A STUDY OF SELECTED FACTORS AFFECTING THE COMMUNICATION PROCESS EMPLOYED BY GENERAL STAFF NURSES IN EIGHT HOSPITALS IN REFERRING PATIENTS WITH A LONG-TERM ILLNESS TO THE COMMUNITY SETTING

by

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in the School of Nursing

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA
April, 1970
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ABSTRACT

This study was prompted by concern for the method of promoting continuity of care for persons discharged from hospital. Descriptive in design, the purpose of the study was to examine selected factors affecting the communication process employed between general staff nurses in hospitals and personnel in community agencies with regard to the referral of patients with a long-term illness from the hospital to the community setting.

The data were gathered by means of a self-administered questionnaire, designed to seek information related to each of the study's three hypotheses. It was completed by fifty-seven general staff nurses on selected nursing units of eight general hospitals in and near Vancouver, British Columbia. The units were chosen on the basis of the average number of patients with a long-term illness usually present on the unit.

From analysis of the data the following conclusions were drawn. Although general staff nurses who participated in this study could recognize needs in patients which indicate the necessity for referral to community resources, they did not appear to have an adequate knowledge of available community agencies. When these nurses made referrals, the lines of communication used were frequently indirect.

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CHAPTER I

INTRODUCTION

Co-ordination or fragmentation of services offered by community agencies is governed by the effectiveness of the interagency communication system.

While employed as a public health nurse, the writer was acutely aware of a lack of continuity in care for persons discharged from the hospital to the community. It was evident that many of these persons were in need of follow-up health care. Often the district nurse was not aware of these individuals unless she came in contact with them accidently. If nurses were really concerned about the patient as a total person, functioning within a family and community setting, they should promote a greater understanding and co-operation among their colleagues working in a variety of health settings.

I. BACKGROUND OF THE STUDY

Statement of the Problem

An effective referral system from the hospital to the community is vital if the individual patient and his family are to receive the continuing care they deserve, in relation to a variety of health needs. The basis of such a referral system is the communication process employed
between personnel in the hospital and the community. Factors affecting this process may well assist in determining the quality of continuing care the patient and his family will receive.

**General Aim**

The general aim of this study was to explore selected factors affecting the communication process employed by general staff nurses in hospitals in referring patients with a long-term illness to the community setting.

**Specific Aims**

The effectiveness of the referral system employed between general staff nurses in hospitals and personnel in a variety of community agencies was explored in relation to three areas: (1) the specific needs of the hospitalized patient which indicated the necessity or desirability of referral to another community agency, (2) the specific knowledge general staff nurses in hospitals had in relation to community resources, and (3) the number of referrals actually made by general staff nurses in hospitals to community agencies; through whom they were made, and the kind of feedback they received.

**Basic Concerns in the Development of the Study**

A search of the literature pertaining to factors
affecting the paucity of referrals from the hospital to the public health nurse or other personnel in community agencies revealed much had been written on home care programs and hospital-based liaison public health nurses. Unfortunately, up to that time, it appeared that many hospitals did not have such programs or nurses, yet several patients required continuing care following discharge from hospital.

There were indications that the relationship between a hospital and the community was changing. No longer was the hospital an isolated agency apart from the community, but rather one of a number of agencies delivering health care.¹

The patient was seen as both an individual and a member of several groups, the most important of which was the family unit. He was not alone in his suffering, but tied to other individuals through some kind of relationship.² These others could have a significant bearing on his attitude and adjustment to his illness.

To offer the individual and his family the wide range of services available to them, communication between


the hospital and other community agencies was required. It was this communication process which was studied in this thesis.

Definition of Terms

For an understanding of the terms used in this study, they were defined as follows:

Chronic illness. An illness "persisting for long periods of time without change or with only extremely slow progression."

Long-term illness. The term encompasses:

all impairments or deviations from normal which have one or more of the following characteristics: are permanent; leave residual disability; are caused by non-reversible pathogenic alterations; require special training of the patient for rehabilitation; may be expected to require a long period of supervision, observation or care.

In this study the terms long-term illness and chronic illness were used interchangeably although it was recognized that in many instances a long-term illness is not necessarily a chronic one.

Comprehensive patient care. This is defined as:

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the exercise of skill and judgement in the integration of the various services required to meet the needs of individual patients. It demands attention to emotional and social as well as physical factors and continuing supervision of the patient in clinic, hospital or home during each episode of illness for sufficient time to bring him through convalescence and rehabilitation, if such is possible, to an optimal state of health and productivity and to maintain him in it.5

Throughout the literature the terms comprehensive patient care, continuing patient care, and total patient care were used interchangeably. For the purposes of this study the three terms were considered to be similar in meaning, although it was recognized they are not necessarily synonymous.

Community agency. An organization that has as one of its purposes the offering of specialized service or services to the surrounding community.

Community resources. The wide variety of agencies which offer services to the residents of a community.

Health care needs. Needs arising from a patient's condition which indicate the necessity of medical, nursing, economic, or counselling services offered by community agencies, in order that he may function at his optimum

level in his home environment.

**Self-administered questionnaire.** A questionnaire which is completed by the respondent in the presence of the researcher.

**Hypotheses Tested**

Three hypotheses were tested in the study:

1. General staff nurses in hospitals can recognize needs of patients which indicate the necessity for referral to community resources.

2. General staff nurses in hospitals lack knowledge of community resources which can be a contributing factor in the lack of referrals initiated by hospital staff nurses to community resources.

3. General staff nurses in hospitals, in making referrals, use lines of communication which are frequently indirect.

**Limitations of the Study**

There were recognized limitations to the study:

1. There was little background literature directly related to the study's purpose, and no studies could be located that were concerned specifically with the problem under investigation here.

2. The study was conducted in eight hospitals located
in or near one large city and it would be difficult to generalize from the results.

