p. 108.

primarily with patient needs as he perceives them rather than nurse needs is illustrated in the following commentary from an article in Public Health Nursing in 1950. "We may deduce that this nurse was truly focusing her attention on the needs of the family rather than on her own desire to "get things done."[30] Further evidence of this changing concept was shown in the following excerpt on in-service education for staff nurses.

> Stop! Look! Listen! is a familiar sign often seen at railroad crossings. Appropriate for the public health nurse as she crosses the threshold of the home. Over-eagerness to be doing or teaching has a tendency to limit discriminating observations. Consequently a nurse may get into action or under way before the patient's needs are fully understood.[31]

There was evidence also that curricula for nurses were incorporating more concern with patient needs as he sees them:

> If we accept Dr. Esther Lucille Brown's suggestions that the professional nurse of the future will be one who recognizes and understands the fundamental needs of a person, sick or well, and who knows how these needs can best be met, if we accept further that this nurse will possess a body of scientific knowledge which is based upon and keeps pace with general scientific advancement, and further, that she will be able to apply this knowledge to meet the nursing needs of people and communities, we have cause to be concerned about the science of nursing.[32]

That there has been a real change from the autocratic nurse in the 1920's, even into the 1930's, is illustrated further from an article on tuberculosis nursing taken from Nursing Outlook, 1955.

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[30]Karen E. Munch, "The Tuberculosis Patient at Home," Public Health Nursing, 41:399-403, July, 1950.

[31]Clara B. Rue, "Public Health Nursing Studies and In-Service Education," Public Health Nursing, 42:510, September, 1950.

[32]Pauline Grotz, "Improving Science Teaching, Nursing Outlook, 3:219, April, 1955.

"This investigation indicated the need for a continuous follow-up program for patients throughout their entire cure, and for the teaching procedure to be modified to meet individual needs.[33]

Peplau's book, Interpersonal Relations in Nursing, published in 1952, places emphasis on the nurse's role in fostering personality development and independence--the very essence of our democracy. As Rogers believed in client-centered therapy for the psychologists, so Peplau feels that patient-centered therapy for the nurse is an essential component of health. She states: "Nursing is a process that aids patients to meet their present needs so that more mature ones can emerge and be met. It is useful to observe how nurses and patients find release from tensions generated by needs and to speculate on what those needs might be.[34]

Pediatricians have long been advising mothers to ignore the symptoms of a problem child, such as tantrums, bed-wetting, and meet his need for attention and affection. Peplau feels that the principle is the same in handling behavior that adults use to relieve tension. The "recalcitrant" tuberculosis patient might be more cooperative if his need for independence in the face of threat--loss of freedom, hospitalization, or death--were better recognized.

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[33]Mabel A. Wandelt, "How Should We Teach the Tuberculosis Patient?" Nursing Outlook, 3:446, August, 1955.

[34]Peplau, op. cit., p. 83.

# CHAPTER III

## METHODOLOGY

### Techniques Used for the Study

The purpose of this study was to compare patient-family responses to scheduled and unscheduled public health nursing visits in an effort to improve the nursing care given to patients in a local health department. Patient-family responses expressing satisfaction or annoyance with either scheduled or unscheduled visits were desired; a direct opinion was also thought to be valuable. A survey combining the questionnaire and a personal interview was decided to be the best way of obtaining the desired data. Hilway describes the survey thus: "The survey typically constitutes a way of obtaining exact facts and figures about a current situation."[1] Using a questionnaire as a means of obtaining information about satisfaction and annoyance was thought to be necessary because patient-families might be reluctant to discuss satisfaction or lack of it with an outside person. The opinion survey was a means of finding out directly what patient-families would think of an appointment-made service.

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[1]Tyrus Hillway, Introduction to Research (Boston: Houghton Mifflin Company, 1956), p. 173.

## Background for the Study

### Description of the Community

The study was carried out through the Boulder City-County Health Department, Boulder, Colorado. Permission for the study was obtained from the Director of the Boulder City-County Health Department.

Boulder County is one of the smaller counties of Colorado and is located in the north central part of the state; the high mountains of the Continental Divide form its western boundary which seems to stretch into the rolling plains of the eastern portion. Nederland, Lyons, and Jamestown are the organized communities of the mountainous area, each having approximate population of one thousand. The City of Boulder is in the southeast portion of the county; the population is 37,517. This includes an estimated 9,300 students attending the University of Colorado which is located in Boulder. Longmont is in the northeast corner, the second largest community in the county, with a population of 11,327. Longmont is the center of farming activity. The next larger centers are Lafayette and Louisville, each with a population of about 2,000. Bordering the county line on the east is a new community, developed within the last four years, known as Broomfield Heights; an estimated 5,000 people are living there now and growth is continuous. The total county population is 73,670.

The University of Colorado maintains its own medical facility for its students. Student families needing medical care go to private physicians. The usual resource for the care of the medically indigent and low-income groups is the county hospital. Occasional persons are referred to nearby Colorado General Hospital in Denver. There are about sixty-five physicians currently practicing within the county.

Four private hospitals are available. The Community Hospital and the Boulder-Colorado Sanitarium are within the city of Boulder. The Community Hospital and Long's Peak Osteopathic Hospital in Longmont complete the hospital resources. Patient-families are referred by the private physician to any health department service. The ratio of physicians to population is approximately one per one thousand.

If patient-families were to evaluate scheduled and unscheduled public health nursing visits, they would have to have experienced such visits. For this reason two groups were formed. Group I had an unscheduled public health nursing visit. Group II had a public health nursing visit by appointment. These visits were made by the nurse regularly seeing the patient-family. Following that, the research nurse visited with a questionnaire and an interview.

The study was conducted in the fall of 1959. Services available at that time were as follows: Maternal and Child Health, Crippled Children, Tuberculosis, Communicable Disease, and School Health Services to those county and parochial schools not hiring their own nurse. At that time there was bedside service available on a teaching basis.

All the six staff nurses working at the department participated in the study. They were oriented as a group. All nurses were qualified public health nurses. Five had a basic degree in nursing; three were in their first year of experience; two had had three years experience; two had had three years experience; one had had twenty years of experience.

This health department uses the McBee Sort System of recording. Each visit made by a nurse is recorded on a card, complete with a punch for all data such as date, type of service, and other relevant

facts. Because the nurses had been busy with the school health program, the number of individual visits was low in September. To facilitate the study, patients for the control group, or those not having an appointment made visit, were selected from visits already made. To insure that this selection be as random as possible, the five most recent visits of September, for each nurse, were chosen. These were visits which had not been scheduled with the family by the public health nurse, and were designated Group I in the study.

Families were selected for the scheduled visits as follows: the nurses routinely place their anticipated visit cards behind the month in a tickler file. Patient-families to be visited in the month of November averaged twenty. Each of these names were placed on a slip of paper, and each nurse drew five names from her own group. These patient-families were the ones to whom the nurse mailed a postal card asking for an appointment. They were designated Group II in the study.

