PATIENT OPINIONS

AN AFTERCARE MENTAL HEALTH PROGRAM

AND THE PUBLIC HEALTH NURSE

by

Yolanda Julia D'Elia

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This Thesis for the M.S. degree by

Yolanda Julia D'Elia

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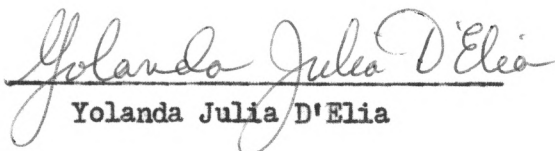Department of

Nursing

by

Opal N. White

Dorothy H. Bloch

Date *April 30, 1963*

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I would like to express my appreciation to Professor Opal White and to Elizabeth Dickenson for their assistance and guidance.

I would also like to thank those public health nurses who so willingly gave of their time and those patients who participated in the study.

Yolanda Julia D'Elia

D'Elia, Yolanda Julia (M.S., Nursing)

Patient Opinions - An Aftercare Mental Health Program and the
        Public Health Nurse

Thesis directed by Associate Professor Opal H. White

The problem studied for this thesis was: what are selected
patients' opinions of selected concepts of interpersonal skills of
the public health nurse. Rapport, acceptance, and support were three
key concepts chosen for study.

The method used was a descriptive survey. A Likert-type
questionnaire was composed from the meanings of the three concepts.

Twenty patients were seen in their homes by the writer in order
to administer the questionnaire. All the subjects interviewed had
been patients in the same state mental hospital and were participants
in the aftercare mental health program. They live in five counties
serviced by four public health nursing agencies.

The findings demonstrated that patients' opinions were strongly
favorable to the selected concepts of interpersonal skills of the
public health nurse. Seventy per cent, or thirteen subjects, strongly
agreed with each item pertaining to rapport, acceptance, and support.
The results also showed that the majority of the patients were very
pleased with the services rendered by the public health nurse.

The study indicated that some patients who have been in a
mental hospital are willing and able to participate in research pro-
jects. Many patients commented in a positive manner on having an
opportunity to express their opinions.

Some of the recommendations of the study are that more extensive studies relating to patients' opinions of nursing care are needed, public health nursing visits to the mentally ill should continue, and home visits to the mentally ill should be included in basic nursing programs.

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

Signed ___Opal H. White___
                Instructor in charge of thesis

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CHAPTER I

BACKGROUND AND EXPLANATION OF PROBLEM

I. BACKGROUND

As the number one health problem in the United States today, mental illness imposes a responsibility upon nurses.[1] In 1956, for the first time, the endless increase rate of mentally ill patients was reversed.[2] According to Bugbee, President of the Health Information Foundation, the rate of persons in mental hospitals has declined, ". . . from 389.5 per 100,000 population in 1954 to 360.7 per 100,000 population in 1958."[3]

Reasons for this change include: the widespread use of tranquilizing drugs; a change in concept of care from custodial to therapeutic; a trend toward the establishment of psychiatric wards and clinics in general hospitals and construction of smaller psychiatric units as part of medical centers.[4]

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[1]Marion E. Kalkman, "Interpreting Psychiatric Nursing to the Public," _American Journal of Nursing_, 55 (November, 1955), p. 1361.

[2]George W. Albee, _Mental Health Manpower Trends_ (New York: Basic Books, Inc., 1959), p. 37.

[3]Health Information Foundation, "Hospitalized Mental Illness in the United States," _Progress in Health Services_, IX, No. 8 (October, 1960), p. 8.

[4]Albee, _op. cit._, pp. 255-257.

For some time there has been concern among mental health workers about what happens to the patient after he leaves the hospital. Blain states that whatever can be accomplished outside the hospital is the most important factor that should be studied. Hospitalization is not always necessary. When community services are available, many patients are able to be discharged from the hospital sooner and may never have to return again. The Visiting Nurse Service is one of the community facilities which is being utilized to help the patient remain in his home.[5]

Until recently, society has done a poor job of helping the discharged mental patient. According to Gorman:

> 250,000 patients are discharged each year and only a small fraction are rehabilitated and returned to productive employment. More patients could be discharged if facilities were available to help re-establish these patients in community life.[6]

Rosner wonders how long the progress of increase in numbers of discharged patients can be maintained if the community does not follow up their care in the home. He states that this

> . . . will depend not only on drugs but on amount and quality of aftercare services developed by the hospitals. . . . and on the response in the community in helping the discharged patient make a satisfactory psychiatric, social and vocational readjustment. Hospitals at present have almost no contact with 75% of furloughed patients.[7]

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[5]Daniel Blain, "Mental Health and Illness," Mental Hygiene, XL (January, 1956), pp. 1-6.

[6]Mike Gorman, "We are winning the fight against Mental Illness," (mimeographed copy of speech), Trenton, N. J., 1957, pp. 11-12.

[7]Steven S. Rosner, "After-Care Services for the Mental Hospital Patient," Mental Hygiene, 44 (July, 1960), p. 418.

Rosner and Gorman both speak of the importance of public health nurses'
visits in after-care mental health programs.