3. The data were collected using an open-ended questionnaire. Parts of the analysis were necessarily subjective.

II. OVERVIEW OF THE REMAINDER OF THE STUDY

Chapter II contains a review of literature; Chapter III discusses the design and methodology used in the study; Chapter IV presents the results obtained from the data, and Chapter V contains the summary, recommendations, and areas for further investigation.
CHAPTER II

REVIEW OF THE LITERATURE

There was a lack of literature directly related to the communication process employed in referring patients from hospitals to other community agencies. However there appeared to be an awareness of the increasing number of persons in the community suffering from some kind of long-term illness, and the need for effective interagency communication to utilize more fully the variety of services offered to these people.

The review of the literature was discussed under the following headings: prevalence of long-term illness; comprehensive care; the role of the general staff nurse in the hospital; the role of the public health nurse; and aspects of the referral process.

Prevalence of long-term illness. In 1956, a study conducted by the World Health Organization found that three-quarters of the people suffering from chronic illness were between the ages of sixteen and sixty-five, with more than half of these under the age of forty-five.\(^1\) Typically they

were patients who because of age, illness, injury or mental or physical disability required medical, nursing, or supportive care for a prolonged period of time. At the same time, in the United States, the Committee on Chronic Illness concluded 3.5 per cent of the total population suffered from some type of chronic illness. Of these 61 per cent were under sixty-five years of age. These figures were based on the 1950 United States population census, and were the latest available figures. Unfortunately there were no accurate figures available on the prevalence of chronic illness in Canada.

Comprehensive care. Behind the concern of the need for better patient referral lay the concept of comprehensive care for all citizens of a community, with any kind of health need. To think of the hospital as only one of several supportive agencies concerned with providing continuity of care, rather than considering it as being apart from the surrounding environment, helped to put it in a more realistic perspective. In 1963, Crosby wrote:

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the hospital has long since ceased to be an island. It has become an integral part of the total community health, and, I believe, we shall see other health services and agencies ... integrated into this pattern, each bearing its own share of responsibility for provision of care.4

At the same time, nursing was adopting a new and broader outlook. The Canadian Nurses' Association stated that nursing care:

is concerned with a person's past and future as well as the present, and reaches out to co-operate with other groups in the community which contribute to health and well-being. . . . Hospital, home and community can complement each other in a comprehensive health programme provided there is a set plan for continuity of care to co-ordinate their efforts.5

In an article dealing with comprehensive care as a realistic nursing goal, Brackett and Fogt outlined six guiding statements in relation to defining the term comprehensive nursing care. One of them was particularly pertinent to this study:

The patient and his family are informed of the nursing needs he will have after discharge from the hospital, and either are given instruction necessary to provide safe and effective nursing care or are assisted in receiving continuing nursing through the proper health agency.6

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Authors like the ones cited above obviously were concerned with meeting all of a person's health needs, regardless of whether he was in an institution or his own home. As Smith observed:

"Citizens in a democracy have a right to expect that every effort that can contribute to their progress in illness and their satisfaction in being kept alive will be part of their health services."

**The role of the general staff nurse in the hospital.** Within the hospital someone must assume the responsibility for seeing that patients received the continuous care they deserved. In this regard the general staff nurse in the hospital appeared to be a key person. It was she who was with the patient daily and therefore should be in a good position to recognize his many health needs during hospitalization, and ones that would continue after his discharge to the community setting.

Smith examined the process of continuity of nursing service for chronically ill patients. She recognized the need for hospital nurses to project their thoughts and planning beyond the patient's discharge. She stated:

"I believe the hospital nurse has a distinctive opportunity and important responsibility in giving conscious

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consideration to what patients may need in discharge and follow-up care.\(^8\)

Unfortunately it is very often questionable if nurses realize they have this responsibility to heed the patient's and family's concern and apprehension about his care after discharge, and to participate in planning for his care once he has left the hospital.\(^9\)

**The role of the public health nurse.** Because the public health nurse is in a unique position to be aware of the various community agencies and their functions, she appeared to be an ideal person to bridge the apparent gap between the hospital and other community agencies. Support for this idea was found in current nursing literature. According to an article by Whalstrom:

> the responsibility of helping the patient back into the community as a participating member belongs to many persons. Nevertheless, the key professional person in the community is the public health nurse.\(^{10}\)

A similar viewpoint was expressed by Wolff:

> A function of the public health nurse, always emphasized, seldom challenged, is that of liaison between the helping professions of a community. She is in an ideal position to fill this role. At the forefront

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\(^8\)Ibid., p. 69.


of human relations, she reaches into homes, schools, clinics, and industries. She is well equipped to carry messages about services available in the community and to steer people through the maze and network of complex, interrelated, and sometimes unrelated social organizations.\(^{11}\)

In this same regard Dahlin wrote:

it is frequently the public health nurse working in the community who can easily recognize health deviations and their implications, who can find out the patient's medical status, and who has knowledge of the health supporting services that are needed and how they may be mobilized to the patient's benefit.\(^{12}\)

The referral process. The transfer of information, essential to the concept of continuity of care, is made possible by the process of communication, which may be defined as:

the transfer of information from one person to another . . . it is the means by which organized activity is unified . . . behavior is modified, change is effected and goals are achieved.\(^{13}\)

The communication system is the vital link between all of the agencies and services existing in a community.

Both hospital and public health nurses must be committed to the goal of achieving continuing care for persons


with a variety of needs. As Lewis stated:

nursing staffs must honestly believe that continuity of care for patients is in the patient's best interest and that nursing has a responsibility to work in achieving it.14

In describing a referral program set up in a veteran's hospital, with a public health nurse as co-ordinator, Whalstrom reported:

increased contact between hospital and public health nurses demonstrates this common aim: to promote health and assist each patient to the maximal use of his mental and physical abilities so he can live as a happy person as long as possible.15

The relationship between these two types of nurses can be a viable one, as pointed out by Beghtel and Akins in their report of a home care program in Indiana. As a result of improved interagency communication:

a closer relationship between the public health and the hospital nurse has been realized. The public health nurse is more aware of current nursing procedures, changing hospital techniques, and therapeutic measures; the hospital nurse broadens her knowledge of improvisation and modification necessary for nursing a patient at home, and deepens her respect for those social and economic handicaps which confront the public health nurse daily.16

15 Whalstrom, op. cit., p. 335.  
To speak of a referral really means the act of passing information, usually written, about a patient from one agency to another. Without the use of the referral system interagency communication would at best be sporadic and patients may not receive the continuous care they deserve. Wensley outlined a philosophy encompassing three basic beliefs or principles upon which the success of good hospital to community referrals rests:

1. First is the belief that focus must always be on the patient—his needs and his well-being—whether he is in the hospital or in his own natural environment. For some patients care at home may precede, follow, or be interspersed with care in the hospital. But it is all care for the patient. He is the centre.