Various ways of making the appointment were considered. The two criteria considered the most important were (1) low cost, and (2) ease of administration. The telephone call was considered practical for families residing within the cities of Boulder and Longmont but too expensive for the rural areas. Arrangement by the nurse with the patient-family at a previous visit was also considered but would have involved an additional nursing visit. A two-way postal card was considered the most practical method which would be inexpensive and easy to administer. One side announced the date of the nurse's planned visit and had a space for her signature. Instructions on the card were that if this date were not convenient, patients receiving the card would detach and mail the accompanying postal card with a new preferred

date. Each of the six nurses was given a supply of prepared postal cards with which to make her appointments.[2]

## Preparation of the Questionnaire

### The Open-End Questionnaire

An open-end questionnaire was devised in an attempt to determine satisfactions.[3] The staff nurses delivered the questionnaire to five families during the nursing visit. Families were requested to answer the questionnaire and mail it in an accompanying self-addressed stamped envelope. One questionnaire was returned. Three of the five families were contacted by interviewers to determine their satisfactions with the public health nursing service. As a result of this experience it was decided that:

1. A check-list type questionnaire would have to be developed.
2. Satisfactions used would have to be general, common to any visit.
3. The research nurse would have to deliver the questionnaire and at the same time ask the patient-family opinion of an appointment system.

### The Final Check-List Questionnaire

Literature in the field of psychology was consulted to define satisfaction. Thorndike describes a satisfying state of affairs as one "which the individual does nothing to avoid, often doing things to

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[2] Appendix "A".

[3] Appendix "B".

maintain or renew it."[4] Trow describes a number of responses as "satisfiers." The following responses have been chosen to use in this study to test satisfaction with public health nursing visits.

1. Receiving favorable attention.

2. Humble approval from any person; admiring glances or sounds.

3. Friendly behavior.

4. Submissive behavior of others when one is set toward mastery.[5]

Similarly, a negative response may consist of avoiding the stimulus, or actually refusing to respond to it in appropriate ways, or of acting in such a manner as to push it farther away. The examples of "annoyers" which will be used to test lack of satisfaction are as follows:

1. Being interfered with in one's movements by being opposed.

2. Being thwarted in any original tendency.

3. Being neglected.

4. Scorn; derision.[6]

The above "annoyers" and "satisfiers" were adapted to public health nursing situations. Twenty statements were developed around public health nursing activities usually common to any visit.[7] As outlined below, ten were thought to be "satisfiers," ten seemed to be "annoyers." Patients

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[4]Faye G. Abdellah and Eugene Levine, Patients and Personnel Speak (Washington: U. S. Department of Health, Education, and Welfare, Public Health Service, 1957), Public Health Service Publication No. 527, p. 4.

[5]See Appendix "C".

were asked to respond with a check in one of three columns. The first, "This Happened Within Past Two Months," concerned the visit made prior to the delivery of the questionnaire and the interview. The second column, "This Happened More Than Two Months Ago," gave patients an opportunity to express dissatisfaction with the service without criticizing the nurse currently seeing the patient and could have been any nurse in the past. Satisfactions checked in this column indicated satisfaction with the service as it was for that visit. The third column, "This Did Not Happen," was to be used for statements with which the respondent had no experience.

Satisfiers

1. Receiving favorable attention

(2) The public health nurse let me know how to get in touch with her if I so desired.

(7) The public health nurse seemed sincerely interested in my problems.

(11)The public health nurse explained the meaning of medical terms in a way I could understand.

(14)The public health nurse listened to what I had to say.

(15)The public health nurse seemed capable.

2. Humble approval from any person

(4) The public health nurse gave me confidence in my ability to handle my own problem.

(13)The public health nurse seemed to have confidence in my doctor.

3. Friendly behavior

(10) The public health nurse had a sense of humor.

4. Submissive behavior of others when one is set toward mastery.

(1) The public health nurse explained why she was there.

(6) The public health nurse explained what I could expect of the public health nursing service.

Annoyers

1. Being interfered with in one's movements by being opposed.

(8) The public health nurse was "bossy"--told me just what to do.

2. Being thwarted in any original tendency.

(9) The public health nurse came as I was going out; her manner implied that I should stay home.

3. Being neglected.

(3) The public health nurse said she would obtain information which she did not have that day; she must have forgotten, because she never mentioned it again.

(17) The public health nurse visited; I never did understand why she came.

(20) The public health nurse was not friendly.

4. Scorn; derision.

(5) The public health nurse acted as if she knew everything.

(16) The public health nurse seemed uncomfortable in my home.

(19) The public health nurse didn't seem to understand my problem.

## The Interview

An interview plan was devised to determine patient-family response toward an appointment made service. As the questionnaires were delivered, the following question was asked:

Group I (No appointment prior to public health nursing visit): If the department were able to arrange public health nursing visits by appointment would you prefer this? Or would you prefer the nurse visit as she does now, without appointment? Why or why not?

Group II (Prior to nursing visit): Recently you have had a public health nursing visit by appointment. For the future, would you prefer this or not? Why or why not?

A McBee patient service card was filled out and kept on each family thus visited. The code and number of the questionnaire left with them was recorded, as well as their response to the interview question.

# CHAPTER IV

## FINDINGS OF THE STUDY

This chapter will consist of a presentation, analysis, and interpretation of the data obtained concerning patient-family responses toward scheduled and unscheduled public health nursing visits.

The primary purpose of the study was to discover if there were any differences in the number and kind of satisfactions and annoyances expressed by patient-families to scheduled and to non-scheduled visits by the public health nurse. A second purpose was to elicit opinions of patient-families about scheduled and non-scheduled visits and to discover if there was a pattern related to specific factors such as "age," "working mother," residence," and "patient diagnosis."

The "satisfactions" and "annoyances" expressed by the patient-families who participated in the questionnaire study were presented and analyzed for both the group who received scheduled visits and those who received non-scheduled visits. The data gathered from the interviews are then presented for each group. These data are organized into patterns of preference for scheduled and non-scheduled visits.

## Participants in the Study

Table I presents the numbers and percentages of patient-families selected for the study.

TABLE I

NUMBER AND PERCENTAGE OF PATIENT-FAMILIES WHO WERE SELECTED FOR THE STUDY AND WHO WERE INTERVIEWED

| Patient-Families | Group I (Unscheduled Visits) N-30 | 100% | Group II (Scheduled Visits) N-30 | 100% |
|---|---|---|---|---|
| Patient-families who were interviewed and who received the questionnaire. | 28 | 90 | 26 | 87 |
| Patient-families who were not located. | 2 | 10 | 4 | 13 |
| Total | 30 | 100 | 30 | 100 |

Sixty patient-families were selected for the study; of these thirty were in Group I and had had an unscheduled visit by the public health nurse. Thirty were in Group II and had had a scheduled visit by the public health nurse. Of those selected, twenty-eight in Group I and twenty-six in Group II were interviewed for the study and could have returned the questionnaire.