Public health nurses have always found the mentally ill among
the patients they visited in the home.[8] However, until 1951, the
public health nurses were not visiting patients specifically diagnosed
as "mentally ill." A need for this type of service had been indicated
as far back as 1948.[9] According to Jensen, "If it isn't mental health,
it isn't public health."[10]

> The nurse reaches out into the community with a range of inter-
> personal relationships that for variety, quantity and quality, no
> other member of the staff can equal.[11]

The public health nurse is easily accepted in the home because she
understands the patient, his family, and their problems.[12]

The focus of nursing has shifted to greater responsibility on
the part of patients creating questions that need answers. The nurse
and the patient are a new team with each giving to the other. The
patient has to learn to do more for himself. Unless patients are
willing to explore, to study and to help. the answers cannot be found.[13]

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[8]Ruth Gilbert, "The Public Health Nurse and the Mentally Ill,"
Canadian Nurse, 57 (October, 1951), pp. 966-968.

[9]J. T. Morrow, M.D., "Mental Health in the Visiting Nurse Pro-
gram," Nursing Outlook, 6 (September, 1958), p. 505.

[10]Howard E. Jensen, "Mental Health: A Local Public Health Re-
sponsibility," Mental Hygiene, 37 (October, 1953), p. 530.

[11]Ibid., p. 531.

[12]Mary Anne French, "The Visiting Nurse in a Psychiatric Pro-
gram," Nursing Outlook, 4 (October, 1956), p. 574.

[13]Ruth Freeman, "Nurses, Patients and Progress," Nursing Outlook,
7 (January, 1959), pp. 16-18.

Sewall asks, "Are we doing things to and for patients instead of with them?"[14]

Kennedy states that the very essence of public health nursing is dependent upon the nurse's ability to develop and maintain good interpersonal relationships with patients.[15]

Reiman says:

The most important single factor is the kind and quality of relationship which exists or can be developed between nurse and patient . . . relationship may overshadow anything which is done.[16]

Peplau indicated a need to study what goes on between the patient and the nurse in order to know the kind of interpersonal problems that exist which the nurses must help solve.[17]

Because the interpersonal relationship between the nurse and the patient is the key to effective nursing in public health, this writer was interested in attempting to find out what patient opinions are regarding the interpersonal relationship. Does the patient see the nurse's role as it is described in the literature?

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[14]Lee Sewall, M.D., et al., "Through the Patient's Eyes," Mental Hygiene, 36 (April, 1955), p. 285.

[15]Naomi Kennedy, "The Public Health Nurse's Role as She Encounters Emotional Illness in Her Everyday Job," A Report: A Workshop for Public Health Nursing, p. 51.

[16]Dwight W. Reiman, "Health Department Nursing Services for Mentally Ill Patients and Their Families," Nursing Outlook, 10 (July, 1962), p. 451.

[17]Hildegard Peplau, Interpersonal Relationships in Nursing, (New York: G. P. Putnam's Sons, 1952), p. ix.

Brammer and Shostrom[18] demonstrate that rapport, acceptance and support are three key concepts of interpersonal skills. Therefore, the investigator limited her study to these three concepts.

II. THE PROBLEM

Statement of the problem. For purposes of this investigation, the problem to be studied was limited to: what are the opinions of selected patients in an after-care mental health program regarding selected concepts of interpersonal skills of the public health nurse?

The concepts selected for the study were (a) rapport, (b) acceptance, and (c) support.

Purposes of the study. The purpose of the study was threefold.

(1) To determine if the patient felt that rapport was established by the public health nurse.

(2) To determine if the patient felt accepted by the public health nurse.

(3) To determine if the patient felt that he received support from the public health nurse.

Value of the study. It was hoped that the information obtained would be useful to the public health nurse in the planning of future visits to discharged mentally ill patients.

Information gained from this investigation might be useful in planning learning experiences in basic nursing education.

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[18] Lawrence M. Brammer and Everett J. Shostrom, Therapeutic Psychology (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1960).

Importance of the study. Little research has been done to measure the effect of nursing practice, according to Abdellah.[19]

In 1958 the American Nurses Foundation stated "the major focus of research effort should now be on patient care."[20] MacManus stated that

> There is a need to develop criteria of nursing effectiveness or indices of patient well-being as a means to measure nursing effectiveness.[21]

Evidence was found in a study by Fields for the need for the hospital mental patient to assume more responsibility for his own behavior and for sharing in group decisions.[22] Fatka concluded that "patients be recognized as vital resource personnel in future research study."[23] Souelem, in his study, stated that it is important to know what mental patients think as they are the ones most involved.[24]

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[19]Faye G. Abdellah, "Criterion Measures in Nursing," Nursing Research, (Winter, 1961), pp. 21-22.

[20]Louise McManus, "Today and Tomorrow in Nursing Research," American Journal of Nursing, 61 (May, 1961), p. 71.

[21]Ibid.

[22]Marjorie E. Fields, "A Survey of Patient Opinions Regarding Their Role in a Psychiatric Hospital," (unpublished Master's thesis, University of Colorado, Boulder, Colorado, 1960), p. 51.

[23]Nada J. Fatka, "Critical Requirements of Psychiatric Nursing Personnel as Determined by Selected Psychiatric Patients," (unpublished Master's thesis, University of Colorado, Boulder, Colorado, 1958), p. 26.