2. The second principle is related to good nursing. Many nurses believe that the assessment of a patient's complete nursing needs—in hospital and out of hospital—is an integral, high-priority part of nursing. They emphasize that any oversight in seeing that a patient receives needed post hospital care is as serious as an oversight in medication and treatment.

3. The third basic principle is that whole hearted "pulling together" is essential all along the way. "Continuity of nursing care" is really only another way of saying we need better co-operation among community organizations, professional personnel, and other citizens.17

There appeared to be a growing awareness of the need for effective communication between the hospital and other institutions.

community agencies. Increased co-operation and communication between nurses in hospitals and professional personnel in other community agencies would be a positive step toward this goal.

**Summary.** The review of the literature outlined factors which affect comprehensive care for patients discharged from hospital to the community. Long-term illness was seen as a condition affecting individuals in a variety of age groups. Several authors emphasized the need for co-operation between hospitals and other community agencies in relation to continuing care for these patients and their families. General staff nurses in hospitals and public health nurses were perceived to have key roles in relation to promoting comprehensive care through interagency referrals. Effective communication was considered essential to the success of any referral system.
CHAPTER III

DESIGN AND METHODOLOGY

The descriptive survey method of research was used for this study which was conducted in eight general hospitals located in or near the city of Vancouver, British Columbia. The bed capacity of the hospitals ranged in size from 158 to 1,634. The data were gathered by means of a self-administered questionnaire, using general staff nurses from selected units in these hospitals as the respondents.

I. SELECTION OF THE STUDY GROUP

Sample selection. Eight general hospitals were selected for the purpose of collecting data, based on two criteria: that they be general as opposed to specialized hospitals; and on bed capacity. The eight chosen had the largest bed capacity in the selected area. Appendix A, page 50, contains data with regard to each hospital.

The study was conducted on two nursing units in each of the hospitals. The units were chosen on the basis of the average number of patients with a long-term illness usually present on them.

The sample consisted of all general staff nurses on duty during the day shift hours, on the day chosen to
administer the questionnaire in each hospital. The day and time the questionnaires were to be administered were selected at the convenience of the units involved.

**Interviews.** A letter was sent to the Director of Nursing of each hospital explaining the purpose of the study, and the anticipated participation requested. Each letter was followed by a personal interview with the Director of Nursing and, in some cases, the head nurses of the selected units were involved. During each interview the background of the study was explained, the method of data collection discussed, and arrangements for administration of the questionnaire were made.

In each instance the researcher received excellent co-operation from the Director of Nursing or her Assistant.

**II. THE SELF-ADMINISTERED QUESTIONNAIRE**

**Purpose.** The purpose of the questionnaire was to seek information from persons who, in the opinion of the researcher, were directly concerned with providing continuing care for patients with a long-term illness. The desired information was in relation to the study's three hypotheses. A copy of the questionnaire is contained in Appendix B, page 52.
Construction. The questionnaire was conceived as having four sections, consisting of: (1) background information; (2) questions related to ability to recognize patient needs; (3) questions related to knowledge of community resources, and (4) questions related to the referral system.

The desired background information related to the respondent's age, general educational preparation, place in which nursing education was received, the length of time each had held her present nursing position, and the type of previous nursing experience she had had.

It was thought that this information would help to put the sample into perspective. A large group in any one category could influence the data. This would be especially true with regard to the length of time in the present position, and the kind of previous experience the nurse had had. Both of these factors could affect her knowledge of the surrounding community and referral procedures used in her hospital.

With regard to the ability to recognize needs in patients which might indicate the necessity for referral to community resources, it was necessary to categorize the wide variety of possible needs.

If tallied individually, there are a multitude of health care needs. Several guides were reviewed before the
one which appeared to suit most adequately the purposes of this study was selected as the frame of reference. It was the guide outlined by Dahlin in a discussion of assessment of patient needs. She put forth nine categories or general areas:

(1) principal impairment(s) which affect ability to function independently
(2) physical health
(3) mental health
(4) housing and living arrangements
(5) patient's occupation
(6) finance
(7) recreational activities and interests
(8) interpersonal relationships
(9) general adjustment and morale.

For the purposes of the questionnaire, these nine categories were reduced to the following six to prevent ambiguity:

1. physical care
2. physical limitations
3. mental health
4. home environment
5. occupational environment
6. social environment.

Having selected the main categories, each was then broken down into several observations and activities that

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were indicative of the presence of a need. The respondents were required to check appropriate statements under each category. The observations and activities were listed, rather than having the respondents write them, in order to derive some consistency in the way they were expressed for purposes of analysing the data.

In relation to knowledge of community resources possessed by general staff nurses in hospitals, the six categories were again used. In this instance it was decided to have the respondents name appropriate agencies under each category. The ability to name an agency correctly would indicate an awareness of its existence, and test with more validity the knowledge they had of community resources.

The last section dealt with the channel used for referrals and the availability of feedback on referred patients. This part was designed to elicit the actual practice in each hospital with regard to channel and method used in making referrals, and then, in the opinion of the respondent, what would be the ideal channel, and method. There were also questions regarding referrals that the respondents had actually made, and from whom feedback on patients referred from the unit was received.

The questionnaire was open-ended. The respondents were told there were no right or wrong answers and that blanks could be left if none of the alternatives offered
seemed appropriate. Using this kind of design appeared to be the best way to elicit the desired information.

