

BIBLIOGRAPHY

COMMUNITY NURSING II

1993, NR. 47

**COMPILATION: P. VAN DER HEIJDEN
A. KERKSTRA**

MARCH 1993

The bibliography "Community nursing II" is part 47 of a series of the Library & Documentation Department of the Netherlands Institute of Primary Health Care (NIVEL)

Netherlands Institute of Primary Health Care (NIVEL)

Visitor's adress: Drieharingstraat 6

P.O.Box 1568

3500 BN Utrecht

The Netherlands

Tel. no. ...-3130319946

CIP-GEGEVENS KONINKLIJKE BIBLIOTHEEK, DEN HAAG

Heijden, P. van der

Community care II / comp.: P. van der Heijden, A. Kerkstra. - Utrecht : Netherlands Institute of Primary Health Care (NIVEL). - (Bibliography / Netherlands Institute of Primary Health Care, Library & Documentation Department : no. 47)

ISBN: 90-6905-218-0

Trefw.: wijkverpleegkunde ; bibliografieën.

CONTENTS

INTRODUCTION	v
1. GENERAL	1
2. RESEARCH INTO NURSING MODELS AND NURSING THEORIES .	9
3. TASKS AND PROCEDURES	15
3.1. DISTRICT NURSING	15
3.2. HEALTH VISITING	21
3.3. CARE FOR PATIENTS WITH HIV INFECTION AND AIDS	29
4. WORKING CONDITIONS AND JOB SATISFACTION	33
5. CONTINUITY AND CO-ORDINATION OF CARE	41
6. NEED FOR COMMUNITY NURSING CARE	47
AUTHOR INDEX	53
SUBJECT INDEX	57
NIVEL BIBLIOGRAPHIES	59

INTRODUCTION

In March 1989 the Netherlands Institute of Primary Health Care (NIVEL) organized an International Conference on Community Nursing (see page 6). An existing NIVEL-bibliography (in Dutch) on community nursing was adapted, updated and translated into English¹ on behalf of that Conference. In 1993 NIVEL will be organizing the Second International Conference on Community Nursing and again the congress is accompanied by a bibliography on research into community nursing.

The literature has been gathered from the computerized catalogues of Medline (on CD-ROM), CINAHL, the NIVEL library, and the library of the University of Limburg (The Netherlands). The literature is restricted to books, research articles and reports. With a few exceptions, one or two-page articles are excluded. So are editorials, opinions and letters. As the former bibliography included literature up to 1989, this bibliography includes literature from 1989 to december 1992. It is, of course, impossible to include all existent literature on community nursing. Therefore, this bibliography contains literature on a number of selected subjects. We did not include all the literature on these subjects, but we tried to give an overview, so the reader can familiarize him/herself with the subjects.

The publications are divided into six chapters on research into nursing models and theories, tasks and procedures, working conditions and job satisfaction, continuity of care, and need for care, respectively. This means that five out of six chapters deal with the supply-side of community nursing, whereas the last chapter deals with patient need. Because of the international character of the Conference, all literature in this bibliography is in English. This does not mean that all literature deals with community nursing in the Anglo-Saxon world, but most of it is.

Chapter one includes general introductory books and articles on the state of the art and on government policy. It also includes some cross-national comparisons, which give a good insight into the position of community nursing in various countries.

One of the most important areas of study (over the past few years at least) in community nursing and in nursing in general is dealt with in chapter 2. It concerns research articles and textbooks on nursing models, nursing research and nursing theories. Some of the subjects in this chapter are patient classification, the development of an audit instrument, theories on the management of pain, the development of a quality assurance system and the incorporation of Orem's theories in the concept of community nursing.

The third chapter contains literature on tasks and procedures of district nurses and health visitors. We made a distinction between district nurses and health visitors because of the differences in the way they perform their occupation. The

¹ Campen, C. van. Bibliography Community Nursing. Utrecht: NIVEL, 1989. 90 p.

district nurse provides direct home nursing-, or curative care, whereas the health visitor's work lies in the field of health promotion and prevention, mainly with mothers and children. Paragraph three of this chapter contains literature on community nursing and HIV infection and AIDS. Research reveals that still the knowledge community nurses have of HIV infection and AIDS is not always what it should be.

In the fourth chapter literature on working conditions and job satisfaction is brought together. Problems such as stress and case-load are, amongst others, discussed in the articles in this chapter.

Chapter five is focussed on collaboration of community nurses with both primary health care workers, e.g. general practitioners, and hospital nurses and consultants. In this chapter, "continuity and co-ordination of care", you will find studies on case-management and on after-care.

The last chapter, "need for community nursing care", looks at, as the title says, the demand side of community nursing. Most articles are about the need for care of the elderly and of children, and about patient satisfaction.

The titles are ordered alphabetically per chapter, according to the last name of the first author or corporation. In the back of this bibliography the reader will find an author index and a subject index with which retrieval is facilitated.

In almost all cases the number of cited references is given. The reader can use this information as an indication of the importance of the study. We made sure that all articles and books are available in the NIVEL-library. Books, reports and copied articles have a catalogue number assigned to them.

In some cases the division of the literature over the different chapters is somewhat arbitrary. We then decided to place the article or book in the chapter which deals with the main subject of the publication.

1. GENERAL

BARKAUSKAS, V.H.

Home health care.

Annual Review of Nursing Research; 8, 1990, no. 1, p. 103-132, 90 refs.

nivel (C 3877)

Three major themes predominate in the research literature related to home health care. First is the evaluation of the efficacy, safety, and cost of home care in comparison with hospital and nursing home care. The second theme is the use of the home as a convenient location for data collection about health needs and issues for the testing of interventions with clients. The third theme is the description of the needs of individuals for home-based health-related services and the recipients and providers of such home-based services.

The research literature on home care published since 1980 served as the initial source of studies for this review. Studies selected for inclusion in the review were evaluated by content analysis. The following content outline was established as a result of the analysis and served as the organizing framework for discussion of the literature in this article:

- a. home health care need and utilization;
- b. population groups;
- c. selected patient problems;
- d. nurse providers.

CHAMPION, V.L., AUSTIN, J.K., TZENG, O.C.

Relationship between cross-cultural health attitudes and community health indicators.

Public Health Nursing; 7, 1990, no. 4, p. 243-250, 26 refs.

nivel (C 3870)

Improving health standards both nationally and cross-culturally is a goal for all community health nurses. Previous research has supported links between health attitudes and behaviour. The purpose of the present study was to investigate the relationship between attitudes toward health and indexes of community health using a cross-cultural data set. Concepts selected from the data set were I (myself), body, sickness, disease, life, doctor, health, medicine, hospital, nurse, death, and insane. Community health indicators were male and female life expectancy, infant mortality, economic and public health expenditures, and net social progress. The original sample included 1200 high school males within each of 30 language and cultural communities. Data were derived from students' ratings of the dimensions of evaluation, potency, and activity for each concept. The results supported the association between attitudes and objective community health indicators. Unexpected negative correlations were found between attitudes toward medicine and nurse attitudes toward body and life, perhaps indicating that extended contact with health care providers may result in negative attitudes toward them. Positive

relationships were found between public health expenditures and nurses, indicating that in countries with more expenditures for community and public health, attitudes toward nurses were more positive. (author²)

GREEN, J.L., DRIGGERS, B.

All visiting nurses are not alike: home health and community health nursing. *Journal of Community Health Nursing*; 6, 1989, no. 2, p. 83-93, 21 refs. nivel (C 3863)

This article explores the differences between the practice of home health nursing and the practice of community health nursing which is suggested by the literature. Thirty-two nurses from three metropolitan home health agencies were surveyed; of these, 13 were randomly selected for interview in order to describe the current practice of home health-care nursing. As anticipated, home health nursing and community health nursing were found to differ significantly; the implications of this finding for nursing education are explored. (author)

HAGELL, E.I.

Nursing knowledge: women's knowledge. A sociological perspective. *Journal of Advanced Nursing*; 14, 1989, no. 3, p. 226-233, 34 refs. nivel

As nurses approach the 21st century questions are being raised regarding the direction in which the profession of nursing is moving. The majority of leaders and educators in the field of nursing have, to this point, stressed the importance of defining nursing as a science and of developing a scientific knowledge base. Recently, however, there has been a move among some researchers and theorists in the field of nursing to question the ability of science and the scientific method to deal with specific nursing concerns. Using a variety of perspectives, including feminist theory, they are critiquing many of the basic assumptions about science, scientific method and scientific knowledge.

This paper uses sociological and feminist theory to support the idea that nursing, as a discipline, has a distinct knowledge base which is not grounded in empirico-analytic science and its methodology but which stems from the lived experiences of nurses as women and as nurses involved in caring relationships with their clients.

JACOBY, A.

Managing strategies and patient needs: the provision of nursing care in the community. *Journal of Advanced Nursing*; 15, 1990, no. 12, p. 1409-1417, 11 refs.

² If the abstract is accompanied by (author) it means that the abstract is taken from the author or from the journal.

nivel

Community nurse managers in 17 health districts in England were interviewed about their strategies for identifying and coping with unmet need for nursing care in the community, and their efforts to plan community nursing services and to meet changing levels of demand for care. The managers were found to have access to a wide range of information for planning services, but this information did not always seem to be used most effectively. The managers' efforts to identify unmet need were often piecemeal and uncoordinated, and this may have been, in part, because managers were facing difficulties in meeting existing demands for services. As a result, several were beginning to set priorities for care. Faced by increasing demand and limited finance, it seems likely that managers will continue to do so, and will develop more stringent criteria for nursing care. (author)

KERKSTRA, A., VERHEIJ, R.

Community nursing: proceedings of the International Conference on Community Nursing, 16-17 march 1989, 's-Hertogenbosch, The Netherlands.

Utrecht: NIVEL, 1989. 93 p., refs.

nivel (R 4061(1))

This book is a collection of the lectures delivered during the first day of the conference on community nursing (see title). Chapters one to three contain the formal addresses given during the opening session of the conference. In the opening speech the Dutch State Secretary of Welfare, Health and Cultural Affairs, Mr. Dees, spoke of the changes expected in the Dutch health care system. Mrs. Veder-Smit, chairman of the Dutch National Cross Association focused on the future of community nursing in relation to the increasing numbers of the elderly and the health policy of the Dutch Government. As a representative of the World Health Organization, Mrs. Farrell emphasized the importance of the Primary Health Care concept in community nursing.

In chapter 4 Professor Bergman (Tel Aviv University, Israel) asserts that the increasing scope and complexity of community nursing makes a programme of quality assurance imperative. In addition, the steps included in the quality assurance process are reviewed.

Chapter 5 to 10 deal with the international differences in the organization of community nursing services. Representatives from the United Kingdom, France, The Netherlands, The United States, Canada and Norway presented an overview of the organization, tasks and the position of community nursing services in the health care systems in their respective countries.

Finally in chapter 11 some important topics discussed during the conference are summarized.

MARTIN, K.S., SCHEET, N.J.

The Omaha System: applications for community health nursing.

Philadelphia etc: W.B. Saunders Company, 1992. 400 p., refs.

nivel (ordered)

This book was written to promote the Omaha System, a systematic clinical- and research-based tool that can be used to meet the increasing complexities and growth opportunities within community health nursing. Chapters 1, 2, 3 and 4 highlight historical, conceptual, and research linkages to the Omaha System. Chapters 5, 6 and 7 include a systematic description of the organization, terms, and definitions of the three components of the Omaha System. These components are the *Problem Classification Scheme*, the *Intervention Scheme*, and *Problem Rating Scale for Outcomes*. Chapter 8 consists of practical, specific suggestions for implementing the Omaha System successfully. Chapters 9 through 12 are designed to illustrate direct application of the system by community health nurses and members of other disciplines who practice in diverse settings. Chapter 13 is intended for use by students, faculty members, and agency personnel involved in nursing education. The focus of chapter 14 is quality assurance activities related to the Omaha System. Chapter 15 includes a synthesis of current and future issues related to community health nursing practice, documentation, and research and a summary of potential benefits of the Omaha System use.

MCMURRAY, A.

Expertise in community health nursing.

Journal of Community Health Nursing; 9, 1992, no. 2, p. 65-75, 16 refs.

nivel (C 3861)

This article reports on a study of expertise in community health nursing. The objective of the study was to develop a model of expertise derived from identification of the characteristics and factors influencing clinical expertise in community health nurses (CHNs) practising in district nursing, school health, and child health. Participant observations, individual interviews, and written retrospective accounts of clinical episodes were analyzed from 37 nurses (10 novices within the first year of community practice and 27 experts identified by peers and colleagues). The data identified the expert as someone in whom the following characteristics operate synchronously: knowledge; empathy; appropriate communication; holistic understanding; an ability to get right to the problem at hand; and self-confidence in her or his perceptions, judgments, and intervention strategies. The findings suggest that there is a combination of factors which influences the development of expertise. These include educational factors, personal factors, and experience. These factors are incorporated into the model of expertise. The data also suggest that, in order to educate for expert levels of practice, the educational process must be designed to stimulate the learner's perceptual as well as analytic abilities. This can best be achieved through clinical practice opportunities and through demonstrations and case studies which stimulate inferential and intuitive thinking in students. (author)

MOON, G.

Conceptions of space and community in British health policy.
Social Science & Medicine; 30, 1990, no. 1, p. 165-171, 52 refs.
nivel

Several recent United Kingdom health policy initiatives include ideas implicitly or even explicitly involving geographical space as a central theoretical construct. Neighbourhood nursing is perhaps the best known recent example. These initiatives are not without common features, and the article commences with a typology of the roles which geographical space plays in the health policy. The second section gives specific consideration to neighbourhood nursing. The third part of the paper outlines the social theoretic debates surrounding geographic inputs to health policy; ideas such as community and locality. It is suggested that spatial conceptions in health policy reflect a complex amalgam of sociological assumptions which might fruitfully be considered in the light of Giddens' concept of locale.