[24]Omneya Souelem, "Mental Patient's Attitudes toward Mental Hospitals," Journal of Clinical Psychology, 11 (April, 1955), p. 182.

Public health nursing should be based upon the patient's needs, and knowing how patients feel and think would help the nurse to plan their care. Jourard states that "the patient is the real authority about his present thoughts, feeling, wants and needs."[25]

Lack of literature regarding the opinions of ex-mental patients about the public health nurse visit indicated a need for this study.

Assumptions. Patients who have been discharged from a mental hospital do have feelings and opinions about how they are treated. These patients are willing and able to express their feelings and opinions.

Limitations and scope of the study. The area chosen for the study was limited to one state where the after-care program had been in effect for three years. Four agencies serving five counties were included in the study.

Twenty patients were selected for purposes of this study. They were selected upon the basis that they had had at least four public health nursing visits. The selection was also dependent upon the availability of the patients and their willingness to cooperate.

Only patients with non-organic diagnoses were included.

All patients had been in the same mental hospital.

No effort was made to analyze the validity of the patients' opinions.

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[25]Sidney Jourard, "How Well Do You Know Your Patients?" American Journal of Nursing, (November, 1959), p. 1569.

III. DEFINITION OF TERMS

Mental Patient: A patient who had been hospitalized with a diagnosis of mental illness and had been discharged to his home.

Public Health Nurse: A registered professional nurse who was employed by the four agencies used in this study.

Rapport: A warm personal relationship and an atmosphere of mutual trust. A condition of mutual understanding and concern about common objectives.[26]

Acceptance: A positive attitude or feeling of being unconditionally understood, liked, and respected.[27]

Support: A feeling of well-being, security, and comfort which includes the nature of the relationship itself, reassurance, and assumption of more responsibility by the nurse.[28]

IV. ORGANIZATION OF THE REMAINDER OF THE THESIS

A review of studies related to the after-care mental health program and the public health nurse will be discussed in Chapter II. Chapter III will describe the method and technique used in this study. The analysis and interpretation of the research data will be found in Chapter IV. Chapter V includes a summary, the conclusions, and recommendations.

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[26]Brammer and Shostrom, op. cit., p. 171.

[27]Ibid., pp. 155, 157.

[28]Ibid., p. 167.

CHAPTER II

REVIEW OF RELATED STUDIES

I. INTRODUCTION

A review of nursing, sociological, psychological, and medical journals since 1952 revealed little comment on the after-care of discharged mentally ill patients by the public health nurse prior to 1956. Since that time, many articles have been published concerning after-care mental health programs and the public health nurse.

Georgia was one of the pioneers with this type of program. After-care programs involving the public health nurse are also existent today in Alabama, Connecticut, Pennsylvania, Washington, Ohio, New York, Kentucky, Colorado, Florida, Maryland, Michigan, Texas, and Washington, D. C. Many other states are in the process of starting this type of service.

Evaluations of some of these programs have been conducted and all indicate the need and acceptance of the public health nursing services. Many of the programs are new and have not been in effect long enough to be evaluated. Most of the evaluations were done in terms of the patient's adjustment to the community or in regard to the nurse's opinion of the service.

The studies that have been evaluated will be discussed chronologically.

II. DISCUSSION

In 1953, Georgia started a program of home visiting by the
public health nurse to patients who had been discharged from the
state mental hospital. Beasley and Rhodes[29] sent questionnaires
to the public health nurses to determine if she could meet some of
the needs of the families of these patients. They concluded that
there was no doubt of the need for the services by the public health
nurses. Presently the program is operating in "49 of the 159
counties in Georgia as part of the regular general public health
nursing service."[30]

Henderson,[31] in her study, which included Ohio, Georgia, and
Rochester, New York, sent questionnaires to seventeen nurses inquiring
about twenty patients. She concluded:

> It is necessary to analyze the service needed and given, as
> well as the role of the nurse in order to evaluate the relation-
> ship of service to adjustment of the patient.[32]

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[29]Florence Beasley and William Rhodes, "An Evaluation of Public
Health Nursing Services for Families of the Mentally Ill," Nursing
Outlook, (August, 1956), pp. 444-447.

[30]Florence Beasley et al., "The Follow-up of Discharged Mental
Patients by the Public Health Nurse," American Journal of Psychiatry,
(March, 1960), p. 834.

[31]Adele Henderson, "An Inquiry into the Concepts of Public
Health Nurses in Three Follow-up Care Programs About the Nursing Care
Given Discharged Mental Hospital Patients," (unpublished Master's
thesis, University of Pittsburgh, Pittsburgh, Pennsylvania, August,
1954), pp. 5-6.

[32]Ibid.

Fleming et al.[33] described a program in Pennsylvania which began in 1956. Sixteen patients were seen the first year. The course of seven patients was "quantitatively improved over what had been anticipated at the time of their discharge."[34] They found that many of the patients accepted the public health nurse as they had had her services before. The supportive relationship was described as the role of the nurse. Following the study, the mental health program was added to the regular services of the visiting nurse.