**Pre-test.** The questionnaire was pre-tested in a large military hospital not included in the study. The purpose of the pre-test was to examine the wording of the questions and to insure that the specific questions or observations were relevant and precise. For the pre-test, the sample consisted of four head nurses as they were readily available, and validity and reliability were being tested, rather than the respondents' knowledge.

The results of the pre-test revealed an understanding of the concepts involved and no changes in the questionnaire were indicated.

**Administration.** The questionnaire was administered by the researcher to the selected sample. Groups of three or four respondents were seen at one time. In each case it was possible to arrange for the use of empty offices or classrooms to ensure some degree of privacy.

By having the questionnaire self-administered, the researcher was able to clarify any questions that might have arisen.

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3 Ibid., p. 321.
III. METHOD OF DATA ANALYSIS

The analysis of the data was descriptive. Once collected, it was transferred to a large work sheet. From this tables and graphs illustrating figures and drawing comparisons were made. This analysis is discussed in detail in Chapter IV.

IV. SUMMARY

Details of the design and methodology were discussed. This included the construction, pre-test, and administration of the data-gathering tool, and an overview of the method used to analyse the data.
CHAPTER IV

ANALYSIS OF THE DATA

The analysis of the data centered around answering the study's three hypotheses. It was conducted in four parts; a summary of the personal data, followed by analysis in relation to each of the hypotheses.

I. SUMMARY OF THE PERSONAL DATA

Details with regard to the background of the respondents in the study are contained in tables I to V, pages 25-27. A total of fifty-seven general staff nurses in hospitals participated. Of these, 59.6 per cent were between twenty and twenty-nine years of age. Thus, more than 50 per cent of the respondents had completed their nursing training during the last ten years. With regard to educational preparation, 84.7 per cent had had no preparation beyond the registered nurse level. The remaining 15.3 per cent had diplomas in various fields. None had an academic degree in nursing. In 74.1 per cent of the cases, this nursing education had been received in Canada. Of these, 44.7 per cent had been educated in the Province of British Columbia.

Concerning the current nursing position, 29.8 per cent of the respondents had been in the present job six
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<tr>
<td>R.N. plus University diploma</td>
<td>2</td>
<td>3.4</td>
</tr>
<tr>
<td>B. Sc.N.</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>11.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59</td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
### TABLE III

PLACE WHERE NURSING EDUCATION OF RESPONDENTS WAS RECEIVED EXPRESSED IN TOTAL NUMBERS AND PERCENTAGES

<table>
<thead>
<tr>
<th>Place Where Nursing Education Received</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vancouver</td>
<td>14</td>
<td>24.1</td>
</tr>
<tr>
<td>Another Part of B.C.</td>
<td>7</td>
<td>12.1</td>
</tr>
<tr>
<td>Another Canadian Province</td>
<td>26</td>
<td>37.9</td>
</tr>
<tr>
<td>Outside Canada</td>
<td>15</td>
<td>25.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>62</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

### TABLE IV

LENGTH OF TIME RESPONDENTS HAVE OCCUPIED PRESENT NURSING POSITION EXPRESSED IN TOTAL NUMBERS AND PERCENTAGES

<table>
<thead>
<tr>
<th>Length of time in Present Nursing Position</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 6 months</td>
<td>17</td>
<td>29.8</td>
</tr>
<tr>
<td>7 months - 1 year</td>
<td>14</td>
<td>24.6</td>
</tr>
<tr>
<td>1 - 5 years</td>
<td>20</td>
<td>35.1</td>
</tr>
<tr>
<td>5 - 10 years</td>
<td>4</td>
<td>7.0</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>2</td>
<td>3.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>57</strong></td>
<td><strong>100.0</strong></td>
</tr>
<tr>
<td>Previous Nursing Experience</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------</td>
<td>------------</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
<td>10.8</td>
</tr>
<tr>
<td>Another ward or hospital</td>
<td>47</td>
<td>72.3</td>
</tr>
<tr>
<td>V.O.N.</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Public Health Nursing</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>13.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>65</td>
<td>100.0</td>
</tr>
</tbody>
</table>
months or less, and an additional 24.6 per cent seven months to one year. The rest had held their current position for a year or longer. For 72.3 per cent previous experiences were confined to nursing in another ward or hospital, while 10.8 per cent had had no previous experience. Only 3 per cent had participated in any community nursing.

In general the data revealed a sample of many fairly young nurses educated in Canada at the registered nurse level, with very little experience outside of the hospital setting.

II. ANALYSIS IN RELATION TO HYPOTHESIS I

General staff nurses in hospitals can recognize needs of patients which indicate the necessity for referral to community resources.

Support for the first hypothesis was indicated by the data. The respondents were asked to identify needs with regard to patients they had nursed during the week prior to filling out the questionnaire.

The fifty-seven respondents were able to identify a total of 896 health care needs. These are outlined in Appendix C, page 65. With regard to the six main categories, 25.3 per cent of the needs were related to physical care; 14.2 per cent to physical limitations; 18.1 per cent were associated with mental health; 13.3 per cent with the home
environment; 7.3 per cent with the occupational environment, and 21.8 per cent with the social environment. These percentages are illustrated in Figure 1.

At the same time, the respondents were asked to rate the six categories in order of priority. Of the fifty-seven respondents, fifty-two responded to this section of the questionnaire. As Table VI shows, physical care and mental health were seen as the two most important categories, followed closely by physical limitations and the home environment.

It is interesting to note that in actual recognition of various needs, those in the social environment category were noted more frequently than needs in any of the other categories except physical care. However, in the ranking, they were considered to have the lowest overall priority and in fact were placed last 46.2 per cent of the time.