NIJKAMP, P., PACOLET, J., SPINNEWYN, H., VOLLERING, A., WILDEROM, C., WINTERS, S.

Services for the elderly in Europe: a cross-national comparative study.
Leuven: HIVA, VU, 1991. xix, 343 p., refs.
nivel (R 4996)

This study is divided into three parts. In the first part the authors give an introduction on the greying society, on the study in general and on the demographic and socio-economic consequences of an ageing society.

In the second part a country-comparative analysis of care for the EC³ elderly is made. Attention is given to: general trends on the ageing population; economic consequences of ageing; characteristics of care services for the elderly; changes in the supply of care services for the elderly; guiding principles of national public policies regarding elderly care and finally to the role of the European Commission in elderly care.

Part three contains descriptions of the twelve EC countries separately. All country reports are divided into six paragraphs:

1. General trends on the ageing population.
2. Economic consequences of the ageing population
3. Characteristics of the services for the elderly.
4. General significant changes in the supply of services for the elderly.
5. Government policy for the elderly
6. Evaluation.

In the second and third paragraph explicit attention is given to community services for the elderly.

³The twelve EC-members are: Belgium, Denmark, Germany (in this study the situation for West-Germany is being described), Spain, France, Greece, Republic of Ireland, Italy, Luxembourg, The Netherlands, Portugal and the United Kingdom.

NETHERLANDS INSTITUTE OF PRIMARY HEALTH CARE

International conference on community nursing: program and abstracts, 16-17 march 1989, 's-Hertogenbosch, The Netherlands.

Utrecht: NIVEL, 1989. 92 p.

nivel (R 4061(2))

This book contains the program and abstracts of the different sessions of the conference on community nursing (see title).

Four concurrent sessions were held:

1. The activities of nurses working in the community;
2. Horizontal and vertical integration;
3. Need for nursing care at home;
4. Methodology of community nursing (research).

SALVAGE, J. (Ed.)

Nurse practitioners: working for change in primary health care nursing.

London: King's Fund Centre, 1991. 152 p., refs.

nivel (B 2608)

This book brings together the views and experiences of experts from the UK and overseas. It is based on a seminar organised jointly by the King's Fund and the World Health Organization. It is divided into three main parts:

1. What is a nurse practitioner?
2. Are nurse practitioners needed?
3. Developing primary health care nursing.

SAUCIER, K.A. (Ed.)

Perspectives in family and community health.

St. Louis: Mosby Year Book, 1991. 412 p., refs.

nivel (B 2738)

The purpose of this book is to provide nursing students, nurse educators, and practising nurses with the most current perspectives regarding health care and community health nursing. The articles were chosen from numerous scholarly sources on a variety of topics related to community health and community health nursing practice. They provide in-depth analysis of important issues, research, theory, and applied nursing practice relevant to contemporary community health nursing.

To reflect major aspects of community health nursing practice, the text is organized into eight parts:

1. An introduction to the context of community health nursing, including the social, political, and economic factors influencing contemporary health care in our society, as well as an examination of trends that may affect community health nursing practice in the future.
2. The conceptual foundations for nursing care at the community level, including models for practice, theory development, and the use of conceptual models in nursing practice.
3. Diverse community health nursing roles, including their function,

process, and practice settings.

4. Current issues affecting community health and nursing practice, including leadership, risk management, ethics, and self-care.
5. Community-centred nursing practice, which focuses on aggregate health and group-centred health care.
6. Cultural influences affecting community health nursing care.
7. Family health care and nursing intervention, including assessment and care of diverse family structures.
8. Special health needs of high-risk, vulnerable populations and implications for the community health nurse.

SECRETARIES OF STATE FOR HEALTH, SOCIAL SECURITY, WALES AND SCOTLAND

Caring for people: community care in the next decade and beyond.

London: HMSO, 1989. 106 p.

nivel (R 4892)

In this White Paper the Government's proposals for community care are set out. It complements the proposals in the White Paper "Working for Patients" for the management of the hospital and family practitioner services.

The Government's proposals have six key objectives for service delivery:

- to promote the development of domiciliary, day and respite services to enable people to live in their own homes wherever feasible and sensible;
- to ensure that service providers make practical support for carers a high priority;
- to make proper assessment of needs and good case management the cornerstone of high quality care;
- to promote the development of a flourishing independent sector alongside good quality public services;
- to clarify the responsibilities of agencies and so make it easier to hold them to account for their performance;
- to secure better value for taxpayers' money by introducing a new funding structure for social care.

In order to achieve these objectives, the Government proposes to make seven changes in the way in which social care is delivered and funded.

VERHEIJ, R.A., KERKSTRA, A.

International comparative study of community nursing.

Aldershot: Avebury, 1992. 210 p., refs.

nivel (B 2767)

The purpose of this study is to provide information about organization, functioning and funding of community nursing in various industrialized countries. The study gives a description and comparison of community nursing organizations in Belgium, Canada, Finland, France, Germany, The Netherlands, Norway, the United Kingdom and the

United States. To gather all information necessary, the authors performed a literature search and contacted experts on community nursing, in the different countries, to let them complete a questionnaire.

Each chapter on the selected country begins with a section on the health care system in general in order to become aware of the national context in which community care is provided.

In the last chapter a cross national comparison is made and some general conclusions are drawn.

2. RESEARCH INTO NURSING MODELS AND NURSING THEORIES

ALBRECHT, M.N.

Home health care: reliability and validity testing of a patient-classification instrument.

Public Health Nursing; 8, 1991, no. 2, p. 124-131, 23 refs.

nivel

The purposes of this methodologic, descriptive, correlation study were to assess the reliability and validity of the Easley-Storfjell (ES) patient-classification instrument for home care, and determine to what extent it was useful in a large, hospital-based home health care setting. A model for home health care developed by the investigator was used. Interrater reliability and concurrent validity were established by four nurse-raters using a random sample. Nonparametric bivariate correlational analysis demonstrated that the ES instrument was both reliable and valid at a significant level. In addition, there was agreement between the overall ES category rating and rater frequency of home visits. Intrarater reliability for each of the four nurse-raters on a random sample was at a significant level. The results of this study have important implications for home health care agencies providing care to chronically ill patients. (author)

BERGMAN, R. (Ed.)

Nursing research for nursing practice: an international perspective.

London: Chapman and Hall, 1990. 205 p., refs.

nivel (B 2422)

Nurse researchers from around the world were invited to contribute chapters to this book. They were requested to describe briefly the major aspects of health and nursing in their country and then relate in depth to an important area of nursing research with emphasis on its utilization in nursing practice and education.

The global dimension is represented by the research endeavours of the International Council of Nurses and the World Health Organization; the continental scope by the research programme of the European region of WHO; and the USA National Center for Nursing Research provides a country-wide perspective. An additional objective of the book is to offer a variety of research topics with chapters in each of the areas of education, clinical practice, nursing administration and legislation. The authors were requested to select a topic within their field of expertise. The papers from Jamaica and Canada report research on education of nurses for primary health and on preparation of nurse researchers respectively. Most of the clinical practice chapters include reference to related educational and administrative aspects but focus primarily on nursing interventions. They include the subjects of pain (USA), dementia (Sweden) and chronic illness (Israel). Nursing administration research includes studies on patient dependency (Australia) and manpower (New Zealand). The chapters from

Brazil (primary health care), Spain (nursing education and practice systems) and South Africa (status of nursing as a profession) highlight the relationship between sociopolitical factors, legislation and nursing research. The final chapter looks to the future priorities for nursing research, based on a short review of the major trends over the past half century.

CHALMERS, K., KRISTAJANSON, L.

The theoretical basis for nursing at the community level: a comparison of three models.

Journal of Advanced Nursing; 14, 1989, no. 7, p. 569-574, 24 refs.
nivel

Although literature on community health nursing identifies a nursing role at the community level, there is a lack of clarity about the elements and expected outcomes of this role. For instance, is it acceptable to assume that nursing services directed to the individual and family will result in improved health outcomes at the community level, or, what skills or approaches to practice are necessary to work effectively at the community level?

In this paper three models of community health practice are presented and discussed in terms of their effectiveness as a basis for nursing practice at the community level. These models are:

1. The public health model;
2. Community participation model, and
3. Community change model.

Factors that affect the effectiveness of nursing to work at the community level are also discussed and questions for reflection and debate raised.

CORMACK, D.F.S. (Ed.)

The research process in nursing.

Oxford: Blackwell Scientific Publications, 1991². 370 p., refs.

nivel (B 2691)

This textbook on research in nursing is divided into three main parts. In the first part (Introduction to the research process in nursing) the purpose is to put the subsequent discussion of the research process into context and to 'set the scene' for the more detailed material which follows in part 2. In "The research process" almost all major steps are included. This part is divided into four major sections:

1. Preparatory work
2. Research design
3. Data collection
4. Data handling.

The chapters in part 3 are specific to those who make use of nursing research as it applies to nursing practice, nursing education and nursing management.

COWLEY, S.

A symbolic awareness context identified through a grounded theory study of health visiting.

Journal of Advanced Nursing; 16, 1991, no. 6, p. 648-656, 32 refs.

nivel

The purpose of this study was one of theory building or conceptualization. This was needed because of a lack of information about how health visitors identify which approach to use within any particular situation. An overview of the method of grounded theory explains how data were collected and analyzed. Then, one major aspect of the emerging theory (a symbolic awareness context which seems to surround and influence interactions between health visitors and their clients) is outlined. The analysis suggests that, when the interaction is examined in context, any one question, purpose or topic selected by health visitor or client as a specific focus, forms only a relatively small component part of the whole. Strategies which enhance openness and consonance within the context are detailed. The awareness context has implications for health visiting practice and organization.

DURAND, I.

Nurse/patient dependency in community nursing.

Nursing Times; 85, 1989, no. 26, p. 55-57, 32 refs.

nivel (C 3867)

Patient/nurse dependency measures developed in the setting of acute hospital care were shown to be not wholly appropriate to community nursing. In a literature search undertaken to locate a tool suitable for measuring nurse/patient dependency in the community, a number of studies were found with material relevant to the subject. It appeared that age and mobility were determining factors in the allocation of district nursing time, but the complexity of other variables, including home conditions and the presence or absence of other carers, defied precise measurement. A functional assessment scale was found which had been developed for assessing and monitoring patients in the community and this might be utilised as a dependency measure if timings could be attached. A small pilot study undertaken in 1984/5 to investigate this possibility was followed by a larger study completed in 1987. (author)

EDWARDS, N., PICKARD, L., VAN BERKEL, C.

Community health nursing audit: issues encountered during the selection and application of an audit instrument.

Public Health Nursing; 8, 1991, no. 1, p. 3-9, 13 refs.

nivel

Several issues were encountered by nurse-managers in a community agency while implementing an audit of community health nursing charts. They included the following:

1. what is the purpose of the audit?
2. are the required resources available to implement the audit

process?

3. what is the selection process for charts to be audited?
4. how many charts have to be audited?
5. is the audit tool based on relevant and measurable criteria and standards?
6. have the measurement properties of the audit tool been determined, including validity and reliability?

The validity, reliability, and weighting of scores of the Craig audit tool are explored. Results of an assessment on this tool's reliability are presented. (author)

FRIEDEMANN, M.-L.

The concept of family nursing.

Journal of Advanced Nursing; 14, 1989, no. 3, p. 211-216, 16 refs.

nivel

In this article a system-based conceptualization of family nursing is suggested, with family nursing practised on three system levels. The level of individual family members views the family as the context of the individuals. The interpersonal level addresses dyads and larger units and the family system level includes the structural and functional system components interacting with the environment. Intervention on a higher system level includes the lower levels. While family nursing falls within the practice scope of all nurses, intervention aimed at system change requires holistic understanding of the intricate relationships between family system components and the skills of clinical specialists.

HAMILTON, P.A., KEYSER, P.K.

The relationship of ideology to developing community health nursing theory.

Public Health Nursing; 9, 1992, no. 3, p. 142-148, 7 refs.

nivel

Ideology plays a major role in developing theory, guiding education and directing practice in nursing. This study investigated the opinions of community health nurse educators regarding specific elements of community health nursing ideology and its relationship to the educators' opinions about the appropriateness of existing theory for professional use. The majority of participants agreed that a specific set of beliefs can be called a community health nursing ideology. Covariant factor analysis indicated that it is not a unidimensional, internally consistent single set of beliefs or values, but rather is a set of two types of values, one focusing on the individual and the other on society. Individually oriented beliefs were positively related to satisfaction with existing theory. Socially oriented beliefs were negatively related to satisfaction with existing theory, but the relationship was not statistically significant. Anyone engaged in developing community health nursing theory would do well to consider which ideologic model is undergirding the process. (author)

HANCHETT, E.S.

Nursing models and community as client.