Table II presents the number and percentages of patient-families who participated in the study.

TABLE II

NUMBER AND PERCENTAGES OF PATIENT-FAMILIES
WHO PARTICIPATED IN THE STUDY

| Patient-Families | Group I (Unscheduled Visits) N-28 | 100% | Group II (Scheduled Visits) N-26 | 100% |
|---|---|---|---|---|
| Patient-families who returned the questionnaire. | 24 | 86 | 17 | 65 |
| Patient-families who did not return the questionnaire. | 4 | 14 | 9 | 35 |
| Total | 28 | 100 | 26 | 100 |

Fifty-four patient-families participated in the study. Twenty-eight of these were in the group who had the unscheduled visit by the public health nurse; twenty-six of these were in the group who had had the scheduled visit by the public health nurse. Of those who participated, twenty-four of the group who had the unscheduled visit returned the questionnaire; seventeen of the group who had the scheduled visit returned the questionnaire.

## Satisfactions Expressed with Scheduled and Non-Scheduled Visits

The questionnaire was devised to discover satisfactions and annoyances of patient-families with scheduled and non-scheduled visits by the public health nurse. Table III compares the percentages of satisfactions in the scheduled and unscheduled visit.

Four categories of responses which indicated satisfaction were developed. These were:

(1) Receiving favorable attention;

(2) Humble behavior from any person;

(3) Friendly behavior;

(4) Submissive behavior of others when one is set on mastery.

The responses of the patient-families to the statements under each category are presented. For the purposes of this analysis, the data from column I (This Happened Less Than Two Months Ago) of the questionnaire and the data from column II (This Happened More Than Two Months Ago) are totalled and presented under the heading "This Happened." Responses under the heading "This Did Not Happen" follow; it was found that for many questions no answer was checked in any column. For the purpose of the analysis, a column has been added with the heading "No Answer."

Receiving Favorable Attention

Items two, seven, eleven, fourteen, and fifteen are statements which relate to this category. The responses to scheduled and unscheduled visits are reported in percentages.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (2) The public health nurse told me how to get in touch with her if I so desired. | | | |
| Group I (Unscheduled) | 96% | 4% | -- |
| Group II (Scheduled) | 94% | 6% | -- |

Ninety-four per cent of the patient-families who were visited by appointment indicated satisfaction. Ninety-eight per cent of the patient-families visited without an appointment indicated satisfaction.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (7) The public health nurse seemed sincerely interested in my problems. | | | |
| Group I (Unscheduled) | 96% | 4% | -- |
| Group II (Scheduled) | 82% | 6% | 12% |

Eighty-two per cent of the patient-families who were visited by appointment indicated satisfaction, whereas ninety-six per cent of the group visited without an appointment indicated satisfaction. Fourteen per cent more of those visited without an appointment expressed satisfaction.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (11) The public health nurse explained the meaning of medical terms in a way I could understand. | | | |
| Group I (Unscheduled) | 75% | 25% | -- |
| Group II (Scheduled) | 41% | 35% | 12% |

Forty-one per cent of the group who were visited by appointment indicated satisfaction, whereas ninety-six per cent of the group visited without an appointment indicated satisfaction. Thirty-four per cent more of those visited without an appointment expressed satisfaction.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (14) The public health nurse listened to what I had to say. | | | |
| Group I (Unscheduled) | 92% | 8% | -- |
| Group II (Scheduled) | 88% | -- | 12% |

Eighty-eight per cent of the group who were visited by appointment indicated satisfaction, whereas ninety-two per cent of the group visited without an appointment showed satisfaction. Four per cent more of the patient-families visited without an appointment indicated satisfaction.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (15) The public health nurse seemed capable. | | | |
| Group I (Unscheduled) | 96% | -- | 4% |
| Group II (Scheduled) | 88% | -- | 12% |

Eighty-eight per cent of the group who were visited by appointment reported satisfaction. Ninety-six per cent of the group who were visited without an appointment reported satisfaction. Six per cent more of the latter group, those who were visited without an appointment, expressed satisfaction.

Under this category, responses expressing satisfaction, more satisfaction was expressed in every instance with the public health nursing visit made without an appointment.

Humble Approval from Any Person

Items four and thirteen are statements which relate to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (4) The public health nurse gave me confidence in my ability to handle my own problem. | | | |
| Group I (Unscheduled) | 83% | 17% | -- |
| Group II (Scheduled) | 47% | 41% | 12% |

Forty-seven per cent of the group who were visited by appointment reported satisfaction. Eighty-three per cent of the group who were visited without an appointment reported satisfaction. Thirty-six per cent more of the group visited without an appointment reported satisfaction.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (13) The public health nurse seemed to have confidence in my doctor. | | | |
| Group I (Unscheduled) | 79% | 21% | -- |
| Group II (Scheduled) | 83% | 6% | 11% |

Eighty-three per cent of the group who had the scheduled visit reported satisfaction. Seventy-nine per cent of the group who were visited without an appointment reported satisfaction. Four per cent more of the patient-families in the group with scheduled visits expressed satisfaction.

Friendly Behavior

Item ten is the only statement which relates to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (10) The public health nurse had a sense of humor. | | | |
| Group I (Unscheduled) | 88% | 12% | -- |
| Group II (Scheduled) | 76% | 12% | 12% |

Seventy-six per cent of the group who were visited by appointment indicated satisfaction. Eighty-eight per cent of the group visited without an appointment reported satisfaction. Fourteen per cent more of the group of patient-families with non-scheduled visits expressed satisfaction.

For the category "Friendly Behavior" more satisfaction was indicated by the group who had a home visit without an appointment.

Submissive Behavior of Others When One Is Set Toward Mastery

Items one and six are statements related to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (1) The public health nurse explained why she was there. | | | |
| Group I (Unscheduled) | 75% | 25% | -- |
| Group II (Scheduled) | 94% | 6% | -- |

Ninety-four per cent of the group who had the scheduled visit reported this satisfaction. Seventy-five per cent of the group who

TABIE III

A COMPARISON OF SATISFACTIONS EXPRESSED BY PATIENT-FAMILIES HAVING UNSCHEDULED VISITS WITH THOSE HAVING SCHEDULED VISITS

| Satisfaction | Group I (Unscheduled) % | Group II (Scheduled) % | Increase or Decrease in Expression of Satisfaction % |
|---|---|---|---|
| Receiving favorable attention. | | | |
| The public health nurse let me know how to get in touch with her if I so desired. | 96 | 94 | -2 |
| The public health nurse seemed sincerely interested in my problems. | 96 | 82 | -14 |
| The public health nurse explained the meaning of medical terms in a way I could understand. | 75 | 41 | -34 |
| The public health nurse listened to what I had to say. | 92 | 88 | - 4 |
| Humble approval from any person. | | | |
| The public health nurse gave me confidence in my ability to handle my own problem. | 83 | 47 | -36 |
| The public health nurse seemed to have confidence in my doctor. | 79 | 83 | + 4 |

TABLE III (continued)

| Satisfaction | Group I (Unscheduled) % | Group II (Scheduled) % | Increase or Decrease in Expression of Satisfaction % |
|---|---|---|---|
| Friendly behavior. | | | |
| The public health nurse had a sense of humor. | 88 | 76 | -12 |
| Submissive behavior of others when one is set toward mastery. | | | |
| The public health nurse explained why she was there. | 75 | 94 | +19 |
| The public health nurse explained what I could expect of the public health nursing service. | 75 | 65 | -10 |

An analysis of these data showed that the patient-families who were visited without an appointment indicated more satisfaction than the patient-families who were visited with an appointment. There was more satisfaction indicated for the scheduled visit in the two items which follow.