About this same time, the District of Columbia started a similar program which emphasized nursing care for the entire family. The nurses involved felt the program was necessary and successful after eighteen months, although no systematic evaluation was done.[35]

Barckley,[36] found the nurse's role to include warmth, acceptance, understanding, opportunity for the patient to verbalize her reactions to her family, support, friendliness, and interest.

Turner and Scally[37] described a project in Baltimore, Maryland,

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[33]Richard Fleming (et al.), "An After-Care Program for Patients Discharged From Mental Hospitals," Nursing Outlook, (September, 1961), pp. 544-547.

[34]Ibid., p. 545.

[35]Mary Anne French, "The Visiting Nurse in a Psychiatric Program," Nursing Outlook, 4 (October, 1956), pp. 572-574.

[36]Virginia Barckley, "Current Practices in an Official Public Health Agency Concerning the Continued Nursing Care of Patients Discharged From One Mental Hospital," (unpublished Master's thesis, Catholic University of America, Washington, D. C., 1956).

[37]Ethel Turner and A. Lillian Scally, "Home Service for the Mentally Ill," Nursing Outlook, 9 (September, 1961), pp. 541-545.

which began in 1957. In evaluating the program, they concluded that the service was helpful to the patient and his family. The social worker did the interviewing of the patient and his family to determine the patient's adjustment in relation to employment, relationships and social life, and to discover his interests. These people were found to be able to function normally within a community.

Gelber[38] related needs of discharged mental patients on tranquilizing drugs to the functions of the public health nurse. She concluded:

> It can be assumed that mental patients not on tranquilizing drugs may have similar needs for adjustment and reintegration into the community.[39]

(and)

> There is a great need for communities to provide psychiatric and supportive care for persons needing continued supervision of their progress and treatment.[40]

Carleton[41] described twelve activities of the public health nurse which were helpful to families. These activities were:

> Approval, acceptance, clarification, exploration, identification, interpretation, information-giving, encouraging expression of feelings or ideas, reassurance, support, intervention, and understanding.[42]

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[38]Ida Gelber, Released Mental Patients on Tranquilizing Drugs and the Public Health Nurse (New York: New York University Press, Department of Nurse Education, Nursing Research Monograph No. 1, 1959), p. 2.

[39]Ibid., p. 121.

[40]Ibid., p. 122.

[41]Estelle Carleton, "Activities of the Public Health Nurse Which are Helpful to Families of Hospitalized Mentally Ill Patients," (unpublished Master's thesis, University of Colorado, Boulder, Colorado, 1959), pp. 27-29.

[42]Ibid., p. 28.

Holler et al.[43] evaluated their mental health clinic services by means of interviewing the patients and their families to determine if the services were meeting the community needs. Public health nurses were members of the team in this clinic. The patients and their families felt that the services were helpful.

Burwell[44] studied fifteen records and forty-seven nursing visits randomly selected concerning the nurse's function. She concluded that the nurse was supportive to the family and gave reassurance and support to the patient.

Fargher et al.[45] ascertained that the nurse's role was one of giving understanding and support to the family, helping the family understand hospital policies and procedures, and giving reassurance and support to the patient as well as being a listener.

Bauman[46] in her investigation discovered four categories of behaviors of the public health nurse through which she helped families.

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[43]Carl Holler et al., "Patient's Reactions to a Program in Mental Health," Public Health Reports, 75 (May, 1960), pp. 461-466.

[44]Kathleen Burwell, Study of Public Health Nursing Functions with Mentally Ill Patients and Their Families (Seattle, Washington State Department of Health, 1960), pp. 1-6.

[45]C. R. Fargher et al., "A Coordinated Program for Rehabilitation of the Mentally Ill," American Journal of Public Health, 52 (March, 1962), pp. 418-427.

[46]Norma Jean Bauman, "Critical Behaviors of the Public Health Nurse in Visiting Families of Discharged Psychiatric Patients," (unpublished Master's thesis, University of Colorado, Boulder, Colorado, 1961).

(1) Behaviors demonstrating technical skills.
(2) Behaviors demonstrating teaching and health information.
(3) Behaviors demonstrating interpersonal relationship skills.
(4) Behaviors demonstrating use of community resources.[47]

She concluded that the interpersonal relationship was most important.

III. SUMMARY

A review of the literature revealed only one study which in-
cluded patient opinions of the services rendered by the public health
nurse.

In the literature there was no mention of public health nursing
services for discharged mentally ill patients until 1956, although the
first program of this type began in Georgia in 1953. Since that time
many states have started this type of program, and under grants from
the Federal Government are in the process of evaluating the programs.
The programs which have been evaluated indicated the need for the
public health nursing services to the mentally ill and also pointed
out acceptance of the services by the patients and their families.

Emphasis was placed on the need for continued study of the
services needed and given. The role of the nurse has been included
in the studies and the results indicated her role as mainly sup-
portive.

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[47]Ibid., p. 50.

CHAPTER III

METHOD AND TECHNIQUE

I. METHOD

A descriptive survey was selected to collect data as this
method is one "in which the researcher obtains facts about a current
situation."[48] It is a process for learning pertinent information
about an existing situation.[49] Limitations of this method were
recognized. Information obtained from a single study is less re-
liable than data derived from two consecutive surveys conducted with
the same tool, and this method is only a description of a certain
situation or group, and, therefore, it may be impossible to draw
general conclusions.[50]

II. TECHNIQUE

A. DEVELOPMENT OF TOOL

The tool chosen for the collection of data was the Likert-
type scale, an adaptation of the closed end questionnaire. It is a

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[48]Tyrus Hillway, Introduction to Research (Boston: Houghton
Mifflin Company, 1956), p. 175.