Nursing Science Quarterly; 3, 1990, no. 2, p. 67-72, 15 refs.

nivel (C 3874)

Each of the four nursing frameworks discussed here represents worldviews that result in different meanings of the concepts of health, community, and, therefore, of community health. Orem's framework reflects a casual model of the community as an aggregate of individuals and a concept of health that is most akin to Smith's clinical and functional levels of health. Roy's model broadens to allow for consideration of the community as a system. The community as a system is perceived from the perspective of behaviours in response to stimuli. Causality is time ordered and linear, although one must consider the context of continuing time through the mechanism of feedback loops. Smith's adaptive level of health is most congruent with this perspective. King's conceptual framework views the community as a system interacting with the personal and interpersonal systems it includes. Causality is necessarily symmetrical within a systems approach. Health includes both role performance and adaptive levels of health. Finally, Rogers' model considers the community as a field in itself. That field is one of awareness, is integral with the environmental field, and is acausal in nature. Health as expanding awareness is most similar to Smith's eudaemonistic concept of health. It is proposed that these four frameworks reflect increasingly integrated conceptions of community health by which to guide public health/community health nursing practice. (author)

SAPSFORD, R., ABBOTT, P.

Research methods for nurses and the caring professions.

Buckingham, Philadelphia: Open University Press, 1992. 173 p., refs.

nivel (B 2725)

One of this book's main aims is to de-mystify research, to distinguish the often complex techniques from the basically fairly simple logic which underlies research projects. The focus is explicitly on social research.

The book falls into four sections. The first chapter is a 'mini-course', looking at most of the major ways of collecting data and structuring research and evaluation. Chapters 2 to 7 are about reading and evaluating other people's research. Then chapters 8 to 14 are on various aspects of the practice research. Finally, there is a chapter on the writing of research reports, and a final summary chapter which also raises and pulls together more fundamental questions about ideology and discourse.

TAYLOR, S.G., MCLAUGHLIN, K.

Orem's general theory of nursing and community nursing.

Nursing Science Quarterly; 4, 1991, no. 4, p. 153-160, 6 refs.

nivel (C 3875)

The purpose of this article is to examine the way in which theoretical concepts of community articulate with Orem's theory. Philosophical and theoretical perspectives of community are presented as the basis for developing a model for community nursing. The development of nursing theory and science related to the concept of community proceeds from an understanding of community and its articulations with nursing. Three basic models of community are identified and described: (a) atomistic/contractarian, (b) organic/functional, and (c) mutual/personal. Orem's theory can be legitimately viewed as having meaning for nursing when the community is viewed from any of the three models. It is not limited to the use of "aggregate" models. The distinction comes in the view of community consistent with the underlying philosophical view of the nature of person expressed or inherent in the nursing theory. A general model for the community as a unit of service, congruent with Orem's theory, is presented. (author)

WALKER, J.M., AKINSANYA, J.A., DAVIS, B.D., MARCER, D.

The nursing management of pain in the community: a theoretical framework. *Journal of Advanced Nursing*; 14, 1989, no. 3, p. 240-247, 31 refs.

nivel

This paper is based upon a research project carried out in England and designed to investigate the nursing management of pain in the community. A theoretical framework is described which has been designed to encompass the complexities of different types of pain, individual differences in reaction to pain, and to identify key differences between patients who cope with pain and those who do not. The framework is based on a model of stress, the concept of controllability, and contemporary learning theory. It identifies a unique role for the nurse in pain management and will be used to direct a study into strategies which nurses can use to enhance the coping abilities and resources of elderly patients in the community with pain.

ZLOTNICK, C.

A public health quality assurance system.

Public Health Nursing; 9, 1992, no. 2, p. 133-137, 11 refs.

nivel

Quality assurance (QA) systems are commonplace among hospitals. They are even found in home health and health maintenance organizations, but they are less common among public health agencies. This article enumerates the discrepancies between the design of traditional QA and that necessary to meet the needs of a department of health's public health nursing service. It characterizes the subsequent changes that must be inserted into the QA system for it to comply with the mission and services of public health setting. The system and instruments presented are used in the Baltimore County Department of Health, Public Health Nursing Services. (author)

3. TASKS AND PROCEDURES

3.1. DISTRICT NURSING

BERGEN, A.

Nurses caring for the terminally ill in the community: a review of the literature. *International Journal of Nursing Studies*; 28, 1991, no. 1, p. 89-101, 46 refs. nivel (C 3850)

The review considers the literature covering both general district nursing and specialist nursing provision for the terminally ill in the community over the last 10 years in the United Kingdom. It looks at the theoretical and methodological issues associated with research in this area and offers critiques of a number of individual studies in the light of these issues. Research findings are subject to limited comparative analysis and tentative conclusions are drawn regarding the model of care best suited to the needs of those dying at home. Recommendations for future areas of nursing research are made. (author)

CARGILL, J.M.

Medication compliance in elderly people: influencing variables and interventions. *Journal of Advanced Nursing*; 17, 1992, no. 4, p. 422-426, 20 refs. nivel

This paper describes a study in which 70 elderly patients were assessed for risk factors in their medication regimen. They were separated into three study groups, including two levels of teaching intervention focused on the home medication administration system, and a control group. The intervention utilizing a follow-up telephone call demonstrated a significant change in risk-related behaviours such as verbalization of the regimen, congruence between instructions and usage of medications, and taking of medicines not currently prescribed or over-the-counter. (author)

CONN, V., TAYLOR, S.G., STINEMAN, A.

Medication management by recently hospitalized older adults. *Journal of Community Health Nursing*; 9, 1992, no. 1, p. 1-11, 17 refs. nivel (C 3872)

Community-dwelling older adults often manage numerous prescriptive medications. The purpose of this study was to describe prescriptive medication management by older adults recently discharged from hospitals. The sample (N = 179) included adults, 65 to 101 years old, who managed a total of 950 prescriptive medications. Overall, subjects reported high confidence in their ability to manage medications. The lowest confidence levels were reported for recognizing unwanted side effects of medications. Although "forgetting" was the most commonly given reason for missed doses, one fourth of the reasons for missed

doses indicated deliberate omission. Almost half of the subjects received assistance from others with their medications; most of the assistance served to counteract the tendency to forget medication doses. The results of this study provide a research-based foundation for community health nursing efforts to strengthen the effectiveness of older adults' medication self-care behaviours. (author)

DUDDY, I., PARAHOO, K.

The evaluation of a community coronary specialist nursing service in Northern Ireland.

Journal of Advanced Nursing; 17, 1992, no. 3, p. 288-293, 20 refs.

nivel

Providing an efficient service depends partly on evaluation, which itself should take into account, amongst other things, the clients' views. This study set out to evaluate clients' perception of a coronary specialist nursing service (CSNS) in one area health board in Northern Ireland. Postal questionnaires were sent to a random sample of 70 clients of the CSNS. Results showed that the majority expressed satisfaction with the service, as well as with the information they received prior to discharge into the community. Their responses provide food for thought to those involved in the provision of such services. (author)

LUKER, K.A., KENRICK, M.

An exploratory study of the sources of influence on the clinical decisions of community nurses.

Journal of Advanced Nursing; 17, 1992, no. 4, p. 457-466, 24 refs.

nivel

This paper reports a small exploratory study which identifies what community nurses consider to be the scope of their practice and the sources of influence on their clinical decisions. The study was stimulated by the emergence of the nurse prescribing initiative, which is likely to bring clinical decision making to the centre of professional debate. The study was carried out over a 5-month period and data were collected from 47 community nurses in four district health authorities. A qualitative method was employed and field work involved observation of 40 home visits and five nurse-run clinics, individual interviews and group discussions with the nurses, and scrutiny of nursing records. The data were content analyzed and classified, and the categories were validated by practitioners. Findings suggest that although community nurses consider that a large proportion of their work requires a scientific basis, their practice is largely founded on experiential knowledge, and on the whole they are not positively disposed to research knowledge. The findings are discussed in the context of nurse prescribing. Questions are raised about the nature of a 'professional' knowledge base and the reclassification of scientific knowledge as nursing or experiential knowledge once it has diffused into practice. (author)

MARKLUND, B., BENGTSSON, C., BRYNTESSON, P., FÖRSSELL, R-M., KJELLBERG, K., SEVERINSON, D., STARKE, A.

Telephone advisory service, visits to district nurses and home visits made by district nurses at a Swedish primary health care district.

Scandinavian Journal of Primary Health Care; 9, 1991, no. 3, p. 161-166, 12 refs.

nivel

All contacts with the district nurses were registered during a three-week period, daytime Monday to Friday, in a defined primary health care district (Vänersborg, Sweden): 855 incoming telephone calls, 1,016 visits to the district nurses (visits to child welfare unit excluded), and 380 home visits made by the district nurses. The telephone consultations comprised 38% of the total number of contacts and 14% of the time was devoted to this activity, visits to the district nurses at their reception units 45% of all contacts and 39% of the time, and home visits 17% and 47% respectively. Symptoms from the upper respiratory tract and from the skin were the most common reasons for visits to the reception unit and for home visits. A great deal of the district nurse's work was requested by health centres and hospitals (author)

MCFARLAND, G.K., MCFARLANE, E.A.

Nursing diagnosis & intervention: planning for patient care.

St. Louis: The C.V. Mosby Company, 1989. 1020 p., refs.

nivel

Nurses engaged in contemporary practice use the nursing process in their delivery of care. The nursing process is a problem-solving process and includes the commonly accepted components of (1) assessment, (2) nursing diagnosis, (3) planning, (4) implementing, and (5) evaluating. Nursing diagnosis is a critical link in this nursing process. Although the concept of nursing diagnosis dates back to the 1950s, its integration into nursing practice has been more recently stimulated by the developmental work of the North American Nursing Diagnosis Association (NANDA).

The book provides information that will enhance the understanding of all currently accepted NANDA nursing diagnosis. Comprehensive content is presented on each nursing diagnosis, including

1. Definition and description of the nursing diagnosis
2. Assessment, including defining characteristics, related factors, and assessment guides
3. Description of planning and implementation with rationale, including a standardized care plan
4. Evaluation
5. Case study with care plan, which provides an example for individualizing care for patients with a particular nursing diagnosis.

SEALE, C.

Community nurses and the care of the dying.

Social Science & Medicine; 34, 1992, no. 4, p. 375-382, 17 refs.

nivel

A study of a random sample of adults dying in 1987 is compared with a similar study in 1969 examining peoples' experience of home nursing care during the last twelve months of life. Respondents were 639 relatives and others in the community who knew the circumstances of the people who had died and 92 community nurses (mostly district nurses) who provided care. Both nurses' and relatives' perceptions of the adequacy of care showed little change between the two time points, in spite of less frequent visiting. Changes in the management of patients and their families, towards emphasising the supportive and educational role of nurses, may explain this. However, nurses tended to be less willing to criticize standards achieved when contemplating individual episodes of care with which they had been involved, than when making judgements about the adequacy of the nursing service for the dying in general. Explanations for this are proposed. Areas of tension in nurses' relationship with general practitioners were evident, particularly over the issue of late referral and control over the prescription of pain relieving drugs. Nurses' information needs at referral were also sometimes not met very fully. The stress involved in this type of work was substantial, and nurses expressed a strong desire to spend more time supporting families emotionally, which was often hampered by late referral, a problem that had increased significantly since 1969. (author)

SWANSON, J.M., SWENSON, I., OAKLEY, D., MARCY, S.

Community health nurses and family planning services for men.

Journal of Community Health Nursing; 7, 1990, no. 2, p. 87-96, 25 refs.

nivel (C 3860)

Current concerns about sexually transmitted diseases (STDs) and acquired immunodeficiency syndrome (AIDS), as well as unintended pregnancy, have drawn increasing attention to reproductive health services for men. This report presents information about responses by 844 community health nurses (CHNs) to a self-administered mailed questionnaire that included questions about the extent of the nurses' involvement in delivering or administering family planning services to men, their knowledge and attitudes about men and family planning, and their preparation for working with men. Our sample included CHNs in practice in five states and a sample of CHNs belonging to a national organization of public health nursing, in order to gain information about CHNs in practice in the field and CHNs more likely to be in an educational or administrative position and thus able to influence or to set policy. Two thirds of the nurses surveyed work with men in their reproductive years but only 17.8% delivered or administered family planning services to men (23% of the state sample and 12.5% of the organization sample). Deficits in knowledge about male birth control methods were identified; for example, only 32% knew the

use-effectiveness rate of the condom. However, 90% of the CHNs knew the condom has to be put on before any genital contact is made. The CHNs' attitudes were positive; more than 90% said they felt men had equal responsibility with their partners in preventing unwanted pregnancies, using contraception, and contraceptive decision making. Yet, only 9.6% of the CHNs felt men have as much knowledge about contraception as women do. Seventy percent of the nurses felt that sex education in schools was directed more to female students than to male students. More than 90% said they believed that family planning providers have a responsibility to provide services to men; but two thirds felt that nurses are not as well prepared to work with male as with female clients. Increased educational preparation may improve CHNs' knowledge about men and family planning and enable them to feel professionally prepared to deliver and administer the services they feel are necessary for male as well as female clients. There are 101,430 CHNs in the United States, working in public health departments or other service agencies in almost every community across the country. These CHNs are a major resource for the family planning field. (author)

WALKER, J.M., AKINSANYA, J.A., DAVIS, B.D., MARCER, D.

The nursing management of elderly patients with pain in the community: study and recommendations.

Journal of Advanced Nursing; 15, 1990, no. 10, p. 1154-1161, 10 refs.
nivel

This study is designed to identify factors which influence quality of life for elderly people suffering from painful conditions. It is based upon a theoretical model of control in which mood state is used as the indicator of coping. One hundred and ninety elderly patients took part in semi-structured interviews about their pain and coping experiences, and data were also collected from their nurses in the community. Multivariate statistical analysis revealed that the key determinants of mood were having regrets about the past, being occupied, perceived level of pain control, additional personal problems (notably bereavement) and feeling informed about the painful condition. Active personal coping strategies were identified as more therapeutic than passive strategies. Nurses' data revealed that pain complaints were associated with perceived exaggeration. Few nurses used formal pain assessment. Recommendations for the management of persistent pain in the community are given. (author)

3.2. HEALTH VISITING

BARKER, W.