(1) The public health nurse seemed to have confidence in my doctor.

(2) The public health nurse explained why she was there.

had the unscheduled visit reported satisfaction. Nineteen per cent more of the patient-families with non-scheduled visits indicated satisfaction.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (6) The public health nurse explained what I could expect of the public health nursing service. | | | |
| Group I (Unscheduled) | 75% | 25% | -- |
| Group II (Scheduled) | 65% | 18% | 18% |

Sixty-five per cent of the group who had the scheduled visit indicated satisfaction. Seventy-five per cent of the group who had the visit made without an appointment indicated satisfaction.

Under the category "Submissive Behavior of Others When One Is Set Toward Mastery" more of the patient-families who were visited without an appointment indicated satisfaction.

Annoyance Expressed with Scheduled and Non-Scheduled Visits

Four categories of responses which indicated annoyance follow:

(1) Being interfered with in one's movements by being opposed;

(2) Being thwarted in any original tendency;

(3) Being neglected;

(4) Scorn; derision.

The responses of the patient-families to the statements under each category are presented. As in the analysis on satisfactions, for

the purpose of this analysis column I (This Happened Within Past Two Months) and column II (This Happened More Than Two Months Ago) were combined and presented.

Being Interfered with in One's Movements by Being Opposed

Item eight is the only statement related to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (8) The public health nurse was bossy--told me just what to do. | | | |
| Group I (Unscheduled) | 4% | 79% | 17% |
| Group II (Scheduled) | 6% | 76% | 18% |

Six per cent of the group who had the scheduled visit reported this annoyance. Four per cent of the group who had the unscheduled visit reported this annoyance. Seventy-six per cent of the scheduled group and seventy-nine per cent of the unscheduled group reported that this did not happen, while the remainder in both groups did not answer at all.

Being Thwarted in Any Original Tendency

Item nine is the only statement related to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (9) The public health nurse came as I was going out; her manner implied that I should stay home. | | | |
| Group I (Unscheduled) | -- | 66% | 33% |
| Group II (Scheduled) | 12% | 70% | 18% |

Twelve per cent of the group who had the scheduled visit reported this annoyance. None of the group who had the unscheduled visit reported this annoyance. Sixty-three per cent of the scheduled group and seventy per cent of the unscheduled group reported that this did not happen, while the remainder, or eighteen per cent of the scheduled group and thirty-three per cent of the unscheduled group, did not answer.

For this category more annoyance was reported with the visit made by appointment.

Being Neglected

Items three, seventeen, and twenty are statements which related to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (3) The public health nurse said she would obtain information which she did not have that day; she must have forgotten because she never mentioned it again. | | | |
| Group I (Unscheduled) | 17% | 83% | -- |
| Group II (Scheduled) | 18% | 76% | 6% |

Eighteen per cent of the group who were visited by appointment reported annoyance. Seventeen per cent of the group who had the unscheduled visit indicated annoyance. Seventy-six per cent of the scheduled group and eighty-three per cent of the unscheduled group reported this did not happen. Six per cent of the scheduled group did not answer.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (17) The public health nurse visited; I never did understand why she came. | | | |
| Group I (Unscheduled) | 4% | 83% | 13% |
| Group II (Scheduled) | 23% | 59% | 18% |

Twenty-three per cent of the patient-families who were visited by appointment reported annoyance. Four per cent of the group who were visited without appointment reported annoyance. Fifty-nine per cent of the scheduled group and eighty-three per cent of the unscheduled group reported that this did not happen. Eighteen and thirteen per cent, respectively, of each group did not answer. Nineteen per cent more of the group who had a scheduled visit reported annoyance.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (20) The public health nurse was not friendly. | | | |
| Group I (Unscheduled) | -- | 88% | 12% |
| Group II (Scheduled) | 6% | 82% | 12% |

Six per cent of the patient-families who were visited by appointment indicated this annoyance. Eighty-eight per cent of the patient-families who had an unscheduled visit and eighty-two per cent of the group who had the unscheduled visit reported that this did not happen. Twelve per cent of the two groups did not answer.

For the category "Being Neglected" there was more annoyance expressed with the scheduled visit.

Scorn; Derision

Items five, twelve, sixteen, eighteen, and nineteen are statements which relate to this category.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (5) The public health nurse acted as if she knew everything. | | | |
| Group I (Unscheduled) | 12% | 83% | -- |
| Group II (Scheduled) | 6% | 88% | 6% |

Six per cent of the patient-families who were visited by appointment reported annoyance. Twelve per cent of the patient-families who had an unscheduled visit reported annoyance. Eighty-eight per cent of the patient-families who had the scheduled visit and eighty-three per cent of the group who had the unscheduled visit reported that this did not happen. Six per cent of the scheduled group did not answer. Six per cent more of the group who had an unscheduled visit reported annoyance.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (12) The public health nurse talked a lot about what I should be doing. | | | |
| Group I (Unscheduled) | 17% | 83% | -- |
| Group II (Scheduled) | 23% | 71% | 6% |

Twenty-three per cent of the patient-families who were visited by appointment reported annoyance. Seventeen per cent of the patient-families who had an unscheduled visit reported annoyance. Seventy-one

per cent of the scheduled group reported that this did not happen. Eighty-three per cent of the patient-families who had an unscheduled visit reported that this did not happen. Six per cent of the patient-families who had a scheduled visit did not answer. There was six per cent more annoyance expressed by patient-families who had an appointment.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (16) The public health nurse acted as if I knew nothing. | | | |
| Group I (Unscheduled) | 4% | 83% | 13% |
| Group II (Scheduled) | 6% | 82% | 12% |