[49]Clair Selltiz et al., Research Methods in Social Relations
(New York: Henry Holt and Co., Inc., 1960), pp. 50-52.

[50]Carter V. Good, Introduction to Educational Research (New
York: Appleton-Century-Crofts, Inc., 1959), p. 169.

summated scale which consists of a series of items to which the subject is asked to respond. Items that seem to be either definitely favorable or definitely unfavorable to the object are used.[51]

Using a closed end questionnaire forces the respondent to answer specific questions and also tends to eliminate the bias of the investigator as well as the subject.

Development of scale. A list of favorable items was developed from the meanings of the concepts given by Brammer and Shostrom.[52]

A. Rapport

(1) The public health nurse is warm.

(2) The public health nurse understands me.

(3) The public health nurse trusts me.

(4) The public health nurse is concerned about me.

B. Acceptance

(1) The public health nurse likes me.

(2) The public health nurse has confidence in me.

(3) The public health nurse listens to what I have to say.

(4) The public health nurse respects me as a person.

(5) The public health nurse is kind.

C. Support

(1) The public health nurse helps me with my troubles.

(2) The public health nurse allows me to say whatever I want.

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[51]R. Likert, "A Technique for the Measurement of Attitudes," Archives of Psychology, 22 (1932), pp. 5-55.

[52]See Chapter I, footnotes 26, 27, 28.

(3) The public health nurse helps me to make my own decisions.

(4) The public health nurse makes me feel better.

(5) The public health nurse is friendly.

The respondent was asked to strongly agree, slightly agree, neither agree nor disagree, slightly disagree, or strongly disagree with each item.

Scoring plan. Numerical values were assigned to the statements on the basis of five for "strongly agree" ranging through one for "strongly disagree" to facilitate the analysis of the data. The numbers did not appear on the patient's questionnaire.

B. ADMINISTERING TOOL AND PRE-TEST OF TOOL

Administering tool. The investigator visited each patient at his home to administer the questionnaire. Instructions for the use of the tool were listed at the top of the questionnaire. Each patient was encouraged to ask questions concerning any items he did not understand.

Pre-test of tool. Permission was sought and granted by the State Mental Health Nursing Consultant to conduct the study. The investigator contacted the supervisor of the agency involved, and the project was explained to her. The supervisor contacted the four available patients and explained that the investigator would make a home visit to administer the questionnaire.

The investigator planned to use the total population visited by this agency for the pre-test. As this agency had been involved

in the after-care program only six months, the total population was only eight patients. Three of these patients had returned to the state hospital. One patient was involved with a very difficult problem at the time of the pre-test and could not be visited. Consequently, only four patients were available to the investigator.

The investigator explained to each patient involved in the pre-test that the information obtained would be used in a research study. They were also told that this was not a personal evaluation and that no names would be used. They were requested not to sign their names.

The prepared list of items[53] was administered to these four patients in order to test the practicality and usability of the tool and to find out if the device would provide answers to the research questions.[54]

The patients were able to understand the instructions and were willing and cooperative. They expressed interest in the research project. As no corrections were necessary, the four questionnaires used for the pre-test were included in the final study and analysis.

C. FINAL STUDY

The supervisors of the remaining three agencies were contacted, and the research project was explained to them. The public health

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[53] See Appendix A.

[54] Good, op. cit., p. 198.

nurses in two agencies contacted their patients and explained the
purpose of the visit to be made by the investigator. An appointment
was made for the investigator to make a home visit. Letters were
sent by the investigator to the patients seen by the fourth public
health agency to explain the purpose of the home visit and to request
an appointment.[55]

The original plan had been to see twenty-five patients by
random sampling of the total population in the after-care mental
health program. However, this plan was not feasible due to the
following reasons.

Several patients had moved out of the areas serviced by these
agencies. Four patients refused to be interviewed. One patient was
senile and could not understand the questionnaire. One patient did
not speak English. Other patients had returned to the hospital.
Several patients had been seen by the nurse only once and did not
meet the criteria set up for the study. Sixteen patients were avail-
able and were seen by the investigator. Added to these sixteen were
the four patients seen for the pre-test, making a total of twenty
patients who were interviewed.

D. ROLE OF INVESTIGATOR

The investigator presented herself as a graduate student in
nursing, conducting a study of the after-care mental health program.
She was dressed in street attire.

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[55]See Appendix B.

III. SUMMARY

The descriptive survey was the method chosen for this study, utilizing a closed end Likert-type questionnaire which was pre-tested and found to be usable. The investigator made a home visit to each patient to administer the questionnaire. The items for the question-naire were developed from the meanings of the concepts to be investi-gated.

Permission was sought and granted by the State Mental Health Nursing Consultant and the supervisors of the four public health agencies included in the study.

The original plan of a random sample of the total population of the after-care mental health program in the state was not pos-sible. The total number of patients seen was twenty.