From these data, it was concluded that the general staff nurses in hospitals who participated in the study could recognize needs in patients which indicated the necessity for follow-up care if the patient was to be discharged from the hospital.
Percentage of total no. of needs

0 10 20 30

Physical Care
Physical Limitations
Mental Health
Occupational Environment
Social Environment

PERCENTAGE OF NEEDS MENTIONED IN EACH CATEGORY

FIGURE 8
TABLE VI
CATEGORIES OF NEEDS RANKED IN ORDER OF IMPORTANCE
BY FIFTY-TWO OF THE RESPONDENTS EXPRESSED
IN TOTAL NUMBERS AND PERCENTAGES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Care</td>
<td>15  22.8</td>
<td>12  23.1</td>
<td>11  21.2</td>
<td>6  11.5</td>
<td>7  13.5</td>
<td>1  1.9</td>
</tr>
<tr>
<td>Physical Limitations</td>
<td>9   17.3</td>
<td>11  21.2</td>
<td>7   13.5</td>
<td>13  25.0</td>
<td>4   7.7</td>
<td>8   15.4</td>
</tr>
<tr>
<td>Mental Health</td>
<td>13  25.0</td>
<td>20  38.5</td>
<td>10  19.2</td>
<td>8   15.4</td>
<td>0   0.0</td>
<td>1   1.9</td>
</tr>
<tr>
<td>Home Environment</td>
<td>12  23.1</td>
<td>8    15.4</td>
<td>16  30.8</td>
<td>10  19.2</td>
<td>5   9.6</td>
<td>1   1.9</td>
</tr>
<tr>
<td>Occupational Environment</td>
<td>1   1.9</td>
<td>1    1.9</td>
<td>4   7.7</td>
<td>10  19.2</td>
<td>19  36.5</td>
<td>17  32.7</td>
</tr>
<tr>
<td>Social Environment</td>
<td>2   3.8</td>
<td>0    0.0</td>
<td>4   7.7</td>
<td>5   9.6</td>
<td>17  32.7</td>
<td>24  46.2</td>
</tr>
</tbody>
</table>
III. ANALYSIS IN RELATION TO HYPOTHESIS II

General staff nurses in hospitals lack knowledge of community resources which can be a contributing factor in the lack of referrals initiated by hospital staff nurses to community resources.

Support for the second hypothesis was indicated by the data. Using the six categories of needs, the respondents were asked to list community agencies which would be helpful in regard to satisfying patient needs related to each category. The same agency could be repeated under more than one heading if it was applicable.

As may be seen in Figure 2, the majority of respondents were able to name only one agency within each category. Several could not name any, especially in relation to the occupational environment. The previous discussion showed needs related to mental health were frequently recognized and that category was given top priority. Yet 78.9 per cent of the respondents could name one or no agencies which could be helpful in satisfying this kind of need.

There are a great variety of community resources concerned directly or indirectly with health care. In the Vancouver area over 400 agencies exist which could offer some kind of assistance in meeting a wide variety of health
FIGURE 2
NUMBER OF COMMUNITY AGENCIES LISTED UNDER EACH CATEGORY

- Physical Health
- Physical Limitations
- Mental Health
- Home Environment
- Occupational Environment
- Social Environment
needs. Yet the majority of the respondents in this study could not name more than one agency related to each category.

From these results it was concluded that the general staff nurses in hospitals who participated in the study lacked knowledge of community resources. This could be a contributing factor in the lack of referrals initiated by general staff nurses in hospitals to community resources.

IV. ANALYSIS IN RELATION TO HYPOTHESIS III

General staff nurses in hospitals, in making referrals, use lines of communication which are frequently indirect.

Support for the third hypothesis was indicated by the data. Information in relation to the referral process was concerned with the channel through which the referral passed, the method used, and the amount of feedback received on referred patients.

Figure 3 shows a comparison of the channels for referral in use on the selected units at the time of the study with channels for referral which, in the opinion of the respondents, would be the most effective ones to use.

Data on the channels were concerned with the directness of the referral, whether it was made by the general staff nurse in the hospital to the agency or agencies involved, or via other persons within the hospital before it reached the agency. It was apparent that in most instances the referral must pass through at least one other person, between the source and the receiver.

At the time of the study, on the selected units, referrals were channelled through the doctor or head nurse 51.2 per cent of the time, with the hospital social worker the next most frequently used channel. The hospital public health nurse was used 10.1 per cent of the time. Other channels, such as the nursing supervisor and the patient's family, were seldom used.

In indicating which, in their opinion, would be the most effective channel, the respondents were asked to select only one, however several replies included a combination of two. Here the hospital social worker was seen as the most effective channel in 30.5 per cent of the replies, followed by the head nurse at 22 per cent. The doctor and hospital public health nurse followed at 18.3 and 17.1 per cent respectively. Other channels were not regarded as significant.

This presented two interesting results. First, in practice and ideally, direct referrals from the nurse
involved with the daily care of the patient to an agency, were made very infrequently. Secondly, the respondents selected the hospital social worker as the most effective channel for referral almost twice as frequently as they selected the hospital public health nurse. Yet, of the eight hospitals involved in the study, two had no kind of social worker and of the remaining six, only three had full-time qualified social workers. In each of these same eight hospitals, public health nurses visited at least once a week. Appendix A, page 50, contains details with regard to each of the hospitals.

Figure 4 presents a comparison of the method of referral in use on the selected units at the time of the study with methods chosen by the respondents as being the most effective. In actual practice specific referral forms were used as the method of referral 34.4 per cent of the time, followed by the telephone 27.8 per cent of the time, and interviews 16.7 per cent of the time.

In choosing the most effective method, this order was modified slightly. Specific forms were still the most frequent choice, being selected 44.2 per cent of the time, followed by interviews and the telephone at 23.3 per cent and 20.9 per cent respectively. Letters were mentioned by 9.3 per cent of the respondents.

As Table VII illustrates, the opportunity to make a
METHODS BY WHICH REFERRALS COULD BE MADE

- Methods presently in use
- Ideally, the most effective channels
referral had been given to 66.6 per cent of the respondents. Data contained in Table VII indicates a similar number had received some kind of feedback on patients referred from their unit.

Details regarding the sources from whom this feedback was received are outlined in Table IX. The doctor was the most frequent source of information, followed by the hospital social worker and the head nurse.

Analysis of data regarding the channel indicated that referrals made by participants in the study passed through channels which were frequently indirect, the message going through one or more persons between the source and the receiver.