Six per cent of the patient-families who had a visit by appointment reported annoyance. Four per cent of the patient-families who had an unscheduled visit reported annoyance. Eighty-two per cent of the patient-families who had a scheduled visit reported that this did not happen. Eighty-three per cent of those who had an unscheduled visit reported that this did not happen. Twelve per cent and thirteen per cent, respectively, did not answer. There was two per cent more annoyance expressed by patient-families who had the visit by appointment.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (18) The public health nurse seemed uncomfortable in my home. | | | |
| Group I (Unscheduled) | 4% | 83% | 13% |
| Group II (Scheduled) | 6% | 82% | 12% |

TABLE IV

A COMPARISON OF ANNOYANCES EXPRESSED BY PATIENT-FAMILIES HAVING UNSCHEDULED VISITS WITH THOSE HAVING SCHEDULED VISITS

| Annoyance | Group I (Unscheduled) % | Group II (Scheduled) % | Increase or Decrease in Expression of Annoyance % |
|---|---|---|---|
| Being interfered with in one's movements by being opposed. | | | |
| The public health nurse was "bossy"--told me just what to do. | 4 | 6 | + 2 |
| Being thwarted in any original tendency. | | | |
| The public health nurse came as I was going out; her manner implied that I should stay home. | -- | 12 | +12 |
| Being neglected. | | | |
| The public health nurse said she would obtain information which she did not have that day; she must have forgotten because she never mentioned it again. | 17 | 18 | + 1 |
| The public health nurse visited; I never did understand why she came. | 4 | 23 | +19 |
| The public health nurse was not friendly. | -- | 6 | + 6 |
| Scorn; derision. | | | |
| The public health nurse acted as if she knew everything. | 12 | 6 | - 6 |

TABLE IV (continued)

| Annoyance | Group I (Unscheduled) % | Group II (Scheduled) % | Increase or Decrease in Expression of Annoyance % |
|---|---|---|---|
| The public health nurse talked a lot about what I should be doing. | 17 | 23 | + 4 |
| The public health nurse acted as if I knew nothing. | 4 | 6 | + 2 |
| The public health nurse seemed uncomfortable in my home. | 4 | 6 | + 2 |
| The public health nurse didn't seem to understand my problem. | 8 | 12 | + 4 |

An analysis of these data showed that the patient-families who were visited with an appointment indicated more annoyances than the patient-families who were visited without an appointment. There was less annoyance indicated for the scheduled visit in the one item which follows:

The public health nurse acted as if she knew everything.

Six per cent of the patient-families who were visited by appointment reported annoyance. Four per cent of the patient-families who had an unscheduled visit reported annoyance. Eighty-two per cent of the patient-families who had the scheduled visit, and eighty-three per cent of the patient-families who had the unscheduled visit reported that this did not happen. Twelve per cent and thirteen per cent, respectively, did not answer. For this question more annoyance was reported with the scheduled visit.

| | This Happened | This Did Not Happen | No Answer |
|---|---|---|---|
| (19) The public health nurse didn't seem to understand my problem. | | | |
| Group I (Unscheduled) | 8% | 79% | 13% |
| Group II (Scheduled) | 12% | 70% | 18% |

Twelve per cent of the patient-families who were visited by appointment reported annoyance. Eight per cent of the patient-families who had an unscheduled visit reported annoyance. Seventy per cent of the patient-families who had a scheduled visit and seventy-nine per cent of the group who had an unscheduled visit reported that this did not happen. Eighteen per cent of the patient-families who had the scheduled visit and thirteen per cent of the patient-families who had the unscheduled visit did not answer. Four per cent more of the patient-families who had the visit by appointment reported annoyance.

In summary, more annoyance was reported with the scheduled visits in all items except item five.

## Data Obtained from the Interview

The interview was conducted at the time the research nurse visited to deliver the questionnaire. The purpose of the interview was to determine patient-family opinions of an appointment visit.

Group I, who had a non-scheduled visit by the public health nurse serving them prior to the interview, was asked:

> If the department were able to arrange public health nursing visits by appointment, would you prefer this? Or would you prefer that the nurse visit as she does now, without appointment? Please tell us the reasons for your preference.

Group II, who had a scheduled visit by the public health nurse serving them prior to the interview, was asked:

> Recently you have had a public health nursing visit by appointment. For the future would you prefer this or not? Please tell us the reason for your preference.

### A Comparison of Appointment Preferences by Patient-Families Who Had Unscheduled Visits with Those Who Had Scheduled Visits

| | Group I | Group II | Total |
|---|---|---|---|
| Preferred an Appointment | 15 | 16 | 31 |
| Did Not Prefer an Appointment | 12 | 4 | 16 |

The patient-families who participated in the interview study totalled forty-seven. Seven more responses were not usable because they were not directed to a responsible, informed adult. Of the forty-seven, thirty-one stated that they preferred appointments, while sixteen indicated that it made no difference. Sixteen of those preferring appointments had an appointment made visit prior to the interview. The other fifteen who felt that they would prefer an appointment had not experienced visits by appointment. Of those

seventeen to whom it made no difference, twelve had been in the group which had unscheduled visits made while five had been in the group which had a scheduled visit.

Two-thirds of the patient-families interviewed stated that they preferred to have the public health nurse visit by appointment. The remaining one-third stated that they had no preference for either type of visit--each was equally acceptable to them. Patterns of preference for appointments, which might have indications for service in the community, were determined. These were concerned with the patient's residence, the patient's age group, the working status of the mother, and the patient's diagnosis.

Residence in Boulder or Longmont

Twenty-two of the patient-families who preferred an appointment lived in Boulder or Longmont. Of these eight had not had a public health nursing visit made by appointment. Fourteen had experienced a public health nursing visit by appointment prior to the interview. Eight of the patient-families stated that they had no preference. Of these four each had had a visit made without appointment and a visit made by appointment.

Rural Residence

Nine of the patient-families who preferred appointments lived in rural areas. Of these four had not had the public health nursing visit made by appointment and five had experienced an appointment made visit prior to the interview. Of those rural patient-families

TABLE V

PATTERNS OF PREFERENCE IN SCHEDULED AND UNSCHEDULED

PUBLIC HEALTH NURSING VISITS

| | Preferred Appointment | | Did Not Prefer Appointment | |
|---|---|---|---|---|
| | Group I (Unscheduled) | Group II (Scheduled) | Group I (Unscheduled) | Group II (Scheduled) |
| Residence in Boulder or Longmont | 8 | 14 | 4 | 4 |
| Rural Residence | 4 | 5 | 5 | 5 |
| Patient-Family with Young Children | 12 | 9 | 8 | 7 |
| Patient-Family with Working Mother | 4 | 3 | - | - |
| Patient Diagnosis of Long-Term Illness | 5 | 11 | 1 | - |

to whom either type of visit was acceptable, five each had experienced the scheduled and the unscheduled visit.

Patient-Family with Young Children

Twenty-one of the patient-families preferring appointments had young children. Of these twelve had not had a public health nursing visit by appointment. Nine had been in the group who had had an appointment. Fifteen patient-families had no preference regarding appointments; eight of these had had visits made without an appointment; seven had experienced an appointment made visit.