Health visiting: action research in a controlled environment.

International Journal of Nursing Studies; 29, 1992, no. 3, p. 251-259, 13 refs.

nivel (C 3878)

The nature of health visiting is discussed. It operates in a radically different way from any of the curative services. Research into the effectiveness of health visiting must therefore take into account the many differences in context, in professional goals and in the nature of the interaction between health visitors and their "clients", compared with the work of the curative professions within their more controlled and controlling environments. The evaluation of one large scale health visitor intervention study is used here to highlight these differences. Health visiting research needs to free itself from the attempts by some to apply the laboratory model of evaluation, if it is to develop a corpus of "action research" thinking which reflects its more human and developmental characteristics. (author)

CARTER, D., MASON, L.

Health visitors' perceptions of normal infant behaviour.

Health Visitor; 62, 1989, no. 2, p. 56-57, 5 refs.

nivel (C 3854)

A survey of 50 health visitors revealed a wide range of views on the frequency of certain behaviour patterns associated with feeding, sleeping and crying in babies. The implications of this for health visitor training and client contact are discussed. (author)

CHALMERS, K.I.

Working with men: an analysis of health visiting practice in families with young children.

International Journal of Nursing Studies; 29, 1992, no. 1, p. 3-16, 46 refs.

nivel (C 3871)

The purpose of this paper is to explore health visitors' work with men as uncovered in their detailed descriptions of actual cases. The study used the grounded theory approach to data collection and analysis. Forty-five health visitors were interviewed using the conversational interview and 111 cases of their work with young families discussed. Findings indicate that health visitors' work with men was influenced by both their conceptualization of men within family-focused health visiting practice and contextual factors in the actual client-health visitor situation which enhanced or restricted interventions with men. Four approaches to working with men were identified and classified as: (1) high conceptualization and high intervention, (ii) high conceptualization and low intervention, (iii) low conceptualization and high intervention, and (iv) low conceptualization and low intervention. This paper contributes to our understanding of the health visitor's role in family

health promotion. (author)

CHAPMAN, J., SIEGEL, E., CROSS, A.

Home visitors and child health: analysis of selected programs.

Pediatrics; 85, 1990, no. 6, p. 1059-1068, 30 refs.

nivel (C 3881)

The relationships between selected child health outcomes and programmatic interventions using home visitors are analyzed. The following features of seven programs are systematically reported: program characteristics; description of the home visitors; program objectives, sample size, and research design; outcome measures and reported data. A number of issues such as funding and long-term viability, use of professional or paraprofessional visitors, visitor selection and supervision, and evaluation of home visitor programs require clarification and are discussed. It is concluded that home visitor programs can contribute to child health outcomes such as increased birth weight, improved prenatal care, improved maternal-infant interaction, and improved use of community resources. Pediatricians can be supportive of such programs at many levels: becoming aware of the existence and range of services of home visitor programs in their area that serve families with children and referring families to those programs; being available to advise programs that are in the planning stages; providing advocacy at the local, state, and national level for the funding and development of such programs; and taking the initiative to join multidisciplinary efforts to develop new programs. (author)

CULLINAN, R.

Health visitor intervention in postnatal depression.

Health Visitor; 44, 1991, no. 12, p. 412-414, 3 refs.

nivel (C 3855)

Using the Edinburgh postnatal depression scale (EPDS) the author undertook a study to identify postnatal depression among new mothers in North West Hertfordshire. Following health visitor intervention (which involved six to eight weekly counselling visits) 87 per cent of those mothers who had been identified as postnatally depressed had improved. (author)

ESHED, H., EPSTEIN, L.

Assessment of primary care nursing in relation to adolescent health behaviour by means of trigger films.

Journal of Advanced Nursing; 16, 1989, no. 16, p. 24-29, 20 refs.

nivel

The patterns of adolescents' behaviour place them at risk from developing health and social pathology. In order to assess whether primary care nursing meets adolescents' health needs, the reported performance of 306 registered nurses working in different primary

health care settings was studied. The research tool developed especially for the study was a video-taped trigger film. Demographic, education and work-related variables were studied by means of a questionnaire. The behaviour patterns studied were smoking, sexual activity, alcohol and drug consumption, and eating habits. The clinical issues were hypertension, obesity and anorexia nervosa. Reported performance was low (35% of the total possible score) with the lowest scores in the areas of preventive care, data gathering and recording, and somewhat higher in the areas of curative care and follow-up. The video-taped trigger films were considered to have face validity; they were found to be reliable, with an ability to assess the nurses' reported performance and to differentiate between nurses in the three different work settings. This is the first study of its kind in Israel. The results show that primary health nurses is insufficient, and that teenagers should get higher priority as a target population from the nursing profession in order to achieve WHO's aims of 'health for all by the year 2000'. (author)

FATCHETT, A.B.

Health visiting: a withering profession?

Journal of Advanced Nursing; 15, 1990, no. 2, p. 216-222, 17 refs.

nivel

Over the past 2 years, community nursing appears to have been quietly marginalized within successive government health documents. The health visiting profession in particular looks to be under the greatest threat, and it is to that issue that the discussion will be addressed. The argument will be made that changing the content of health visiting practice in an attempt to solve the apparent problems, is not sufficient in itself to both protect and allow development of the profession for the 21st century. It is of more relevance to determine the direction for health visitors within the rapidly changing context of primary health care provision. The potentially worrying changes in the community health agenda for health visitors will be demonstrated by some analysis of the Cumberlege Report 1986, the 1987 White Paper Promoting Better Health, the Griffiths Report on Community Care 1988, and the NHS Review 1989 Working for Patients. Potential avenues for action are explored, including neighbourhood nursing, and a serious attempt at membership of primary health care teams within general practice. The conclusion is that health visitors need to indulge in some painful decision-making, in order to prevent the withering away of their profession within the newly emerging context for primary health care delivery. (author)

FIELD, P.A., RENFREW, M.

Teaching and support: nursing input in the postpartum period.

International Journal of Nursing Studies; 28, 1991, no. 2, p. 131-144, 41 refs.

nivel (C 3873)

The findings from two studies, surveys of hospitals and community

health units in Alberta, Canada, to determine the policies, procedures and content related to postpartum teaching are presented in this paper. While content covered was extensive the limited time available for teaching suggested that material would have to be presented at a superficial level, with little time for reinforcement. The average time for a home visit by the nurse was 7-12 days post-discharge and in some instances staff shortages precluded a second visit. The most frequent reason for follow-up visits in the community was problems with newborn feeding. Volunteer services in the community, such as the La Leche League, were frequently not recommended to mothers by hospital nurses, so breastfeeding mothers were left without support at a critical time. While the study did not support the mother's contention in an earlier study that they did not receive information, the lack of opportunity for expansion and reinforcement of provided information would mitigate against adequate maternal education. (author)

HEWITT, K., MASON, L., SNELSON, W., CRAWFORD, W.

Parent education in preventing behaviour problems.

Health Visitor; 64, 1991, no. 12, p. 415-417, 9 refs.

nivel (C 3856)

The 'parent education package' (PEP) uses a combination of leaflets and health visitor intervention to help parents prevent the development of behaviour problems in their children. In evaluating PEP Kevin Hewitt et al. found that, though popular with parents, the programme produced no actual behaviour change in their children. The results suggest that a successful prevention programme should perhaps focus on encouraging parents to think more positively about their children. (author)

HEWITT, K., POWELL, I., TAIT, V.

The behaviour of nine-month and two-year olds as assessed by health visitors and parents.

Health Visitor; 62, 1989, no. 2, p. 52-55, 14 refs.

nivel (C 3853)

A behaviour checklist for use by health visitors at nine month and two year child development screening is described. Geographical prevalence of difficult behaviours within the health district is examined and comparison made between professional and parental understanding of such difficult behaviours. (author)

HOLDEN, J.M., SAGOVSKY, R., COX, J.L.

Counselling in a general practice setting: controlled study of health visitor intervention in treatment of postnatal depression.

British Medical Journal; 298, 1989, no. 6668, p. 223-226, 28 refs.

nivel

Objective: To determine whether counselling by health visitors is

helpful in managing postnatal depression. *Design*: Controlled, random order trial. *Setting*: Health centres in Edinburgh and Livingston. *Patients*: Sixty women identified as depressed by screening at six weeks post partum and by psychiatric interview at about 13 weeks post partum. Five women did not wish to participate, and a further five did not complete the trial. Age, social and obstetric factors, and diagnosis were similar in women who completed the trial and those who withdrew. *Intervention*: Eight weekly counselling visits by health visitors who had been given a short training in counselling for postnatal depression. *End point*: Reduction of depression. *Measurements and main results*: Standardised psychiatric interviews and a 10 point self report scale were used to identify depression before and after intervention. The psychiatrist was not told to which group women were allocated. After three months 18 (69%) of the 26 women in the treatment group had fully recovered compared with nine (38%) of the 24 in the control group. The difference between the groups was thus 32% (95% confidence interval 5 to 58). *Conclusions*: Counselling by health visitors is valuable in managing nonpsychotic postnatal depression.

KERKSTRA, A., CASTELEIN, E., PHILIPSEN, H.

Preventive home visits to elderly people by community nurses in The Netherlands.

Journal of Advanced Nursing; 16, 1991, no. 6, p. 631-637, 25 refs.
nivel

This study aims at a description of the current position of preventive home visits to the elderly by community nurses in The Netherlands. Over a period of 8 weeks, a representative sample of 108 community nurses and 49 community nursing auxiliaries at 47 different locations paid a total number of 215 preventive home visits to elderly people. Clients' characteristics, the nature of care delivered by the nurse, and the length of the home visit were recorded for each home visit. The results suggested that community nurses and nursing auxiliaries spent very little time on preventive home visits. During the home visits, both types of nurses tried to increase the self-care agency of the elderly by giving education or advice. Furthermore, community nurses often paid more attention to the assessment and examination of existing or emerging self-care deficits of the elderly people visited than nursing auxiliaries. In spite of the fact that the importance of preventive care for the elderly is recognized, resources are scarce. It is therefore recommended that more research be carried out on the cost effectiveness of preventive home visits. (author)

KRISTJANSON, L.J., CHALMERS, K.I.

Preventive work with families issues facing public health nurses.

Journal of Advanced Nursing; 16, 1991, no. 2, p. 147-153, 45 refs.
nivel

This paper examines the issues that nurses experience when entering

the family system to work preventively. The theoretical basis of family-centred nursing is analyzed and the need for empirical work is identified in order to develop a knowledge base for this practice. Some unique characteristics of the public health nursing role are discussed with emphasis on territorial issues, power relationships and accountability problems. The need for public health nurses to function as advanced generalists across different system levels is recommended and family skills necessary for effective family nursing are examined. The authors identify the unique role of public health nurses because they have access to healthy families and families dealing with early stages of health concerns. The authors support the general structure of public health practice as of value for preventive work with families. However, clarity regarding referrals, contracting and the rights of clients is called for to facilitate collaborative family-centred nursing. (author)

MACFARLANE, A., SAFFIN, K.

Do general practitioners and health visitors like 'parent held' child health records?

British Journal of General Practice; 40, 1990, no. 332, p. 106-108, 7 refs. nivel

The study examines the reactions of general practitioners and health visitors to parents holding the main record of their own child's health and development. From 1986 the parents in part of the Oxfordshire district were given their child's records while in the other part of the health district the records remained with the clinic. The responses to questionnaires sent out to all general practitioners and health visitors in the two areas were analyzed and compared. The results show that over 90% of the general practitioners and health visitors with experience of parent held records are in favour of them, wish to continue to use them, find them to be available in the clinic and are able to use them at other times. By comparison only 59% of those general practitioners who had no experience of parent held records are in favour of such a scheme. In general this latter group show greater concern in almost all areas investigated. Thus general practitioners' and health visitors' experience of the record suggests that it is not only workable but actually desirable. (author)

MACINNES, A.D.

A survey of Scottish Health Boards and English Health Authorities. The extent of computerisation in health visiting records.

Health Visitor; 62, 1989, no. 5, p. 145-148, 10 refs. nivel (C 3858)

There is a wide variation in how computer technology has been used with regard to child health records and allied services. A survey of health boards in Scotland was extended to English health authorities (HAs) to ascertain if information was collected from health visitor records for computer analysis. The results showed Greater Glasgow

Health Board uses a record which is coded for a computer. Fife Health Board also used part of this system. In England, ten of the individually described health authorities have just or are in the process of redesigning their records for health visitors. There is a wide variation of how computer technology has been used with regard to health visiting. For an overall picture of family and child most records either relied on the manual part of the record or did not require this information to be recorded. Developments in health visiting which try to ensure a service to the family as well as the child would therefore remain hidden or, more worryingly, untouched. (author)

MARSH, G.N., RUSSELL, D., RUSSELL, I.T.

What do health visitors contribute to the care of children? A study in the north of England.

Journal of the Royal College of General Practitioners; 201, 1989, no. 322, p. 201-205, 8 refs.

nivel

All the health visitors in the north of England, and more than half the general practitioners, were sent questionnaires about the primary health care of children. More than 90% of the health visitors responded. Most of them took part in developmental screening and considered it primarily their responsibility; some conducted developmental or well baby clinics with no other professionals present. Clinics run by health authorities often occupied several hours per week, and were more frequently attended by health visitors than clinics run by general practitioners. Almost all the health visitors' remaining time was spent in attached practices, despite the fact that more than half said they had neither office nor clinic space of their own on practice premises. A high proportion of time was spent on clerical work; more help with this could free the health visitor to provide better developmental care for all children. (author)

ROBSON, J., BOOMLA, K., FITZPATRICK, S., JEWELL, A.J., TAYLOR, J., SELF, J., COLYER, M.