V. SUMMARY

Data with regard to the background information of the respondents and each of the three hypotheses were analysed and conclusions relating to the hypotheses were drawn. In each instance, the data supported the hypothesis being tested.
### Table VII

Opportunities for respondents to make patient referral expressed in total numbers and percentages

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Opportunity to refer a patient</td>
<td>19</td>
<td>33.3</td>
<td>38</td>
<td>66.6</td>
</tr>
</tbody>
</table>

### Table VIII

Information on feedback from patient referrals received or desired by respondents expressed in total numbers and percentages

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percentage</td>
<td>Number</td>
<td>Percentage</td>
</tr>
<tr>
<td>Feedback received on unit referrals</td>
<td>19</td>
<td>33.3</td>
<td>38</td>
<td>66.6</td>
</tr>
<tr>
<td>Feedback desired on unit referrals</td>
<td>37</td>
<td>97.4</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Source of Feedback</td>
<td>Number of times mentioned</td>
<td>Percentage of times mentioned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------</td>
<td>------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head Nurse</td>
<td>7</td>
<td>17.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>1</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctor</td>
<td>11</td>
<td>28.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Public Health Nurse</td>
<td>5</td>
<td>12.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Social Worker</td>
<td>9</td>
<td>23.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient's family</td>
<td>4</td>
<td>10.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community agency involved</td>
<td>2</td>
<td>5.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>39</strong></td>
<td><strong>100.0</strong></td>
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</table>
CHAPTER V

SUMMARY, RECOMMENDATIONS, AND AREAS
FOR FURTHER INVESTIGATION

I. SUMMARY

The purpose of this descriptive study was to examine selected factors affecting the communication process employed between general staff nurses in hospitals and personnel in community agencies with regard to the referral of patients with a long-term illness.

A review of the literature was conducted in relation to the prevalence of long-term illness; the concept of comprehensive patient care; the role of the general staff nurse in a hospital and a public health nurse in relation to promoting comprehensive patient care, and aspects of the referral process.

The data were gathered by means of a self-administered questionnaire designed to seek information related to the study's three hypotheses. It consisted of four parts: (1) questions related to the background of the participants; (2) questions related to the ability to recognize patient needs; (3) questions related to knowledge of community resources, and (4) questions related to the channels and methods used in making referrals.
The questionnaire was completed by fifty-seven general staff nurses from selected units in eight general hospitals in or near the city of Vancouver, British Columbia. The units were chosen on the basis of the average number of patients with a long-term illness usually present on them.

From the analysis of the data the following conclusions were drawn. Although general staff nurses in hospitals, who participated in the study, could recognize needs in patients which indicate the necessity for referral to community agencies, they did not have an adequate knowledge of community resources. When these nurses made referrals, the lines of communication used were frequently indirect.

II. RECOMMENDATIONS

From the results of the study the following recommendations were made:

1. That greater attempts be made to encourage general staff nurses in hospitals to transfer information regarding patient needs to nursing care plans, using these as a vehicle in promoting continuity of care.

2. That in-service education programs for general staff nurses in hospitals include information on services offered by the wide variety of agencies
in the community in which the hospital is located.

3. That hospitals and public health agencies examine together the services offered and role played by a public health nurse in relation to patient referrals.

4. That more attention be directed to the channels of communication employed by general staff nurses in hospitals in relaying information to personnel who could aid in satisfying the needs of patients.

5. That information on the progress of patients referred from the nursing unit to another community agency, when known, be included in daily ward reports.

III. AREAS FOR FURTHER INVESTIGATION

From the results of the study, the following areas were outlined as worthy of further investigation:

1. An exploration of reasons why social needs are readily recognized yet given such low priority by general staff nurses in hospitals.

2. A study of the curriculum content within a diploma school of nursing in regard to the community, its resources, and its relation to the hospital.

3. The rationale behind the lack of desire, on the part of general staff nurses in hospitals, to
make direct patient referrals.

4. The rationale behind general staff nurses in hospitals selecting the hospital social worker more often than the hospital public health nurse, as the most effective channel for patient referral.
BIBLIOGRAPHY

A. BOOKS


B. PERIODICALS


APPENDIX A

INFORMATION RELATING TO THE EIGHT HOSPITALS SELECTED FOR USE IN THE STUDY, EXPRESSED IN TERMS OF BED CAPACITY, AVAILABILITY OF A SOCIAL WORKER, AND AVAILABILITY OF A PUBLIC HEALTH NURSE
APPENDIX A

INFORMATION RELATING TO THE EIGHT HOSPITALS SELECTED FOR USE IN THE STUDY, EXPRESSED IN TERMS OF BED CAPACITY, AVAILABILITY OF A SOCIAL WORKER, AND AVAILABILITY OF A PUBLIC HEALTH NURSE

<table>
<thead>
<tr>
<th>NAME OF HOSPITAL</th>
<th>Number of Beds</th>
<th>Availability of a Social Worker</th>
<th>Availability of a Public Health Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mount St. Joseph</td>
<td>158</td>
<td>None</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>Vancouver, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peace Arch District</td>
<td>225</td>
<td>None (some duties done by one head nurse)</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>White Rock, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burnaby General</td>
<td>244</td>
<td>Half day - Every day</td>
<td>Twice weekly</td>
</tr>
<tr>
<td>Burnaby, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Mary's</td>
<td>256</td>
<td>None</td>
<td>Once weekly</td>
</tr>
<tr>
<td>New Westminster, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Royal Columbian</td>
<td>434</td>
<td>None (some duties done by a nurse)</td>
<td>Once weekly</td>
</tr>
<tr>
<td>New Westminster, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lions Gate</td>
<td>484</td>
<td>Full time</td>
<td>Daily</td>
</tr>
<tr>
<td>North Vancouver, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>St. Paul's</td>
<td>619</td>
<td>Full time</td>
<td>Once weekly</td>
</tr>
<tr>
<td>Vancouver, B.C.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vancouver General</td>
<td>1634</td>
<td>Full time</td>
<td>Daily</td>
</tr>
<tr>
<td>Vancouver, B.C.</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

THE QUESTIONNAIRE EMPLOYED IN THE STUDY
This questionnaire is a tool to facilitate a study of factors affecting the communication process employed by general staff nurses in hospitals in referring patients with a long-term illness to the community setting. It is intended to gather information of a general nature, and is not designed to reflect particular aspects of any one hospital or any participant in the study. All participants remain anonymous.