Patient-Family with Working Mother

Seven patient-families in which the mother worked stated that they would prefer an appointment. Four of these had not had the appointment made visit; three had experienced a public health nursing visit made by appointment prior to the interview. In no instance did the patient-family with a working mother indicate that either type of visit was acceptable to them.

Patient Diagnosis of Long-Term Illness

Sixteen of the patient-families preferring appointments had a child with a long-term illness. Five of these were patient-families who had had an unscheduled visit. Eleven were patient-families who had had a public health nursing visit by appointment. In only one instance where the patient had such a long-term illness did the mother

state that it made no difference whether or not she expected the nurse. Some of these diagnoses were as follows: severe torticollis, cleft palate, mongolism, cerebral palsy, mental retardation, muscular dystrophy, and emotional problems.

Patient-Family Reasons for Preferring the Appointment

The mother of a very bright seven-year-old boy with muscular dystrophy wished to have an appointment so that she would be home. She liked to see her nurse and stated that she was often gone taking her child to school, to physiotherapy, or to the doctor.

A patient who received visiting nurse service liked to know when the nurse was coming so that she would be ready; this was a cancer patient with an indwelling urinary catheter.

The mother of a child with cerebral palsy felt that she would like to know so that she would have her work lined up and the house straightened. She felt that she had a busy schedule and disliked altering it for the nurse's visit.

The mother of a retarded child felt that the public health nurse's visit meant "inspection" to her, and although the nurse was always nice, it was important to this mother to have her house in order.

The mother of another retarded child felt that she would like to know so she wouldn't miss the nurse; that she might not see her for a long time. "I like to talk to her."

Patient-Family Reasons for Having No Preference

A mother living in Vetsville, a community of Colorado University students, their wives, and children, said: "It really makes no difference to me. This place is like Grand Central Station all the time anyway. There is always someone coming or going."

Another mother, with children ten or older, stated: "It doesn't matter to me now that the children are older; it would have when they were little and I had to pick up after them."

A mother in one rural community said, "Wednesday is the nurse's day. I know if I'm going to see her at all, she will come on Wednesday, so I plan to stay home."

# CHAPTER V

## SUMMARY AND RECOMMENDATIONS

This was a study of patient-family responses to scheduled and unscheduled public health nursing visits. The purpose was to improve the nursing care given to patients in a local health department. Through the study an attempt was made

(1) To compare satisfactions of patient-families with scheduled and unscheduled home visits;

(2) To compare annoyances of patient-families with scheduled and unscheduled home visits;

(3) To obtain patient-family opinion on the scheduling of the home visit;

(4) To determine whether there were any patterns of preferences related to scheduled home visits on the basis of (a) age of children, (b) working mother, (c) residence within Boulder or Longmont, and (d) patient diagnosis;

(5) To make recommendations for improving public health nursing service.

Literature on the visit by appointment in the fields of business and social work, as well as nursing, was reviewed. Business encourages salesmen to make appointments; social case workers do not

visit unless they have an appointment. Nursing literature was not found which discussed the appointment in home visiting until 1949.

A survey, combining the questionnaire and the personal interview, was used to obtain the information desired for the study. The questionnaire was devised to discover satisfactions and annoyances of patient-families with scheduled and non-scheduled visits by the public health nurse. Literature in the field of psychology was consulted to define satisfaction. Thorndike describes a satisfying state of affairs as one "which the individual does nothing to avoid, often doing things to maintain or renew it." The following responses were used in this study to test satisfaction with public health nursing visits:

(1) Receiving favorable attention;

(2) Humble approval from any person; admiring glances or sounds;

(3) Friendly behavior;

(4) Submissive behavior of others when one is set toward mastery.

Similarly, Thorndike says a negative response consists of avoiding the stimulus, or actually refusing to respond to it in appropriate ways, or of acting in such a manner as to push it farther away. The following responses were used in this study to test annoyance with public health nursing visits:

(1) Being interfered with in one's movements by being opposed;

(2) Being thwarted in any original tendency;

(3) Being neglected;

(4) Scorn; derision.

The above "annoyers" and "satisfiers" were adapted to public health nursing situations. Twenty statements were developed around public health nursing activities usually common to any visit, ten "satisfiers" and ten "annoyers."

The interview plan was devised to determine patient-family response to an appointment-made service.

The "satisfactions" and "annoyances" expressed by the patient-families who participated in the questionnaire study were presented and analyzed for both the group who received scheduled visits and those who received non-scheduled visits. The data gathered from the interview were then presented for each group. These data were organized into patterns of preference for scheduled and non-scheduled visits.

Fifty-four patient-families participated in the study. Twenty-eight of these were in the group who had the unscheduled visit by the public health nurse; twenty-six of these were in the group who had the scheduled visit by the public health nurse. Of those who participated, twenty-four of the group who had the unscheduled visit returned the questionnaire; seventeen of the group who had the scheduled visit returned the questionnaire. In seven instances it was not possible to direct the interview to a responsible member of the patient-family. Thus there were only forty-seven usable responses to the interview.

An analysis of the data on satisfactions showed that the patient-families who were visited without an appointment indicated more satisfaction than the patient-families who were visited with an

appointment. There was an average of eighty per cent satisfaction for both groups. The two items indicating the least satisfaction and their category follow:

Receiving favorable attention.

The public health nurse explained the meaning of medical terms in a way I could understand.

Humble approval from any person.

The public health nurse gave me confidence in my ability to handle my own problem.

An analysis of the data on annoyances showed that the patient-families who were visited with an appointment indicated more annoyances than the patient-family who were visited without an appointment. There was an average of less than ten per cent annoyance for both groups. The three items, with their categories, which had more than ten per cent annoyance, follow:

Being neglected.

The public health nurse said she would obtain information which she did not have that day; she must have forgotten because she never mentioned it again.

The public health nurse visited; I never did understand why she came.

Scorn; derision.

The public health nurse talked a lot about what I should be doing.

Two-thirds of the patient-families interviewed stated that they preferred to have the public health nurse visit by appointment. The

remaining one-third stated that they had no preference for either type of visit--each was equally acceptable to them. Patterns of preference for appointments, which might have indications for service in the community, were determined. These follow: (1) Residence in Boulder or Longmont. About two-thirds of the patient-families who preferred an appointment lived in Boulder or Longmont; (2) Rural Residence. Rural families were equally divided on whether they wanted an appointment or not; (3) Patient-Family with Young Children. The majority of patient-families with young children preferred an appointment; (4) Patient Diagnosis of Long-Term Illness. Patient-families who had a child with a long-term illness preferred an appointment in sixteen out of seventeen instances.