The patients who participated in the study were interested, cooperative, and able to understand the questionnaire.

The investigator presented herself as a graduate student in nursing conducting a research project about the after-care mental health program involving the public health nurse.

CHAPTER IV

ANALYSIS AND INTERPRETATION

I.   INTRODUCTION

Presentation of the analysis and interpretation of the data
collected will be discussed in this chapter. The total picture of
patient responses to the questionnaires and home visits will be pre-
sented first. Then each concept studied will be discussed individ-
ually. As the pattern of responses seemed to show more than the
total scores, these patterns will be included in the discussion.
Because seven patients had varying scores below seventy, they will
be treated individually. For purposes of the discussion, they will
be termed patient number one through patient number seven. A summary
will conclude the chapter.

II.   ANALYSIS AND INTERPRETATION OF RESPONSES
TO THE TOTAL QUESTIONNAIRE

The highest score possible was seventy, indicating totally
positive opinions regarding the selected concepts of interpersonal
skills of the public health nurse. Thirteen patients, or 65 per
cent, had a score of seventy. The lowest possible score was fourteen.
Seven patients obtained scores varying from fifty-three through sixty-
five. (See Table I.)

TABLE I

TOTAL SCORES AND PERCENTAGES OF RESPONSES OF PATIENTS
REGARDING THEIR OPINIONS OF INTERPERSONAL SKILLS
OF THE PUBLIC HEALTH NURSE

Number of Patients	Score	Per cent	
13	70*	65	Patients 8-20
2	65	10	Patients 4 and 5
1	64	5	Patient 7
1	58	5	Patient 2
1	56	5	Patient 3
1	54	5	Patient 6
1	53	5	Patient 1

*Highest score - indicating positive opinions

Seven patients had some favorable opinions of the selected concepts of interpersonal skills of the public health nurse.

Table II shows the number of patient responses to each item.

III. ANALYSIS AND INTERPRETATION OF PATIENT RESPONSES
TO EACH CONCEPT: RAPPORT, ACCEPTANCE, SUPPORT

A. RAPPORT

Fourteen patients, or 70 per cent of the total sample, strongly agreed with each item. These fourteen patients received a score of twenty. The lowest possible score was four. The lowest score obtained by any patient was thirteen, and this was 5 per cent (or one patient), of the total.

Seventy per cent indicated that rapport had been established by the public health nurse. Thirty per cent indicated that some rapport had been established.

Patient number one did not agree or disagree that rapport was established. This subject seemed to have some difficulty understanding the questionnaire. Furthermore, he had been visited only four times by the public health nurse (two different ones), and he thought "she came to check up on me." However, he slightly agreed that the nurse showed some concern about him, indicating that rapport was in the process of being established.

Patient number two neither agreed nor disagreed with statements one and four and slightly agreed with statements two and three, thus showing that some rapport had been established. This patient

TABLE II

THE NUMBER OF PATIENT RESPONSES TO EACH ITEM ON THE QUESTIONNAIRE
PERTAINING TO THEIR OPINIONS OF THE INTERPERSONAL SKILL OF
THE PUBLIC HEALTH NURSE AND THE PERCENTAGES WHO
STRONGLY AGREED WITH EACH ITEM

The Public Health Nurse	Strongly Agree 5	Slightly Agree 4	Neither Agree Nor Disagree 3	Slightly Disagree 2	Strongly Disagree 1	Per Cent
A: Rapport						
(1) is warm	16	1	3			80
(2) understands me	14	3	1	1	1	70
(3) trusts me	17	1	2			85
(4) shows concern about me	18	1	1			90
B: Acceptance						
(1) likes me	15	1	4			75
(2) has confidence in me	16	1	2	1		80
(3) listens to what I have to say	20					100
(4) respects me as a person	16	2	2			80
(5) is kind	20					100

TABLE II (continued)

The Public Health Nurse	Strongly Agree 5	Slightly Agree 4	Neither Agree Nor Disagree 3	Slightly Disagree 2	Strongly Disagree 1	Per cent
C: Support						
(1) helps me with my troubles	17	1			2	85
(2) lets me say whatever I want	20					100
(3) helps me to make my own decisions	17	1	1		1	85
(4) makes me feel better	15	2	3			75
(5) is friendly	19	1				95

was rather uncommunicative, and the investigator questions her complete understanding of the wording of the questions. She needed one-half hour to complete the questionnaire. She did not seem able to ask for clarification of the wording of the questions. However, she was very cooperative and seemed pleased to be included in the study.

Patient number three strongly agreed with items one, three, and four but strongly disagreed that the nurse understood her, indicating that some rapport had been established. This patient never actually accepted the fact that she had a "mental illness." "Mental illness and a nervous breakdown are two different things. I only went to the hospital for a purpose," she stated. Her comments regarding the public health nurse were, "I think she is a lovely person, very pleasant to talk with and to visit with. I really don't know why she was coming, though. I don't have any troubles."