Using nurses for preventive activities with computer assisted follow up: a randomised controlled trial.

British Medical Journal; 298, 1989, no. 6671, p. 433-436, 30 refs.

nivel

Objective: To assess whether an organised programme of prevention including the use of a health promotion nurse noticeably improved recording and follow up of cardiovascular risk factors and cervical smears in a general practice that had access to computerised call and recall. *Design:* Randomised controlled trial. *Setting:* General practice in inner London. *Patients:* All 3206 men and women aged 30-64 registered with the practice. *Intervention:* The intervention group had their risk factors ascertained and followed up by the health promotion nurse and the general practitioner, whereas those in the control group were managed by the general practitioner alone. *End point:* Recording

and follow up of blood pressure and cervical smears after three years. Recording of smoking, family history of ischaemic heart disease, and serum cholesterol concentrations were also examined. *Measurements and Main results:* When the trial was stopped after two years the measurements of blood pressure in the preceding five years were 93% (1511/1620) v 73% (1160/1586) (95% confidence interval for difference 17.5 to 22.7%) for intervention and control groups respectively. For patients with hypertension the figures were 97% (104/107) v 69% (80/116) (18.2 to 38.2%). For women the proportion who had had a cervical smear in the preceding three years were 76% (606/799) v 49% (392/806) (22.5 to 31.9%). Recording of smoking, family history of ischaemic heart disease, and serum cholesterol concentrations was also higher in the intervention group compared with the control group. *Conclusion:* An organised programme, which includes a nurse with specific responsibility for adult prevention, is likely to make an important contribution to recording of risk factors and follow up of those patients with known risks. (author)

3.3. CARE FOR PATIENTS WITH HIV INFECTION AND AIDS

BOND, S., RHODES, T., PHILIPS, P., SETTERS, J., FOY, C., BOND, J.
Experience and preparation of community nursing staff for work associated
with HIV infection and AIDS.

Social Science and Medicine; 32, 1991, no. 1, p. 71-76, 21 refs.

nivel

Some of the findings from a national survey of 3754 community nursing staff in England regarding their experience of and preparation for working with HIV infection and AIDS are reported. The current absence of confidence to deal with HIV infection is explained and suggestions made regarding the content of educational developments. (author)

BOND, S., RHODES, T., PHILIPS, P., TIERNEY, A.J.

HIV infection and community nursing staff in Scotland - 1. Experience, practice and education.

Nursing Times; 86, 1990, no. 44, p. 47-50, 10 refs.

nivel (C 3865)

To assess the effects of human immunodeficiency virus (HIV) for the work of community nursing staff, and to find out how community staff regard their contribution to the prevention of HIV infection, the care of people with AIDS and their preparation for this role was ascertained in a postal survey of one in five field staff carried out in Scotland. The 1,205 respondents represent an 85% response rate. While only 3% of respondents had experience of patients with AIDS, 11% had been involved with known asymptomatic HIV infection and 30% had encountered those they considered to be at high risk of infection. While the workload generated by HIV-infected patients for individual nurses at this time was small, there were variations in the proportions of staff involved according to type of staff and employing health board. Only one-fifth of those who had encountered HIV-positive patients had offered them health education, and fewer had referred patients to their general practitioners or offered counselling. However, community nursing staff do consider that they have a role to play in health education, counselling and terminal care, but feel ill equipped to carry out this role. There is an urgent need for policies which clearly specify the roles that community nursing staff should be playing and for in-service education programmes which assist them to draw on the knowledge and skills that they have to enable them to apply them to help patients with HIV infection. (author)

BOND, S., RHODES, T., PHILIPS, P., TIERNEY, A.

HIV infection and community nursing staff in Scotland - 2. Knowledge and attitudes.

Nursing Times; 86, 1990, no. 45, p. 49-51, 13 refs.

nivel (C 3866)

Findings from a survey of community nursing staff in Scotland reveal that there is limited knowledge about many aspects of HIV infection. Respondents were concerned about their lack of experience and knowledge as well as the in-service education that they had received. A substantial minority of community nursing staff felt that they should have the right to refuse to care for HIV-infected patients and those whose lifestyle put them at risk of HIV infection. A majority of staff felt that health professionals who are most at risk of contact with HIV-infected materials should be informed of patients' HIV-antibody status without their consent. There were also some indications of a lack of confidence in service managers and recommendations are made regarding ways of increasing both the knowledge and confidence of front-line staff. (author)

KUEHNERT, P.L.

Community health nursing and the AIDS pandemic: case report of one community's response.

Journal of Community Health Nursing; 8, 1991, no. 3, p. 137-146, 33 refs. nivel (C 3859)

The World Health Organization (WHO) currently projects that there may be a cumulative total of 30 million cases of Acquired Immune Deficiency Syndrome (AIDS) worldwide by the year 2000 ("WHO Predicts," 1991). Community health nurses (CHNs), particularly those employed by local and state health departments, have a major role to play in the worldwide public health effort being mounted in response to the AIDS pandemic. CHN roles may include: direct caregiver, advocate, case manager, health educator, program planner, program coordinator, and policy advocate. How CHNs contribute to the effort against AIDS in various CHN roles is illustrated through a case report of a Midwestern U.S. suburban community's response to AIDS. The community's response was fostered and an AIDS program developed and implemented by CHNs employed by the community's health department. In addition to enabling this community to respond to AIDS in a humane and caring manner, the CHN initiatives have resulted in positive community feelings about the health department, and enhanced the image of CHNs as innovators and facilitators of change. (author)

MELBY, V.

Counselling of patients with HIV-related diseases: what is the role of the nurse?

Journal of Clinical Nursing; 1, 1992, no. 1, p. 39-45, 17 refs.

nivel

The need for counselling of patients with HIV-related diseases has been clearly demonstrated in the literature. This study, conducted in Northern Ireland, aimed to elicit nurses' perception of their role in such counselling. The following research question was formulated: How do nurses perceive the role of the nurse in the counselling of patients with HIV infection?

Nurses did not have a uniform understanding of the term counselling, viewing it mostly as information-giving, however listening skills and allowing the person to deal with their own problems and fears were also central issues. The doctor was seen as the most important health professional when it comes to counselling AIDS patients. The nurse is viewed as a 'number two', surprisingly perceived as more important than priests, psychologists and social workers, despite being thought of as not being well trained and consequently not having the necessary skills for counselling interventions. As a result, there was a clear need and wish for more general education on AIDS and counselling issues.

PIETTE, J., DILL, A., FLEISHMAN, J.A., MOR, V.

A comparison of hospital and community case management programs for persons with AIDS.

Medical Care; 28, 1990, no. 8, p. 746-755, 27 refs.

nivel

To determine whether locus of AIDS case management affects the content of this service, a survey of case managers in 42 major American cities was conducted. One hundred seventy-one case managers working in both public hospitals and community-based organizations (CBOs) responded. Hospital case managers' case loads were more likely to include drug users and patients with more urgent needs such as housing and drug abuse treatment. While CBO case managers were more likely to work to develop services in the community, hospital case managers reported working more closely with medical staff and discharge planning committees. CBO case managers reported greater difficulty obtaining a number of key services for their clients including home health care, housekeeping, and entitlements; hospital case managers reported greater difficulty obtaining emotional support volunteers. These results indicate that locus of case management strongly affects the structure and content of this service. The importance of these findings for future program planning is discussed. (author)

SALSBERY, P.J., NICKEL, J.T., O'CONNELL, M.

AIDS research in the community: a case study in collaboration between researchers and clinicians.

Public Health Nursing; 8, 1991, no. 3, p. 201-207, 15 refs.

nivel

This paper presents a practical guide for researchers-academics and clinicians who are considering the development of a collaborative community-based project. It reports on a federally funded project developed by nurse-researchers at a large midwestern university and the nurse clinician directing home care services at the city health department. The focus of this study is to determine the service needs and to evaluate the effectiveness of a case management protocol for persons who are positive for the human immunodeficiency virus and

in need of home care. (author)

4. WORKING CONDITIONS AND JOB SATISFACTION

BADGER, F., CAMERON, E., EVERS, H.

District nurses' patients: issues of caseload management.

Journal of Advanced Nursing; 14, 1989, no. 7, p. 518-527, 5 refs.

nivel

Current pressures on all community services mean that practitioners must give more detailed attention to evaluation of patient outcomes and caseload review. District nursing caseloads in one health authority have been examined using a patient-focused approach. Random samples of patients who were either physically disabled, frail elderly, or elderly mentally infirm (n=202) were examined for the distinctive and differing characteristics, if any, of recently referred and long-stay patients. Recently referred patients in our sample were either terminally ill, or had more chronic physical disorders. Patients who stayed on the books received either injections, general care from qualified staff or baths from nurse auxiliaries. Although covering similar areas of the health authority, nursing teams varied in the proportions of recently referred and long-stay patients, suggesting that individual nurses' caseload management is a crucial determinant of length of time in the books. In particular, nursing and medical review of all patients receiving vitamin B12 injections is urgently called for. In order for caseload monitoring to be facilitated, practitioners need relevant local and patient based data in order to make inter-team comparisons. The findings also have training and management support implications. (author)

CILISKA, D., WOODCOX, V., ISAACS, S.

A descriptive study of the attachment of public health nurses to family physicians' offices.

Public Health Nursing; 9, 1992, no. 1, p. 53-57, 2 refs.

nivel

Public health nurses (PHNs) have been attached to family doctors' offices as one mode of organizing the delivery of nursing services in the community. However, different nurses function in different roles on a continuum from generalist to liaison. A descriptive study was undertaken to determine the most effective role for PHNs attached to family physicians' offices. Outcomes for both physicians and nurses were satisfaction with the role of the PHN, appropriateness of referrals, and accessibility for consultation. These outcomes were compared relative to the rating of PHNs of their role. A cohort of physicians without attachment PHNs were also surveyed to compare responses on the same criteria. The majority of nurses described their role generalist. This role was related to greater satisfaction for nurses and the physicians with whom they worked. Satisfaction with PHN service, ease of arranging consultation with PHN, and appropriateness of referrals from PHNs was greater from physicians who had the attachment than those who used the usual service. (author)

COHEN, J.H.

Community nurse executives' psychologic well-being: relationships among stressors, social support, coping, and optimism.

Public Health Nursing; 7, 1990, no. 4, p. 194-203, 22 refs.

nivel (C 3869)

The purposes of this study were to (1) determine the occupational stressors, coping strategies, and sources and types of social support of nurse executives; (2) compare the sample's level of psychologic symptomatology with norms; and (3) examine the effects of stress, social support, and optimism in predicting psychologic well-being. Public health nursing directors located throughout California participated in the study. Mailed questionnaire booklets were used to collect data from the target population. A subset of the sample participated in face-to-face, taped, structured interviews that elicited additional data on nurse executives' work stress, coping strategies, and social support dimensions. Several significant findings emerged. The mean psychologic symptom score for the subjects was greater than the published norm, suggesting psychologic distress. In regression analysis, total number of years in nursing accounted for 14.8% of the variance in psychologic symptoms, the dependent variable. Level of optimism accounted for an additional 29.8% of the variance. Total hassles and co-worker social support together accounted for 6.57% of the variance in the last step, but were not statistically significant. Interview data identified the major occupational stressors, coping strategies, and sources and types of social support for this group of nursing directors. (author)

DUNT, D.R., TEMPLE-SMITH, M.J., JOHNSON, K.A.

Nursing outside hospitals: the working experience of community nurses: job characteristics.

International Journal of Nursing Studies; 28, 1991, no. 1, p. 27-37, 8 refs.

nivel (C 3868)

The Community Nursing Project reports the results of a mailed questionnaire survey of the working and educational experience of 689 nurses employed outside hospitals and nursing homes in Victoria in 1985. This paper reports that part of the study relevant to their practice settings, job titles, job content and working conditions. Confusion about titles for community nurses was evident given that subjects offered 281 separate job titles. A title with the general form 'Community Nurse - specialist designation' was acceptable to 88% of nurses. Eighteen (of 57) job activities were identified that were performed at least weekly by four of the six principal practice areas. Therefore while the concept of the generic community nurse is a meaningful one, it is only so when the differences in job content across practice areas are acknowledged. Medical clinic nurses however do not conform to this general pattern. Seventy-nine per cent of the nurses currently had a job description. However, only 45% had a statement of job conditions, 26% had a formal job orientation, 24% worked overtime unrewarded by payment or time in lieu and only

59% could reschedule their work times. These figures varied greatly between practice areas. It is suggested that the concept of the community nurse - specialist designation be promoted. Specifically this could be done by the adoption of this title and the development of appropriate post-basic educational courses. While these conclusions have most relevance for Australia, they will also be of interest to nurses of other countries where an increasing emphasis on primary health care has resulted in an expansion of community nursing practice. (author)

ELLEFSEN, B.

Community health nursing: expectations and performance in the working context.

Home Health Care Services Quarterly; 12, 1991, no. 1, p. 85-102, 13 refs.
nivel

This paper reports on the results of an explanatory study of the practice of community health nurses (CHN) (i.e. "community health nurses" refers to district nurses. Health visitor is not included in the concept) in Norway. Specifically, it presents a conceptualization of CHN practice based on the qualitative analysis of in-depth focused interviews with CHNs, participant observation on CHNs practice and official documents related to the community health nursing service. The conceptual framework describes factors which influence practice, the nature of practice, problems which arise in practice, and strategies used by individual CHN to manage the problems which are encountered by CHN. (author)

FLETCHER, B.C., JONES, F., MCGREGOR-CHEERS, J.