Recognition is given to the fact that the data on the questionnaire, that is, "satisfactions" and "annoyances," conflicts with the data given at the interview. The findings from the questionnaire revealed more satisfaction expressed with the unscheduled visit than with the scheduled visit; they revealed more annoyance expressed with the scheduled visit than with the unscheduled visit. However, sixty-six per cent of the patient-families who were interviewed stated that they preferred a public health nursing visit by appointment.

## Recommendations

(1) The behaviors of the nurse which have created annoyance and those which have reduced satisfaction of patient-families should be reviewed by the public health nursing staff and appropriate action

should be taken to eliminate these annoyances and dissatisfactions.

(2) The policy of the public health agency should be reviewed in relation to home visits by appointment and consideration given to the following:

(a) The public health nurse make an appointment with the working mother;

(b) The public health nurse make appointments whenever possible if visiting within the cities of Boulder and Longmont;

(c) The public health nurse make appointments whenever possible when making visits to the homes where there are young children;

(d) The public health nurse make appointments whenever possible when making visits to the homes of patients with long-term illnesses.

(3) Since the findings were contradictory, further study on satisfactions and annoyances would be valuable.

(4) Research study on the cost to the agency of "not-at-home" visits would be valuable. The savings in time and mileage might well pay for the cost of telephone calls.

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# APPENDIX A

# APPENDIX A

## QUESTIONNAIRE

## SAMPLE OF POSTAL CARD USED TO MAKE THE APPOINTMENT

_____
date

I plan to visit you on _____, _____
day date

If the accompanying card is not returned I will be here on this date.

If this date will not be convenient for you, would you please complete and mail the attached postal card.

Thank you,

_____
Public Health Nurse

---

_____
date

I would prefer the public health nurse visit me on

_____, _____.

_____
Signature

# APPENDIX B

# APPENDIX B

## QUESTIONNAIRE

This questionnaire has been developed to determine whether or not you would gain more satisfaction from public health nursing visits made by appointment. Please circle the answer which most nearly describes your response. A brief statement explaining "why" would be appreciated. Place the answered questionnaire in the accompanying stamped, addressed envelope and mail. Thank you for your help!

1. For the public health nursing visit I had today, I:

   a. knew the nurse was coming.

   b. knew the nurse would come someday, but not that she would come today.

2. If I have met the nurse who is to visit me, I would prefer:

   a. an appointment.

   b. an unscheduled visit.

   Why?

3. The next time a public health nurse visits me, I would prefer that:

   a. she make an appointment.

   b. she drop in.

   Why?

# APPENDIX C

# APPENDIX C

## QUESTIONNAIRE

## PUBLIC HEALTH NURSING SERVICE STUDY

This is a study designed to help us improve public health nursing service. Please answer by placing a check mark in one of the three columns after every question. Questions which do not apply to your situation may be answered by a check in the "This Did Not Happen" column.

| Example: | This Happened Within Past 2 Months | This Happened More Than 2 Months Ago | This Did Not Happen |
|---|---|---|---|
| The public health nurse who came to my house told me her name. | | | |

This has been checked in the "This Happened Within Past 2 Months" column. If the nurse had come as a stranger and completed her visit without telling you her name, it would be checked in the "This Did Not Happen" column.

| | This Happened Within Past 2 Months | This Happened More Than 2 Months Ago | This Did Not Happen |
|---|---|---|---|
| 1. The public health nurse explained why she was there. | | | |
| 2. The public health nurse let me know how to get in touch with her if I so desired. | | | |
| 3. The public health nurse said she would obtain information which she did not have that day; she must have forgotten, because she never mentioned it again. | | | |

| | This Happened Within Past 2 Months | This Happened More Than 2 Months Ago | This Did Not Happen |
|---|---|---|---|
| 4. The public health nurse gave me confidence in my ability to handle my own problem. | | | |
| 5. The public health nurse acted as if she knew everything. | | | |
| 6. The public health nurse explained what I could expect of the public health nursing service. | | | |
| 7. The public health nurse seemed sincerely interested in my problems. | | | |
| 8. The public health nurse was "bossy" --told me just what to do. | | | |
| 9. The public health nurse came as I was going out; her manner implied that I should stay home. | | | |
| 10. The public health nurse had a sense of humor. | | | |
| 11. The public health nurse explained the meaning of medical terms in a way I could understand. | | | |

| | This Happened Within Past 2 Months | This Happened More Than 2 Months Ago | This Did Not Happen |
|---|---|---|---|
| 12. The public health nurse talked a lot about what I should be doing. | | | |
| 13. The public health nurse seemed to have confidence in my doctor. | | | |
| 14. The public health nurse listened to what I had to say. | | | |
| 15. The public health nurse seemed capable. | | | |
| 16. The public health nurse acted as if I knew nothing. | | | |
| 17. The public health nurse visited; I never did understand why she came. | | | |
| 18. The public health nurse seemed uncomfortable in my home. | | | |
| 19. The public health nurse didn't seem to understand my problem. | | | |
| 20. The public health nurse was not friendly. | | | |

# APPENDIX D

APPENDIX D

TABLE VI

SUMMARY OF PATIENT-FAMILY RESPONSES TO QUESTIONS INDICATING SATISFACTION

| | This Happened | | This Did Not Happen | | No Answer | |
|---|---|---|---|---|---|---|
| | I | II | I | II | I | II |
| 1. Receiving favorable attention. | | | | | | |
| (2) The public health nurse let me know how to get in touch with her if I so desired. | 96% | 94% | 4% | 6% | -- | -- |
| (7) The public health nurse seemed sincerely interested in my problems. | 96% | 82% | 4% | 6% | -- | 12% |
| (11) The public health nurse explained the meaning of medical terms in a way I could understand. | 75% | 43% | 25% | 35% | -- | 12% |
| (14) The public health nurse listened to what I had to say. | 92% | 88% | 8% | -- | -- | 12% |
| (15) The public health nurse seemed capable. | 96% | 88% | -- | -- | 4% | 12% |

TABLE VI (continued)

| | This Happened | | This Did Not Happen | | No Answer | |
|---|---|---|---|---|---|---|
| | I | II | I | II | I | II |
| 2. Humble approval from any person. | | | | | | |
| (4) The public health nurse gave me confidence in my ability to handle my own problem. | 83% | 46% | 17% | 41% | -- | 12% |
| (13) The public health nurse seemed to have confidence in my doctor. | 79% | 83% | 21% | 6% | -- | 11% |
| 3. Friendly behavior. | | | | | | |
| (10) The public health nurse had a sense of humor. | 88% | 76% | 12% | 12% | -- | 12% |
| 4. Submissive behavior of others when one is set toward mastery. | | | | | | |
| (1) The public health nurse explained why she was there. | 75% | 94% | 25% | 6% | -- | -- |
| (6) The public health nurse explained what I could expect of the public health nursing service. | 75% | 65% | 25% | 18% | -- | 18% |