Except for questions requiring a simple yes or no answer, each one may be answered by one or several replies. There is no right or wrong response to any question. When answering please place an "x" in the box to the right of the appropriate line.

Thank you very much for taking the time to answer this questionnaire. Your co-operation is greatly appreciated.

If you wish a report of the results of this study, please put your name and ward number below, tear paper at dotted line, and give to researcher.
I. **Biographical data concerning respondent.**

1. **Age bracket**
   - 20-29
   - 30-39
   - 40-49
   - 50 or over

2. **Level of nursing education**
   - R.N.
   - R.N. plus university diploma
   - B.Sc.N.
   - Other - please specify

3. **Where nursing education was received**
   - Vancouver
   - Another part of British Columbia
   - Another province in Canada
   - Outside of Canada

4. **Length of time employed in present position**
   - 0-6 months
   - 6 months-1 year
   - 1-5 years
   - 5-10 years
   - Over 10 years
5. Other nursing experience prior to present employment

None

Hospital nursing in another ward or hospital

V.O.N.

Public health nursing

Occupational health nursing

Other - please specify

II. The Work Setting

When considering patients with a long-term illness some will require more follow-up care after discharge than others. The following is a list of observations and activities that are indicative of health care needs. Please indicate the ones which were displayed by patients you nursed during the past week which will require follow-up care if the patient is to be discharged.

A. Re Physical Care

1. Daily baths
2. Dressing changes
3. Colostomy irrigation
4. Injections (e.g. insulin, diuretics, etc)
5. Catheter irrigations and changes
6. Enemas
7. Drug supervision □
8. Graduated exercises □
9. Physiotherapy □
10. Other - please specify __________
   □

B. Re Physical Limitations

1. Confined to bed □
2. Confined to wheelchair □
3. Dependent on crutches □
4. Dependent on walker □
5. Dependent on prostheses □
6. Limited mobility (e.g. severe arthritic condition) □
7. Other - please specify __________
   □

C. Re Mental Health

1. Difficulty in accepting long-term illness □
2. Depressed □
3. Overactive □
4. Overanxious □
5. Quarrelsome □
6. Extremely docile □
7. Fearful □
8. Suspicious □
9. Other - please specify _________________________

D. Re Home Environment

1. Will require housekeeper or practical nurse
2. May return to former residence if physical facilities adjusted (e.g. for use of wheelchair, toilet, etc.)
3. Needs more appropriate home
4. Has financial worries about self and/or family
5. Other - please specify _________________________

E. Re Occupational Environment

1. Has limitations imposed on activities in present position (e.g. will need frequent rest periods)
2. Needs further education for old job
3. Needs assistance in finding a new job
4. Needs re-training for new job
5. Other - please specify _________________________

F. Re Social Environment

1. Needs more companionship
2. Needs assistance in pursuing new hobbies
3. Needs to develop new areas of interest outside of home setting
4. Family needs explanation and encouragement re patient's condition
5. Family needs direct teaching re patient's condition
6. Needs counselling in family relationships
7. Needs encouragement in general adjustment to limitations imposed by illness
8. Other - please specify ________________

G. Category Placement

In considering the six main categories outlined above, without reference to specific patients, please indicate how you would rank them in order of importance (use the number 1 through 6, with 1 being the top priority).

Physical Care
Physical Limitations
Mental Health
Home Environment
Occupational Environment
Social Environment
III. The Community

Considering patients you have nursed, please list under the following headings, which community agencies would have been useful in order to give adequate follow-up service to these patients at home.

A. Re Physical Health

B. Re Physical Limitations

C. Re Mental Health
D. Re Home Environment

E. ReOccupational Environment

F. Re Social Environment
IV. The Process

A. In referring patients for follow-up nursing care from your ward to the community, please indicate the following

1. The Channel

   How is the referral made to the agency

   (a) directly by you
   (b) through head nurse
   (c) " supervisor
   (d) " doctor
   (e) " hospital public health nurse
   (f) " hospital social worker
   (g) " patient's family
   (h) uncertain
   (i) Other - please specify ____________________

2. The Method

   The method by which a referral is made

   (a) telephone
   (b) specific referral form
   (c) letter
(d) interview  
(e) uncertain  
(f) Other - please specify  

3. Feedback 
(a) Have you, in fact, ever had an opportunity to make such a referral while in your present job situation?  
   Yes  
   No  
(b) Do you receive any information on the progress of referred patients?  
   Yes  
   No  
(c) If yes to (b) from whom do you receive this information?  
   (i) head nurse  
   (ii) supervisor  
   (iii) doctor  
   (iv) hospital public health nurse  
   (v) hospital social worker  
   (vi) patient's family  
   (vii) community agency involved  
   (viii) Other - please specify  

__________________________________________
(d) If no to (b), would you like to receive information on the progress of patients you have referred to a community agency? Yes □ No □

B. In thinking further about such referrals, please indicate which, in your opinion, would be the single most effective channel and method.

1. The Channel

A referral may effectively be made

(a) directly by you □
(b) through head nurse □
(c) " supervisor □
(d) " doctor □
(e) " hospital public health nurse □
(f) " hospital social worker □
(g) " patient's family □
(h) uncertain □
(i) Other - please specify ____________________ □

2. The Method

The method by which a referral is made may effectively be

(a) telephone □
(b) specific referral form □
(c) letter □
(d) interview □
(e) uncertain □
(f) Other - please specify ___________

______________________________

______________________________
APPENDIX C

THE RESPONSES OF FIFTY-SEVEN GENERAL STAFF NURSES IN HOSPITALS RELATED TO SPECIFIC ITEMS IN SIX CATEGORIES OF PATIENT NEEDS EXPRESSED IN FREQUENCIES AND PERCENTAGES
### APPENDIX C

The responses of fifty-seven general staff nurses in hospitals related to specific items in six categories of patient needs expressed in frequencies and percentages.