Patient number four strongly agreed that the nurse "trusts me" and "shows concern about me." He slightly agreed that the nurse "understands me" and neither agreed nor disagreed that the nurse "is warm." This subject stated: "If it weren't for the nurse, I would have been back in the hospital long ago. She is the one who encouraged me to find a room for myself. She got me started in vocational training. I had gone home from the hospital and was beginning to withdraw again, and I wanted to go back to the hospital. She wouldn't let me do that. I'm certainly very thankful that she was around." Although his responses to the questionnaire indicated that some rapport had been established, his comments showed a decidedly more favorable opinion regarding rapport.

Patient number five strongly agreed that the nurse "is warm," "trusts me," and "shows concern about me." This subject slightly agreed that the nurse "understands me." According to these responses, it can be deduced that she had the opinion that rapport was established.

Patient number six indicated that little rapport had been established. She slightly agreed that the nurse "understands me," neither agreed nor disagreed that the nurse "trusts me," slightly agreed that the nurse "is warm," and strongly agreed that the nurse "shows concern about me." However, this patient stated that she thought the nurse "helped me." She had had three different public health nurses during a period of six months, which may account for these responses.

The total scores of the patients for the concept rapport can be seen in Table III.

B. ACCEPTANCE

The highest possible score for this concept was twenty-five, with the lowest being five. Fourteen patients, or 70 per cent strongly agreed with every item, thus obtaining the score of twenty-five, indicating strongly favorable opinions regarding acceptance. The other six patients had scores ranging from eighteen through twenty-three, indicating some acceptance by the public health nurse. The total scores for the concept acceptance can be seen in Table IV.

Patient number one indicated little acceptance, as he neither agreed nor disagreed with three items. The public health nurse

TABLE III

CONCEPT A: RAPPORT

TOTAL SCORES AND PERCENTAGES OF RESPONSES OF PATIENTS
REGARDING THEIR OPINIONS OF RAPPORT

Number of Patients	Score	Per cent	
14	20*	70	Patients 7-20
2	14	10	Patients 2 and 6
1	19	5	Patient 5
1	17	5	Patient 4
1	16	5	Patient 3
1	13	5	Patient 1

*Highest score--indicating positive opinions

TABLE IV

CONCEPT B: ACCEPTANCE

TOTAL SCORES AND PERCENTAGES OF RESPONSES OF PATIENTS
REGARDING THEIR OPINIONS OF ACCEPTANCE

Number of Patients	Score	Per cent	
14	25*	70	Patient 3 and Patients 8-20
3	23	15	Patients 4, 5, and 7
1	21	5	Patient 2
1	19	5	Patient 1
1	18	5	Patient 6

*Highest score - indicating markedly favorable opinions

"likes me," "has confidence in me," and "respects me as a person."
However, he strongly agreed with the items: "the public health nurse
listens to what I have to say" and "the public health nurse is kind."
His comment at this point was, "she has to listen--I always say what
I want."

Patient number two indicated some acceptance, because she
strongly agreed that the public health nurse "listens to what I have
to say," "respects me as a person," and "is kind." She neither agreed
nor disagreed that the public health nurse "likes me" and "has con-
fidence in me." This is the person who took a long time to answer the
questionnaire.

Patient number three strongly agreed with all of the statements
pertaining to acceptance, indicating a markedly favorable opinion.

Patient number four indicated some acceptance, because he
strongly agreed with the statements, "the public health nurse likes
me," "the public health nurse listens to what I have to say," and "the
public health nurse is kind." He slightly agreed that the public
health nurse "has confidence in me" and "respects me as a person."

Patient number five also showed some acceptance, as she strongly
agreed that the public health nurse "has confidence in me," "listens
to what I have to say," and "is kind." She slightly agreed that the
public health nurse "likes me" and "respects me as a person."

Patient number six indicated some acceptance, as she strongly
agreed with two statements: the public health nurse "listens to what
I have to say" and "is kind." She neither agreed nor disagreed that
"the public health nurse likes me," stating, "I don't know if she likes

me--how can you tell?" She neither agreed nor disagreed that "the public health nurse respects me as a person," and slightly disagreed that "the public health nurse has confidence in me."

Patient number seven strongly agreed with all items except for "the public health nurse likes me," with which he neither agreed nor disagreed, stating, "How can you tell if someone likes you--I don't know." His responses indicated a very favorable opinion regarding acceptance.

C. SUPPORT

Twenty-five was the highest possible score for this concept, and the lowest was five. Seventy per cent, or fourteen participants, received the highest score of twenty-five. The other scores ranged from fifteen through twenty-three. (See Table V.)

Patient number one indicated he was receiving some support, as he strongly agreed that the public health nurse "helps me with my troubles," "lets me say whatever I want," and "is friendly." He neither agreed nor disagreed that the public health nurse "helps me to make my own decisions" and "makes me feel better."

Patient number two also indicated she was getting some support, as she strongly agreed with all items except "the public health nurse makes me feel better," with which she neither agreed nor disagreed, stating, "What does this mean?"