The stressors and strains of health visiting: demands, supports, constraints and psychological health.

Journal of Advanced Nursing; 16, 1991, no. 9, p. 1078-1089, 16 refs.
nivel

An empirical study investigated the work stressors and psychological strains experienced by health visitors in three areas of Hertfordshire and Bedfordshire. A questionnaire, based on Payne's model of occupational stress, probed the perceived demands, supports and constraints of the work and the coping strategies used by the health visitors. The research aimed to establish the extent and nature of strain using validated indicators of general anxiety and depression, to pinpoint specific features of the work which are associated with the strain measures, and to suggest possible changes to working practices. While health visitors found their jobs generally satisfying, a significant number of staff were under strain even though the mean levels of strain were lower than those observed in social workers and hospital-based nursing staff working with people who have a mental handicap, and little different from women who work in industry. Many aspects of the job were perceived to be demanding yet the demanding nature of cases was not related to strain measures. There were,

however, interesting statistical relationships between strain scores and demands concerned with colleagues and managers and the amount of support a health visitor perceived. (author)

GEIS, M.J.

Differences in technology among subspecialties in community health nursing. *Journal of Community Health Nursing*; 8, 1991, no. 3, p. 163-170, 17 refs. nivel (C 3851)

Interest in differentiating community health nursing from home health nursing has focused on theoretical models, concepts, and examinations of the historical origins and evolution of the roles. Although not usually included in the recent differentiation efforts, school and occupational health nursing traditionally have been considered important subspecialties of community health nursing. Utilizing an approach to technology developed by organizational researchers and focusing not on hardware and equipment, but on the characteristics of the raw materials and techniques employed, this study examined the differences among public health/community health, home health, school health, and occupational health on the three technological dimensions of uncertainty, instability, and variability. Survey data from nurses in the four areas (N = 40) were utilized. Results indicated that home health nursing differed significantly from the other groups on the dimensions of uncertainty and instability. (author)

HUGHES, K.K., MARCANTONIO, R.J.

Compensation of home health, public health, and hospital nurses. Extrinsic and intrinsic rewards.

Journal of Nursing Administration; 21, 1991, no. 11, p. 23-29, 13 refs. nivel

Despite the proliferation of home health agencies and increased numbers of nurses working in these settings, little is known about home health nurses or how they might differ from their public health and hospital counterparts. The authors discuss differences in monetary compensation and skill usage, as well as the relationship between compensation and retention, among hospital, home health, and public health staff nurses. The results show that these nurses receive different intrinsic and extrinsic rewards and that their reasons for remaining with their employers are similar, yet unique. Implications for nurse administrators and educators are discussed, along with recommendations for further research.

KENYON, V., SMITH, E., HEFTY, L.V., BELL, M.L., MCNEIL, J., MARTAUS, T.

Clinical competencies for community health nursing. *Public Health Nursing*; 7, 1990, no. 1, p. 33-39, 7 refs.

nivel (C 3467)

Cost containment strategies initiated in the early 1980s caused a major shift in site of care delivery for persons needing nursing care.

Where once the majority of clients were cared for in the acute-care setting until they were self-sufficient, now most are discharged to the home environment still requiring acute-care nursing interventions as well as community health nursing skills. This rapid shift in practice sites has placed severe strain on community health nursing agencies. Not only are more nurses required to fill the increased demand for services, but the demand comes at a time when we are experiencing a severe nursing shortage. This has forced many agencies to hire acute care nurses who have little or no community health nursing experience. These nurses come to community health nursing expecting to use the same set of skills and knowledge base used in their acute-care practice; however, the skill levels and concepts required for community health nursing are quite different from the acute care setting. Educational preparation has not kept pace with this shift in practice. Consequently, many nurses are not adequately prepared to enter community health nursing. Preparation must include theoretical and experimental components that focus on assessment skills (of the community and individual), decision making, case management, health systems management, teaching, and leadership. Collaborative efforts between community health organizations and educational institutions would seem to be one solution that would ensure adequately prepared nurses for community health nursing. The establishment and maintenance of strong staff-development programs within community health nursing agencies are also required. (author)

RIORDAN, J.

Prestige: key to job satisfaction for community health nurses.

Public Health Nursing; 8, 1991, no. 1, p. 59-64, 30 refs.

nivel

By examining and predicting dimensions of job satisfaction of community-based nurses, this study sought to provide information for recruiting and retaining community nurses. Data were collected from a sample of 104 community health, school health, and home health nurses from three mid-western cities in the United States. Prestige had the highest positive correlation with and was the single significant predictor of job satisfaction. Three other subscales, autonomy, social interaction, and organizational requirements, correlated with job satisfaction as moderately positive. Weak positive relationships were found with years of work, years on the job, age, and years of education. Pay was not associated with job satisfaction for these nurses.

RIPORTELLA-MULLER, R., SELBY, M.L., SALMON, M.E., QUADE, D., LEGAULT, C.

Specialty roles in community health nursing: a national survey of educational needs.

Public Health Nursing; 8, 1991, no. 2, p. 81-89, 35 refs.

nivel

This study identified population groups, health conditions, and employment settings considered appropriate for graduate-level community health nursing (CHN) practice and employment, and described the relative importance of each of these areas as assessed by CHN leaders. According to 588 leaders in CHN service and education, (1) the population groups most in need of graduate-prepared CHN's are the elderly, persons of low socioeconomic status, the homeless, adolescents, and the unemployed; and (2) the health conditions most in need of CHN services are AIDS, pregnancy and prenatal problems, low birth weight and infant mortality, stress-related illness, and Alzheimer's and other chronic diseases by the elderly. Among the many employment settings rated as having a great need for CHNs are state and local health departments and home health agencies. The findings provide the direction and justification for developing specialty options within CHN that correspond to these identified and changing needs. This article provides suggestions and possible alternatives for initiating educational change to prepare graduate-level CHNs for these various specialties and for the settings in which the specialties will be applied. (author)

SCHMELE, J.A., ALLEN, M.E., BUTLER, S., GRESHAM, D.
Quality circles in the public health sector: implementation and effect.
Public Health Nursing; 8, 1991, no. 3, p. 190-195, 25 refs.
nivel

Although the quality circle (QC) process has been used in health care, there is a conspicuous gap in the literature about its use in community health nursing. The purpose of this service/education project was to implement QCs in the public health nursing sector throughout a southern central state. The major objective was to provide QC training to approximately 250 supervisors and staff nurses so that this participative group problem-solving approach might be used as a systematic method of dealing with concerns related to quality of care. Evaluation tools, such as the Science Research Associates' attitude scale and the quality management maturity index, were used to determine whether or not the implementation of the QC program influenced the level of morale and quality management maturity. The data obtained reflected positive changes and favourable supervisory responses. (author)

SNOW, L., HEFTY, L.V., KENYON, V., BELL, M.L., MARTAUS, T.
Making the fit: orienting new employees to community health nursing agencies.
Public Health Nursing; 9, 1992, no. 1, p. 58-64, 16 refs.
nivel

Community health nurse managers require tested orientation methods to fit new employees into the rapidly changing conditions of professional practice, increase nursing productivity, and reduce turnover. The clinical competencies for community health nursing provide a workable framework for applying orientation principles to the special demands of community health nursing. (author)

+

HEFTY, L.V., KENYON, V., MARTAUS, T., BELL, M.L., SNOW, L.

A model skills list for orienting nurses to community health agencies.

Public Health Nursing; 9, 1992, no. 4, p. 228-233, 9 refs.

nivel

Nurse managers in community health can streamline the orientation of new employees by building planning and evaluation on a list of nursing skills that meet requirements for beginning practice. A model list of skills required in public health nursing and home health care can guide individual agencies in tailoring orientation programs to their respective needs, streamlining the process, reducing overall costs, and producing long-term benefits for nurse managers and nursing staff. (author)

WALCOTT-MCQUIGG, J.A., ERVIN, N.E.

Stressors in the workplace: community health nurses.

Public Health Nursing; 9, 1992, no. 1, p. 65-71, 35 refs.

nivel

A survey questionnaire based on seven categories of stressors was completed by 67 community health nurses from three community health nursing agencies. Responses identified major sources of stress as factors associated with quantitative work overload, uncooperative family members and clients, unfamiliarity with situations, inability to reach physicians, and personal situations. These findings were corroborated by the nurses' responses to open-ended questions. The intensity of stressors was significantly different by age group in that older nurses experienced less stress. The findings of this study have implications for management of patients, organization of workloads, and policy decisions in community health nursing practice. (author)

WEST, M.

Prescriptions for health visiting.

Health Visitor; 62, 1989, no. 12, p. 378-381, 8 refs.

nivel (C 3857)

Building on studies of the experience of health visiting, this article makes recommendations about staffing levels, clerical assistance, role definition, counselling, supervision groups, home/work management, job appraisal, career development, training, quality circles, liaison, communication, senior nurse roles and organizational structure and ethos. It calls for more participative management styles and greater involvement of health visitors in human resource management and administrative decision-making. Previous research on the health visitor's role have provided insights into the experience of health visiting. Drawing on these insights and the theory and practice of occupational psychology, a number of recommendations are offered for improving well-being and effectiveness among health visitors. These recommendations are aimed at promoting discussion of issues which emerged as contentious in the research. They are based on

studies conducted in three separate and distinct areas of the country which may not be entirely representative. Furthermore, the suggested practices may already be implemented in other areas. (author)

5. CONTINUITY AND CO-ORDINATION OF CARE

BERGEN, A.

Case management in community care: concepts, practices and implications for nursing.

Journal of Advanced Nursing; 17, 1992, no. 9, p. 1106-1113, 47 refs.

nivel

Case management has recently become a prominent issue in British community policy and practice, but one which, at the same time, has been subjected to a variety of interpretations. For this reason, it is considered useful to analyze it in terms of a framework embracing conceptual and operational components rather than within the more limiting confines of conventional definitions. A review, within this framework, of initial research projects suggests case management to be a viable mode of community care, with generally favourable outcomes. It also suggests a potentially significant role for community nurses as case managers, although several issues need to be considered when implementing these practices. Finally, a number of questions emerge which should be the focus of future research in the area. (author)

CARTWRIGHT, A.

The relationship between general practitioners, hospital consultants and community nurses when caring for people in the last year of their lives.

Family Practice; 8, 1991, no. 4, p. 350-355, 8 refs.

nivel

The general practitioners, hospital consultants and community nurses who had cared for a random sample of people who died were asked about their relationships with the other professional groups and for their views and experiences of specialist domiciliary terminal care services.

Many of the general practitioners and the nurses were critical of hospital communication over discharge. The most frequent criticism made by community nurses of general practitioners was that they did not ask for nursing help early enough for people who were dying. This may be because many general practitioners regarded the community nursing services as overstretched.

General practitioners were rather less enthusiastic than the other two professional groups about specialist medical or nursing domiciliary care services. They were, however, more convinced of the helpfulness of these services if they had some experience of them. (author)

EDWARDS, N.C., PICKARD, L., UNDERWOOD, J.

Hospital liaison public health nurses in Ontario: a cross-sectional survey.

Canadian Journal of Public Health; 80, 1989, no. 4, p. 299-300, 5 refs.

nivel (C 3880)

Various strategies have been implemented in Canadian hospitals to

strengthen the discharge planning process. One approach is to assign experienced public health nurses to hospital wards where they ensure that patients requiring community follow-up are referred to available services.

In preparation for a study designed to evaluate the impact of hospital liaison public health nurses, the authors undertook a province-wide survey in 1987. The results of that survey are presented in this 'short-report'.

EGGERT, G.M., ZIMMER, J.G., HALL, W.J., FRIEDMAN, B.

Case management: a randomized controlled study comparing a neighbourhood team and a centralized individual model.

Health Services Research; 26, 1991, no. 4, p. 471-507, 34 refs.

nivel

This randomized controlled study compared two types of case management for skilled nursing level patients living at home: the *centralized individual model* and the *neighbourhood team model*. The team model differed from the individual model in that team case managers performed client assessments, case planning, some direct services, and reassessments; they also had much smaller caseloads and were assigned a specific catchment area. While patients in both groups incurred very high estimated health services costs, the average annual cost during 1983-85 for team cases was 13.6 percent less than that of individual model cases. While the team cases were 18.3 percent less expensive among "old" patients (patients who entered the study from the existing ACCESS caseload), they were only 2.7 percent less costly among "new" cases. The lower costs were due to reductions in hospital days and home care. Team cases averaged 26 percent fewer hospital days per year and 17 percent fewer home health aid hours. Nursing home use was 48 percent higher for the team group than for the individual model group. Mortality was almost exactly the same for both groups during the first year (11 percent as compared to 16 percent). Probable mechanisms for the observed results are discussed. (author)

GREGSON, B.A., CARTLIDGE, A.M., BOND, J.

Development of a measure of professional collaboration in primary health care. Journal of Epidemiology and Community Health; 46, 1992, no. 1, p. 48-53, 14 refs.

nivel

Study objective: The aim was to develop indices of the degree of collaboration between district nurses, general practitioners, and health visitors. *Design:* Semistructured interviews were conducted with each member of a pair of professionals who had patients in common. In each district a stratified random sample of six general practitioners and six community nurses was drawn, and for each a "partner" of the other profession was sampled. *Setting:* A stratified random sample of 20 district health authorities in England. Participants: Complete

interviews were obtained with 148 doctor-nurse and 161 doctor-health visitor pairs. *Main results:* Only 27% of general practitioners and district nurses with patients in common and 11% of general practitioners and health visitors collaborate. Stepwise logistic discriminant analysis was used to develop measures of collaboration between general practitioners and district nurses and between general practitioners and health visitors. The indices of collaboration were calculated from the responses of the community nurse to at most 10 questions. *Conclusions:* The indices developed here might be used as a measure of one aspect of the quality of service offered by a primary health care team or to assess the effect of changes in working patterns or the degree of collaboration within the organisation. (author)

JACKSON, M.F.