#### A. ITEMS IN PHYSICAL CARE CATEGORY OF NEEDS

<table>
<thead>
<tr>
<th>Physical Care</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Daily baths</td>
<td>26</td>
<td>11.5</td>
</tr>
<tr>
<td>2. Dressing changes</td>
<td>26</td>
<td>11.5</td>
</tr>
<tr>
<td>3. Colostomy irrigations</td>
<td>8</td>
<td>3.5</td>
</tr>
<tr>
<td>4. Injections</td>
<td>25</td>
<td>11.0</td>
</tr>
<tr>
<td>5. Catheter irrigations</td>
<td>30</td>
<td>13.2</td>
</tr>
<tr>
<td>and changes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Enemas</td>
<td>26</td>
<td>11.5</td>
</tr>
<tr>
<td>7. Drug supervision</td>
<td>17</td>
<td>7.5</td>
</tr>
<tr>
<td>8. Graduated exercises</td>
<td>19</td>
<td>8.4</td>
</tr>
<tr>
<td>9. Physiotherapy</td>
<td>45</td>
<td>19.8</td>
</tr>
<tr>
<td>10. Other</td>
<td>5</td>
<td>2.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>227</strong></td>
<td><strong>100.1</strong></td>
</tr>
</tbody>
</table>
### B. ITEMS IN PHYSICAL LIMITATIONS CATEGORY OF NEEDS

<table>
<thead>
<tr>
<th>Physical Limitations</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Confined to bed</td>
<td>14</td>
<td>11.0</td>
</tr>
<tr>
<td>2. Confined to wheelchair</td>
<td>31</td>
<td>24.4</td>
</tr>
<tr>
<td>3. Dependent on crutches</td>
<td>16</td>
<td>12.6</td>
</tr>
<tr>
<td>4. Dependent on walker</td>
<td>25</td>
<td>19.7</td>
</tr>
<tr>
<td>5. Dependent on prostheses</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>6. Limited mobility</td>
<td>31</td>
<td>24.4</td>
</tr>
<tr>
<td>7. Other</td>
<td>6</td>
<td>4.7</td>
</tr>
</tbody>
</table>

**Total** 127 99.9

### C. ITEMS IN MENTAL HEALTH CATEGORY OF NEEDS

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Difficulty in accepting long-term illness</td>
<td>24</td>
<td>14.8</td>
</tr>
<tr>
<td>2. Depressed</td>
<td>44</td>
<td>27.2</td>
</tr>
<tr>
<td>3. Overactive</td>
<td>11</td>
<td>6.8</td>
</tr>
<tr>
<td>4. Overanxious</td>
<td>25</td>
<td>15.4</td>
</tr>
<tr>
<td>5. Quarrelsome</td>
<td>12</td>
<td>7.4</td>
</tr>
<tr>
<td>6. Extremely docile</td>
<td>7</td>
<td>4.3</td>
</tr>
<tr>
<td>7. Fearful</td>
<td>25</td>
<td>15.4</td>
</tr>
<tr>
<td>8. Suspicious</td>
<td>6</td>
<td>3.7</td>
</tr>
<tr>
<td>9. Other</td>
<td>8</td>
<td>4.9</td>
</tr>
</tbody>
</table>

**Total** 162 99.9
D. ITEMS IN HOME ENVIRONMENT CATEGORY OF NEEDS

<table>
<thead>
<tr>
<th>Home Environment</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will require housekeeper or practical nurse</td>
<td>29</td>
<td>24.4</td>
</tr>
<tr>
<td>2. May return to former residence if physical facilities adjusted</td>
<td>28</td>
<td>23.5</td>
</tr>
<tr>
<td>3. Needs more appropriate home</td>
<td>29</td>
<td>24.4</td>
</tr>
<tr>
<td>4. Has financial worries about self and/or family</td>
<td>27</td>
<td>22.7</td>
</tr>
<tr>
<td>5. Other</td>
<td>6</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>119</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

E. ITEMS IN OCCUPATIONAL ENVIRONMENT CATEGORY OF NEEDS

<table>
<thead>
<tr>
<th>Occupational Environment</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has limitations imposed on activities in present position</td>
<td>38</td>
<td>57.6</td>
</tr>
<tr>
<td>2. Needs further education for old job</td>
<td>1</td>
<td>1.5</td>
</tr>
<tr>
<td>3. Needs assistance in finding new job</td>
<td>14</td>
<td>21.2</td>
</tr>
<tr>
<td>4. Needs re-training for new job</td>
<td>7</td>
<td>10.6</td>
</tr>
<tr>
<td>5. Other</td>
<td>6</td>
<td>9.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>
### F. ITEMS IN SOCIAL ENVIRONMENT CATEGORY OF NEEDS

<table>
<thead>
<tr>
<th>Social Environment</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Needs more companionship</td>
<td>33</td>
<td>16.9</td>
</tr>
<tr>
<td>2. Needs assistance in pursuing new hobbies</td>
<td>20</td>
<td>10.3</td>
</tr>
<tr>
<td>3. Needs to develop new areas of interest outside of home setting</td>
<td>15</td>
<td>7.7</td>
</tr>
<tr>
<td>4. Family needs explanation and encouragement re patient's condition</td>
<td>41</td>
<td>21.0</td>
</tr>
<tr>
<td>5. Family needs direct teaching re patient's condition</td>
<td>33</td>
<td>16.9</td>
</tr>
<tr>
<td>6. Needs counselling in family relationships</td>
<td>12</td>
<td>6.2</td>
</tr>
<tr>
<td>7. Needs encouragement in general adjustment to limitations imposed by illness</td>
<td>39</td>
<td>20.0</td>
</tr>
<tr>
<td>8. Other</td>
<td>2</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>195</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>