Patient number three indicated she was getting little support, as she strongly disagreed that the public health nurse "helps me with my troubles," "helps me to make my own decisions;" neither agreed nor disagreed that "the public health nurse makes me feel better;" and

TABLE V

CONCEPT C: SUPPORT

TOTAL SCORES AND PERCENTAGES OF RESPONSES OF PATIENTS
REGARDING THEIR OPINIONS OF SUPPORT

Number of Patients	Score	Per cent	
14	25*	70	Patient 4 and Patients 8-20
2	23	15	Patients 2 and 5
1	22	5	Patient 6
2	21	10	Patients 1 and 7
1	15	5	Patient 3

*Highest score - indicating positive opinions

strongly agreed that the nurse "lets me say whatever I want" and "is friendly." Her comments were: "How could she help me with my troubles when I don't have any." "She is very friendly and I enjoy her visits." "She is very nice, all the nurses were nice." "She is pleasant to chat with."

Patient number four strongly agreed with all the items, indicating a strongly favorable opinion regarding support.

Patient number five indicated she was receiving some support, as she strongly agreed with three items. "The public health nurse lets me say whatever I want, helps me to make my own decisions, and is friendly." She slightly agreed that the public health nurse "helps me with my troubles" and "makes me feel better."

Patient number six also indicated she was receiving some support, as she strongly agreed with the first two items and slightly agreed with the other three items.

Patient number seven had a fairly strong positive opinion regarding support, as he strongly agreed with items two through five and strongly disagreed that "the public health nurse helps me with my troubles."

III. SUMMARY

Answers to twenty questionnaires were obtained through a home visit to each subject.

Sixty-five per cent of the total population of the study (or thirteen patients) had a score of seventy, indicating markedly favorable opinions of the interpersonal skills of the public health nurse. Three concepts were measured.

A. Rapport

Fourteen subjects, or 70 per cent, had a score of twenty, which was the highest possible score, indicating that rapport had been established. Six patients had scores ranging from thirteen to nineteen, indicating that some rapport had been established by the public health nurse.

B. Acceptance

Seventy per cent, or fourteen participants, had a score of twenty-five, indicating strongly favorable opinions regarding acceptance by the public health nurse. The lowest possible score was five. Six subjects had scores ranging from eighteen through twenty-three, indicating some acceptance.

C. Support

Seventy per cent, or fourteen patients, received the highest score possible of twenty-five, indicating favorable opinions regarding support. The lowest possible score was five. Six patients had scores ranging from fifteen through twenty-three, which indicated that they were receiving some support from the public health nurse.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The problem investigated in this study was: what are the opinions of selected patients regarding selected concepts of interpersonal skills of the public health nurse? The concepts studied were rapport, acceptance, and support.

A Likert-type questionnaire, an adaptation of the closed-end questionnaire, was administered by the investigator to twenty subjects in a home visit to each participant. The subjects were cooperative and interested in the study.

The major findings indicated markedly favorable opinions of the selected concepts of interpersonal skills of the public health nurse. Thirteen patients, or 65 per cent of the total sample, received the highest possible score of seventy. The lowest possible score was thirteen. Seven patients obtained scores ranging from fifty-three to sixty-five, indicating some favorable opinions regarding the selected concepts of interpersonal skills of the public health nurse.

II. CONCLUSIONS

The conclusions reached in this study were as follows:

(1) It was difficult to generalize because the sample was small

and it is possible that a larger sample might have yielded different results.

(2) The statements in the questionnaire were all worded in a positive manner, which might have influenced the patients to respond favorably.

(3) The majority of the patients interviewed had markedly favorable opinions regarding the selected concepts of interpersonal skills of the public health nurse.

(4) Some mental patients are willing and interested in participating in a research study.

III. RECOMMENDATIONS

The recommendations made from this study are:

(1) Public health nursing visits to mentally ill patients should be continued and should be part of the regular services of the public health nurse.

(2) Public health nurses should work towards developing more understanding of their interpersonal skills.

(3) More extensive studies regarding patients' opinions of nursing care received should be done.

(4) Basic public health or psychiatric nursing programs should include guided student learning experiences with discharged mental patients receiving after-care.

(5) The results of this study are of value to the public health nurse in evaluating her nursing service to patients.

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APPENDIX A

Questionnaire

INSTRUCTIONS: We would like to know your opinions of the services rendered by the public health nurse who visits you.

Please do NOT sign your name.

Please check (X) whether you agree or disagree with the following statements in the space provided.

THE PUBLIC HEALTH NURSE	Strongly Agree	Slightly Agree	Neither Agree Nor Disagree	Slightly Disagree	Strongly Disagree
is warm					
understands me					
trusts me					
shows concern about me					
likes me					
has confidence in me					
listens to what I have to say					
respects me as a person					
is kind					
helps me with my troubles					
lets me say whatever I want					
helps me to make my own decisions					
makes me feel better					
is friendly					

APPENDIX B

Letter sent to twelve patients

Dear _____:

May I introduce myself. I am a graduate student in nursing at the University of Colorado. As part of my studies, I am doing a research project about the after-care mental health program.

I have a short questionnaire I would like you to fill out which concerns your opinions of the visits made to you by the public health nurse.

I will call you on _____ to make an appointment to see you at your convenience. (For those subjects who had telephones).

I will stop by on _____ between _ a.m. and _ a.m. with the questionnaire. (For those subjects who did not have a telephone).

The questionnaire is short and will take about ten minutes of your time. Your assistance will be greatly appreciated.

This study has the approval of the _____ Department of Health and any material I collect will not be identified in any way with any individual patient or nurse.

Sincerely,

Yolanda J. D'Elia, R.N.