Use of community support services by elderly patients discharged from general medical and geriatric medical wards.

Journal of Advanced Nursing; 15, 1990, no. 2, p. 167-175, 25 refs.

nivel

This descriptive study examines the use of community support services by elderly persons discharged from general and geriatric medical wards of a large acute British teaching hospital. A convenience sample of 40 patients were interviewed at 6-week intervals over a 3-month period about their need for and use of community support services. The type of ward from which patients were discharged did not influence the use of nursing, homemaker, physician, or warden/community visitor services, hospital day care, or meals-on-wheels. Patients who used the largest number of community services, and were the most frequent users of all available services, were those who, because of their fragility, died or were readmitted to hospital within 6 weeks of discharge. All families interviewed identified a need for more information about their elderly members' illness and prescribed medical regimes. (author)

KERSTEN, D., HACKENITZ, E.

How to bridge the gap between hospital and home?

Journal of Advanced Nursing; 16, 1991, no. 1, p. 4-14, 19 refs.

nivel

Many countries have separate organizations for delivering nursing care to patients in the hospital and to patients at home in the community. This separation creates extra difficulties in organizing continuous care for patients discharged from hospital who need nursing aftercare (in The Netherlands, at a rough estimate, 10% of all hospital patients). Special arrangements have to be made to prevent these patients missing out completely. By means of a questionnaire sent to all Dutch regional community nursing organizations, this study makes an inventory of the organizational measures that have been taken in this field in The Netherlands and analyses a model of the effects these

measures (and also the effects on contextual factors) have on the number of problems reported by the community in respect of continuity of care. In The Netherlands, the initiative in arranging continuity of care is taken by the regional community nursing organizations or by their operational teams. In most cases, they have been able to make arrangements with the hospitals about the selection of aftercare patients and the transfer of information by transfer forms. Sometimes special continuity nurses are appointed by the community, among other things to organize regular consultation with the hospitals. An eight-item Likert scale was developed to measure the extent of continuity problems. Analysis of the effect of several factors in the model by a stepwise multiple regression analysis, revealed that the consistent use of transfer forms by hospitals was an important tool in reducing the problems. Furthermore, regional community nursing organizations themselves had fewer problems compared with the operational teams to whom arranging continuity is sometimes delegated. Increased personnel capacity within the community is also beneficial. The effect of these last two factors (organizational level and personnel capacity) is, however, overruled, by the negative effect of the size of the regional community nursing organization: the more inhabitants, the more problems there are.

MESTERS, I., MEERTENS, R., MOSTERD, N.

Multidisciplinary co-operation in primary care for asthmatic children.

Social Science and Medicine; 32, 1991, no. 1, p. 65-70, 14 refs.

nivel

In the development of 'education protocols' for the treatment and education about chronic diseases in primary care the involvement of several disciplines of careproviders must often be taken into account. This implies that tasks will have to be divided across several disciplines. An orderly way to do this does not seem to have been suggested in the literature. In this paper a systematic technique is presented to divide educational tasks across disciplines. The basic idea of this method is that one should link up as far as possible with existing task conceptions and knowledge of the disciplines involved. The general description of the technique will be followed by a piece of research in which the technique is applied to protocol development for parents of asthmatic children (0-4 years). The protocol aims at allocating specific asthma education tasks to community nurses, general practitioners, asthma nurses and doctors working at child health centers in the Netherlands. This paper focuses mainly on results for community nurses.

Three criteria were considered in assigning tasks to the different careproviders: whether the discipline in question claimed a certain task; whether the other three disciplines agreed with the claim, and whether the discipline in question had appropriate and sufficient knowledge about asthma to perform the task correctly. Community nurses did claim several tasks in asthma care, but knowledge did not always seem to be sufficient. Additional results indicated that nurses

who had taken a refresher course did have a higher knowledge level than nurses who had not taken such a course. Regular contact with asthmatic children also tended to be associated with increased knowledge of asthma. The implications of these findings for the asthma education protocol are discussed. (author)

WILLIAMS, E.I., FITTON, F.

Use of nursing and social services by elderly patients discharged from hospital. British Journal of General Practice; 41, 1991, no. 343, p. 72-75, refs. nivel

As part of a study to determine reasons for early unplanned readmission of elderly patients to hospital, the provision of nursing and social services before and after admission was assessed for two groups of patients aged 65 years and over. A random sample of 133 patients who had been readmitted in an emergency and 133 matched controls who had not been readmitted were interviewed. Prior to the first admission the readmitted patients had received more services than the control patients. A substantial number of patients had had some services organized for them before leaving hospital. There was a net increase in the provision of district nursing services for both groups. The readmitted group had significantly more nursing and social services both before and after discharge than the non-readmitted group. The level of district nursing, home help and social work all increased significantly with age. Problems were experienced with services after discharge from hospital. These included: no arrangements, delay in starting services and inadequate services to meet the patient's needs. Guidelines for the provision of nursing and social services after discharge of patients from hospital are suggested. (author)

6. NEED FOR COMMUNITY NURSING CARE

ANGEL, S., NICOLL, J., AMATIELLO, W

Assessing the need for an out-of-hours telephone advisory service.

Health Visitor; 63, 1990, no. 7, p. 225-227, 24 refs.

nivel (C 3852)

The authors assessed, by means of a questionnaire, which was sent to six hundred households (returned were 335 questionnaires), the need for an out-of-hours telephone advisory service run by health visitors for their clients. They conclude the line is welcomed by clients and used to seek advice appropriate to a health visitor's skills and that the services such as these must be initiated and developed.

CAMERON, E., BADGER, F., EVERS, H.

District nursing, the disabled and the elderly: who are the black patients?

Journal of Advanced Nursing; 14, 1989, no. 5, p. 376-382, 12 refs.

nivel

Community care research in central Birmingham has shown that disabled and old black people are under-represented on the caseloads of district nurses compared to their white counterparts. Whilst factors suggested as contributing to this (service ethnocentrism and general-practitioners as 'gate-keepers') are discussed elsewhere, this paper focuses on those few old and disabled black people who are district nurse patients. Following comparisons between these black and white patient groups, the differing perspectives of black patient and district nurse are explored. Stereotypes and myths, knowledge about each other and language/communication are discussed as important areas which may disadvantage black patients in their interaction with district nurses. Attention is drawn to the urgent need for district nursing to address the issue of black disabled and old people in the community and the accompanying central role of research. (author)

FREDERIKS, C.M.A., WIERIK, M.J.M. TE, VISSER, A.PH., STURMANS, F.

A scale for the functional status of the elderly living at home.

Journal of Advanced Nursing; 16, 1991, no. 3, p. 287-292, 11 refs.

nivel

Many scales have been developed to describe the functional status of geriatric patients. These scales are of limited use for describing the functional status of elderly people living at home, because their poor capacity of differentiation.

This article reports the results of a postal questionnaire among elderly people living at home. The findings will be analyzed to see whether the inventory on performance of household and daily living activities describes the functional status of elderly people in a useful manner. A combined scale was constructed, which has satisfactory Guttman coefficients when applied to elderly people living at home. In addition, the scale is informative for those providing home care with regard to

the elderly person's quantitative and qualitative needs for assistance. As such, it could be an instrument to be applied in community nursing. The applicability of the scale to institutionalized elderly people remains to be investigated. (author)

KERKSTRA, A., VORST-THIJSSSEN, T.

Factors related to the use of community nursing services in the Netherlands. *Journal of Advanced Nursing*; 16, 1991, no. 1, p. 47-54, 16 refs.

nivel

This study aims to identify factors important in explaining the nature of community nursing care received by patients in their homes because little is known about the relation between individual characteristics of patients receiving nursing care and the nature of care delivered by community nurses. During a period of 2 weeks a representative sample of 137 community nurses and 49 community nurses' auxiliaries at 47 different locations paid a total number of 12.847 home visits to provide care to 3315 patients. For each home visit, patient's characteristics, the nature of care delivered by the nurse and the length of the home visit was recorded. The results suggested that three groups of patients could be identified in terms of the nature of nursing care received at home. First, patients who were older, who were also receiving informal care and did not suffer from psychosocial problems, were most likely to receive assistance in their activities in daily living. Second, patients suffering from multiple disorders, whose situation was assessed as unstable, and those who did not suffer from psychosocial problems were most likely to receive technical nursing care. These patients were visited most often. Finally, male patients suffering from multiple disorders, whose situation was assessed as unstable, especially when new mental or social problems emerged, were most likely to receive psychosocial support and education from the community nurse. These visits appeared to be most time-consuming. (author)

LEONARD, B.J., BRUST, J.D., SIELAFF, B.H.

Determinants of home care nursing hours for technology-assisted children. *Public Health Nursing*; 8, 1991, no. 4, p. 239-244, 25 refs.

nivel

In the 1980s home care, in contrast to hospital care, was reported substantially to reduce costs for third-party payers who provided funding for technology-assisted children. Savings were realized primarily because parents substituted for nurses, eliminating or reducing those costs. Third-party payers' savings thus were directly related to the number of hours parents assumed care. Because home care relies on parents doing some of the work of nurses, decisions regarding nursing hours must consider family factors in addition to medical factors. We evaluated the number of nursing hours 31 Minnesota families with technology-assisted children received, as well as the factors that determined the allotment of nursing hours. Most

families (96.8%) received some hours of nursing hours. Most families (96.8%) received some hours of professional nursing care per day, and 16.1% received 24-hour care. Multiple regression, however, showed that family factors, rather than the child's medical condition, influenced the number of hours, with married, lower-income families with a younger child receiving the fewest. Further discussion and study are recommended to understand more fully the impact family factors have on the allotment of nursing hours and home care costs.
(author)

NOLAN, M.R., GRANT, G.

Addressing the needs of informal carers: a neglected area of nursing practice.
Journal of Advanced Nursing; 14, 1989, no. 11, p. 950-961, 90 refs
nivel

The British government's philosophy of maintaining dependency groups in the community, coupled with the rising numbers of frail elderly and dwindling pool of informal carers, has highlighted the need for appropriate professional interventions in this area. However, a failure to adequately conceptualize the needs of carers has, in the past, resulted in interventions often being inappropriate, irrelevant or unavailable. This paper advocates a major role for the nursing profession in redressing this balance. Using the findings of a postal survey on the problems and satisfactions of caring, the authors suggest how nurses might modify their current practice to maximize their contribution to this important but neglected area of their work.
(author)

ONG, B.N.

Researching needs in district nursing.
Journal of Advanced Nursing; 16, 1991, no. 6, p. 638-647, 34 refs.
nivel

This paper describes the first stage of a research project in England aimed at understanding the needs of clients and their carers of district nursing services. The project applies a pluralistic research design, combining qualitative and quantitative methods. Through the use of an ethnographic approach, concepts of needs are generated which are related to how clients and carers perceive themselves and the role of the district nurse.

The study attempts to formulate needs within a contextual framework against which an activity analysis of district nurses' work (stage 2) can be evaluated.

PEARSON, P.

Clients' perceptions: the use of case studies in developing theory.
Journal of Advanced Nursing; 16, 1991, no. 5, p. 521-528, 13 refs.
nivel

This paper describes some aspects of a study which looked at clients'

perceptions of health visiting, and how, if at all, these related to their perceptions of health needs. The researcher explored the alterations of these perceptions over time, and also examined how they related to professional perceptions. The background to this study is described. The methods used are outlined. The study was carried out in two phases. The first phase used semistructured interviews and diaries to explore 41 parents' perceptions at one point in time. In phase two, a series of three semistructured interviews were completed over a 10-month period with 19 primiparous parents, commencing antenatally, and with 10 of their health visitors. Analysis was by the grounded theory method. The eight concept areas which emerged from the data are listed. The paper goes on to discuss the use of case studies in developing a substantive theory. Finally, some of the implications which this study has for health visiting practice are outlined. (author)

SCHIRM, V.

Functionally impaired elderly: their need for home nursing care.

Journal of Community Health Nursing; 6, 1989, no. 4, p. 199-207, 17 refs.
nivel (C 3862)

An understanding of care requirements of functionally impaired elderly living in the community is especially important to community health nurses (CHNs), if they are to maximize services to elderly care recipients and their lay caregivers. This study is a report of the functional status of 53 elderly care recipients who were receiving care by informal and formal caregivers. Findings on the functional abilities of elderly in this study are compared with findings from studies of nursing home and community residing elderly. Implications for nursing practice relative to assessments and interventions for functionally impaired elderly are given. Results of the research point to the need for additional investigations to determine home-care needs of growing numbers of frail elderly. (author)

TWARDON, C.A., GARTNER, M.B.

Empowering nurses. Patient satisfaction with primary nursing in home health.

Journal of Nursing Administration; 21, 1991, no. 11, p. 39-43, 12 refs.
nivel (C 3876)

Responsibility, accountability, and authority are the tools of primary nursing that enable nurses to impact patient care. It is important to determine if nurses empowered by a primary nursing care delivery system can positively influence patient outcomes. The authors describe an outcome audit conducted to study patient satisfaction with nursing care, one indicator of quality patient care. (author)

WADE, B.E.

Colostomy patients: psychological adjustment at 10 weeks and 1 year after surgery in districts which employed stoma-care nurses and districts which did

not.