# APPENDIX E

APPENDIX E

TABLE VII

SUMMARY OF PATIENT-FAMILY RESPONSES TO QUESTIONS INDICATING ANNOYANCE

| Response | This Happened | | This Did Not Happen | | No Answer | |
|---|---|---|---|---|---|---|
| | I | II | I | II | I | II |
| 1. Being interfered with in one's movements by being opposed. | | | | | | |
| (8) The public health nurse was "bossy"--told me just what to do. | 4% | 6% | 79% | 76% | 17% | 18% |
| 2. Being thwarted in any original tendency. | | | | | | |
| (9) The public health nurse came as I was going out; her manner implied that I should stay home. | 4% | 12% | 63% | 70% | 33% | 18% |
| 3. Being neglected. | | | | | | |
| (3) The public health nurse said she would obtain information which she did not have that day; she must have forgotten, because she never mentioned it again. | 17% | 18% | 83% | 76% | -- | 6% |

TABLE VII (continued)

| Response | This Happened | | This Did Not Happen | | No Answer | |
|---|---|---|---|---|---|---|
| | I | II | I | II | I | II |
| (17) The public health nurse visited; I never did understand why she came. | 4% | 23% | 83% | 59% | 13% | 18% |
| (20) The public health nurse was not friendly. | -- | 6% | 88% | 82% | 12% | 12% |
| 4. Scorn; derision. | | | | | | |
| (5) The public health nurse acted as if she knew everything. | 12% | 6% | 83% | 88% | 4% | 6% |
| (12) The public health nurse talked a lot about what I should be doing. | 17% | 23% | 83% | 71% | -- | 6% |
| (16) The public health nurse acted as if I knew nothing. | 4% | 6% | 83% | 82% | 13% | 12% |
| (18) The public health nurse seemed uncomfortable in my home. | 4% | 6% | 83% | 82% | 13% | 12% |
| (19) The public health nurse didn't seem to understand my problem. | 8% | 12% | 79% | 70% | 13% | 18% |

# APPENDIX F

TABLE VIII

PATIENT RESPONSES TO QUESTIONS EXPRESSING SATISFACTION

| Satisfaction | This Happened Within Past 2 Months | | This Happened More Than 2 Months Ago | | This Did Not Happen | | No Answer in Any Column | |
|---|---|---|---|---|---|---|---|---|
| | Group I | Group II | Group I | Group II | Group I | Group II | Group I | Group II |
| | % | % | % | % | % | % | % | % |
| 1. Receiving favorable attention. | | | | | | | | |
| (2) The public health nurse told me how to get in touch with her if I so desired. | 75 | 76 | 21 | 18 | 4 | 6 | -- | -- |
| (7) The public health nurse seemed sincerely interested in my problems. | 75 | 71 | 21 | 12 | 4 | 6 | -- | 12 |
| (11) The public health nurse explained the meaning of medical terms in a way I could understand. | 54 | 29 | 21 | 12 | 25 | 35 | -- | 12 |
| (14) The public health nurse listened to what I had to say. | 71 | 82 | 21 | 6 | 8 | -- | -- | 12 |
| (15) The public health nurse seemed capable. | 75 | 76 | 21 | 12 | -- | -- | 5 | 12 |

TABLE VIII (continued)

| Satisfaction | This Happened Within Past 2 Months | | This Happened More Than 2 Months Ago | | This Did Not Happen | | No Answer in Any Column | |
|---|---|---|---|---|---|---|---|---|
| | Group I | Group II | Group I | Group II | Group I | Group II | Group I | Group II |
| | % | % | % | % | % | % | % | % |
| 2. Humble approval from any person. | | | | | | | | |
| (4) The public health nurse gave me confidence in my ability to handle my own problem. | 71 | 41 | 13 | 6 | 17 | 41 | -- | 12 |
| (13) The public health nurse seemed to have confidence in my doctor. | 63 | 65 | 17 | 18 | 21 | 6 | -- | 12 |
| 3. Friendly behavior. | | | | | | | | |
| (10) The public health nurse had a sense of humor. | 71 | 65 | 17 | 12 | 13 | 12 | -- | 12 |
| 4. Submissive behavior of others when one is set toward mastery. | 75 | 94 | 25 | 6 | -- | -- | -- | -- |
| (1) The public health nurse explained why she was there. | 75 | 94 | 25 | 6 | -- | -- | -- | -- |
| (6) The public health nurse explained what I could expect of the public health nursing service. | 54 | 35 | 21 | 29 | 25 | 18 | -- | 18 |

# APPENDIX G

TABLE IX

PATIENT RESPONSES TO QUESTIONS EXPRESSING ANNOYANCE

| Annoyance | This Happened Within Past 2 Months | | This Happened More Than 2 Months Ago | | This Did Not Happen | | No Answer in Any Column | |
|---|---|---|---|---|---|---|---|---|
| | Group I | Group II | Group I | Group II | Group I | Group II | Group I | Group II |
| | % | % | % | % | % | % | % | % |
| 1. Being interfered with in one's movements by being opposed. | | | | | | | | |
| (8) The public health nurse was bossy--told me just what to do. | 4 | 6 | -- | -- | 79 | 76 | 17 | 18 |
| 2. Being thwarted in any original tendency. | | | | | | | | |
| (9) The public health nurse came as I was going out; her manner implied that I should stay home. | -- | 12 | -- | -- | 66 | 71 | 33 | 18 |
| 3. Being neglected. | | | | | | | | |
| (3) The public health nurse said she would obtain information which she did not have that day; she must have forgotten, because she never mentioned it again. | 17 | 12 | -- | 6 | 83 | 76 | -- | 6 |

TABLE IX (continued

| Annoyance | This Happened Within Past 2 Months | | This Happened More Than 2 Months Ago | | This Did Not Happen | | No Answer in Any Column | |
|---|---|---|---|---|---|---|---|---|
| | Group I | Group II | Group I | Group II | Group I | Group II | Group I | Group II |
| | % | % | % | % | % | % | % | % |
| (17) The public health nurse visited; I never did understand why she came. | 4 | 18 | -- | 6 | 83 | 59 | 13 | 12 |
| (20) The public health nurse was not friendly. | -- | 6 | -- | -- | 88 | 82 | 13 | 12 |
| 4. Scorn; derision. | | | | | | | | |
| (5) The public health nurse acted as if she knew everything. | 13 | 6 | -- | -- | 83 | 88 | 5 | 6 |
| (12) The public health nurse talked a lot about what I should be doing. | 8 | 18 | 8 | 6 | 83 | 71 | -- | 6 |
| (16) The public health nurse acted as I knew nothing. | 4 | 6 | -- | -- | 83 | 82 | 13 | 12 |
| (18) The public health nurse seemed uncomfortable in my home. | 4 | 6 | -- | -- | 83 | 83 | 13 | 12 |
| (19) The public health nurse didn't seem to understand my problem. | 8 | 12 | -- | -- | 79 | 71 | 13 | 18 |