Journal of Advanced Nursing; 15, 1990, no. 11, p. 1297-304, 21 refs.

nivel

Two hundred and fifteen colostomy patients were interviewed at 10 weeks after surgery from a stratified random sample of 12 health districts in which stoma-care nurses were employed and eight other districts: 85 survivors who did not have restorative surgery were reinterviewed 1 year later. The Present State Examination (PSE) was used to assess the prevalence of affective disorder on both occasions. Analysis of covariance of the 10-week PSE scores revealed that age was unrelated to psychological adjustment after controlling for the extent and severity of patients' symptoms and that patients in districts which employed stoma-care nurses had significantly lower PSE scores. Single and widowed males appeared to enjoy better emotional health than married men and than women. Analysis of covariance of PSE scores obtained 1 year later also revealed that age was unrelated to psychological adjustment after controlling for the patients' physical state. No difference was found between patients who had access to a National Health Service stoma-care nurse and patients in other districts, many of whom had seen a representative from one of the appliance companies. The finding that single and widowed males appeared to fare better than married men was repeated. Ten per cent of patients who felt completely well were anxious or depressed. Psychiatric referral may be inappropriate for the majority of depressed patients who may instead benefit from medical treatment or from nursing intervention to deal with physical symptoms such as pain or urinary incontinence. (author)

WARD-GRIFFIN, C., BRAMWELL, L.

The congruence of elderly client and nurse perceptions of the clients' self-care agency.

Journal of Advanced Nursing; 15, 1990, no. 9, p. 1070-1077, 36 refs.

nivel

Congruence of client and nurse perceptions is vital to mutual goal-setting as a means of achieving self-care in the elderly. The purpose of this descriptive, correlational study was to explore the relationship between nurse and elderly client perceptions of the clients' self-care agency. A sample of 40 elderly client subjects and registered nurses' selected from two community health agencies, completed a questionnaire consisting of three instruments: (a) a demographic sheet; (b) the appraisal of Self-Care Agency Scale; and (c) the Perceived Health Status. Pearson product moment correlation coefficients were significant for the relationships between: (a) client and nurse perceptions of clients' self-care agency ($r = 0.42$, P less than 0.01); (b) client and nurse perceptions of clients' health status ($r = 0.38$, P less than 0.01); and (c) nurse perceptions of clients' self-care agency and nurse perceptions of clients' health status ($r = 0.44$, P less than 0.01). With increasing emphasis on health promotion of the elderly in the community, identified relationships may have

potential implications for gerontological and community nursing practice. (author)

AUTHOR INDEX

A

Abbott, P. 13
Akinsanya, J.A. 14, 19
Albrecht, M.N. 9
Allen, M.E. 38
Amatiello, W 47
Angel, S. 47
Austin, J.K. 1

B

Badger, F. 33, 47
Barkauskas, V.H. 1
Barker, W. 21
Bell, M.L. 36, 38, 39
Bengtsson, C. 17
Bergen, A. 15, 41
Bergman, R. 9
Bond, J. 29, 42
Bond, S. 29
Boomla, K. 27
Bramwell, L. 51
Brust, J.D. 48
Bryntesson, P. 17
Butler, S. 38

C

Cameron, E. 33, 47
Cargill, J.M. 15
Carter, D. 21
Cartlidge, A.M. 42
Cartwright, A. 41
Castelein, E. 25
Chalmers, K.I. 10, 21, 25
Champion, V.L. 1
Chapman, J. 22
Ciliska, D. 33
Cohen, J.H. 34
Colyer, M. 27
Conn, V. 15
Cormack, D.F.S. 10
Cowley, S. 11
Cox, J.L. 24
Crawford, W. 24
Cross, A. 22
Cullinan, R. 22

D

Davis, B.D. 14, 19
Dill, A. 31
Driggers, B. 2
Duddy, I. 16
Durand, I. 11

E

Edwards, N.C. 11, 41
Eggert, G.M. 42
Ellefsen, B. 35
Epstein, L. 22
Ervin, N.E. 39
Eshed, H. 22
Evers, H. 33, 47

F

Fatchett, A.B. 23
Field, P.A. 23
Fitton, F. 45
Fitzpatrick, S. 27
Fleishman, J.A. 31
Fletcher, B.C. 35
Förssell, R-M. 17
Foy, C. 29
Frederiks, C.M.A. 47
Friedemann, M.-L. 12
Friedman, B. 42

G

Gartner, M.B. 50
Geis, M.J. 36
Grant, G. 49
Green, J.L. 2
Gregson, B.A. 42
Gresham, D. 38

H

Hackenitz, E. 43
Hagell, E.I. 2
Hall, W.J. 42
Hamilton, P.A. 12
Hanchett, E.S. 13

Hefty, L.V. 36, 38, 39
Hewitt, K. 24
Holden, J.M. 24
Hughes, K.K. 36

I

Isaacs, S. 33

J

Jackson, M.F. 43
Jacoby, A. 2
Jewell, A.J. 27
Jones, F. 35

K

Kenrick, M. 16
Kenyon, V. 36, 38, 39
Kerkstra, A. 3, 7, 25, 48
Kersten, D. 43
Keyser, P.K. 12
Kjellberg, K. 17
Kristjanson, L. 10
Kristjanson, L.J. 25
Kuehnert, P.L. 30

L

Legault, C. 37
Leonard, B.J. 48
Luker, K.A. 16

M

Macfarlane, A. 26
Macinnes, A.D. 26
Marcantonio, R.J. 36
Marcer, D. 14, 19
Marcy, S. 18
Marklund, B. 17
Martaus, T. 36, 38, 39
Martin, K.S. 3
Mason, L. 21, 24
McFarland, G.K. 17
McFarlane, E.A. 17
McGregor-cheers, J. 35
McLaughlin, K. 13
McMurray, A. 4

McNeil, J. 36
Meertens, R. 44
Melby, V. 30
Mesters, I. 44
Moon, G. 5
Mor, V. 31
Mosterd, N. 44

N

Netherlands Institute of Primary
Health Care 6
Nickel, J.T. 31
Nicoll, J. 47
Nijkamp, P. 5
Nolan, M.R. 49

O

O'Connell, M. 31
Oakley, D. 18
Ong, B.N. 49

P

Pacolet, J. 5
Parahoo, K. 16
Pearson, P. 49
Philips, P. 29
Philipson, H. 25
Pickard, L. 11, 41
Piette, J. 31
Powell, I. 24

Q

Quade, D. 37

R

Renfrew, M. 23
Rhodes, T. 29
Riordan, J. 37
Riportella-Muller, R. 37
Robson, J. 27

S

Saffin, K. 26
Sagovsky, R. 24

Salmon, M.E. 37
Salsberry, P.J. 31
Salvage, J. 6
Sapsford, R. 13
Saucier, K.A. 6
Scheet, N.J. 3
Schirm, V. 50
Schmele, J.A. 38
Seale, C. 18
Secretaries of State for Health, So-
cial Security, Wales and Scotland 7
Selby, M.L. 37
Self, J. 27
Setters, J. 29
Severinson, D. 17
Siegel, E. 22
Sielaff, B.H. 48
Smith, E. 36
Snelson, W. 24
Snow, L. 38, 39
Spinnewyn, H. 5
Starke, A. 17
Stineman, A. 15
Sturmans, F. 47
Swanson, J.M. 18
Swenson, I. 18

T

Tait, V. 24
Taylor, J. 27
Taylor, S.G. 13, 15
Tierney, A.J. 29
Twardon, C.A. 50
Tzeng, O.C. 1

U

Underwood, J. 41

V

Van berkel, C. 11
Verheij, R.A. 3, 7
Visser, A.PH. 47
Vollering, A. 5
Vorst-thijssen, T. 48

W

Wade, B.E. 50
Walcott-mcquigg, J.A. 39
Walker, J.M. 14, 19
Ward-griffin, C. 51
West, M. 39
Wierik, M.J.M. TE 47
Wilderom, C. 5
Williams, E.I. 45
Winters, S. 5
Woodcox, V. 33

Z

Zimmer, J.G. 42
Zlotnick, C. 14

SUBJECT INDEX

A

acute-care nurses 36
adolescents 22, 38
aids 38
asthma 44
attitude 30, 49
audit tool 11

C

case management 7, 31, 41, 42
caseload 33, 39, 42
child's records 26
children 21, 22, 24, 26, 27, 44, 48
chronically ill 9, 38
client satisfaction 16
clinical competencies 36, 38, 39
clinical decisions 16
communication 41
compliance 15
computerisation 26, 27
conference 3, 6
coping 19, 34, 35
coronary specialist nursing service 16
counselling 30
cross-cultural research 1
cross-national comparison 5, 7

D

demand for care 3
dementia 9
disabled 33, 47
discharge planning 41, 43, 45

E

education 2, 4, 12, 21, 29, 30, 38, 39
effectiveness 10, 21
elderly 5, 14, 15, 19, 25, 33, 38, 43, 45, 47, 49-51
employment 38
European Community 5
experience 29
expertise 4

F

family nursing 12, 25
family planning 18
functional assessment scale 11
functional status 47, 50
funding 7

G

general practitioners 26, 27, 33, 41, 42
geographical aspects 5
grounded theory 11, 21, 49

H

health attitude 1
health behaviour 1
health policy 3, 5, 7, 23
home care 1, 7
home health nursing 2
home visitor programs 22
homeless 38
hospital consultants 41
hospitals 31, 41, 43, 45

I

infants 21-23, 27, 38
informal carers 49, 50
instability 36

J

job characteristics 34, 35
job description 34, 39

K

knowledge 30

L

life style 22

M

manpower 9
maternal education 23
medication management 15
men 18, 21
monetary compensation 36

N

neighbourhood nursing 5
nurse practitioner 6
nursing audit 11
nursing diagnosis 17
nursing homes 42

O

Omaha-System 4
Orem's model 13, 14
organization 7, 11, 39

P

pain 9
pain management 14, 19
parent education package 24
patient characteristics 48
patient dependency 9, 11
patient satisfaction 50
patient-classification 9
planning 3
postnatal depression 22, 24
practice models 10
prestige 37
Primary Health Care 3
professionalization 2, 16

Q

quality assurance 3, 4, 14, 38, 50
quality circles 38, 39

R

reliability 11
research process 10, 13
review 1, 15
risk factors 15, 22
Rogers' model 13

Roy's model 13

S

self-care 25, 51
seminar 6
Smith's model 13
social support 34
stoma-care 51
stress 18, 34, 35, 39

T

technology 48
telephone advisory service 17, 47
terminally ill 15, 18, 41
textbook 6, 9, 10, 13
theories 2, 12

U

uncertainty 36
unemployed 38
United Kingdom 5, 7, 23

V

validity 11
video 22

NIVEL BIBLIOGRAPHIES⁴

WILLEMSSEN, R.

Wijkverpleging/kruisvereniging. 1986, no. 1

LEEUEW, A.K. DE

Ouderen (I, II). 1986, no. 2 en 3

WILLEMSSEN, R.

Relatie eerste en tweede lijn. 1986, no. 4

LEEUEW, A.K. DE

De apotheker. 1986, no. 5

VELDE, A. VAN DER

Alternatieve geneeswijzen. 1986, no. 6

KUIJLEN, H.

Preventie en de eerstelijnsgezondheidszorg. 1986, no. 7

LEEUEW, A.K. DE and A. VOS

Communicatie (huis)arts-patiënt. 1986, no. 8

WIEMAN, F.

Zelfzorg en mantelzorg. 1986, no. 9

KUIJLEN, H.

Methoden en technieken binnen gezondheidszorgonderzoek. 1986, no. 10.

DIJKHUIS, K.

De fysiotherapeut. 1986, no. 11

LEEUEW, A.K. DE

De Nederlandse verloskundige zorg. 1986, no. 12

HEIJDEN, P. VAN DER

Technology assessment. 1987, no. 13

WIEMAN, F.

Life events. 1987, no. 14

DIJKHUIS, K.

De diëtist. 1987, no. 15

HEIJDEN, P. VAN DER

Logopedisten. 1987, no. 16

⁴ The bibliographies in English are in italics.

- WIEMAN, F.
Verzekeringstelsel en medische consumptie. 1988, no. 17
- HEIJDEN, P. VAN DER
Patiëntenrechten. 1988, no. 18
- WIEMAN, F.
Honoreringssystemen in de gezondheidszorg. 1988, no. 19
- DIJKHUIS, K.
Wijkverpleging in het buitenland. 1988, no. 20
- CAMPEN, C. VAN and E.M. SLUIJS
Patient compliance: a survey of reviews (1979-1989). 1989, no. 21
- RENGELINK-VAN DER LEE, J.H. and A. DE MOL-VAN DER VELDE
Kwaliteit van verloskundige zorg. 1988, no. 22
- SCHRIJNEMAEKERS, V.
De psychologie en de eerstelijns. 1989, no. 23
- GOOSSENS, J.M.A.W.
Huisarts en huisartsgeneeskunde: historie en ontwikkeling. 1988, no. 24.
- LEEUW, A.K. DE
Algemeen maatschappelijk werk. 1990, no. 25
- HEIJDEN, P. VAN DER
Sociaal-economische status en gezondheid. 1990, no. 26
- CAMPEN, C. VAN
Evaluatie thuiszorgprojecten en -experimenten. 1990, no. 27
- HOOGEN, H. VAN DEN, T. DE MAAGT and J.H. RENGELINK-VAN DER LEE
Onderzoek naar kwaliteit van huisartsgeneeskundige zorg. 1989, no. 28
- CAMPEN, C. VAN
Community nursing. 1989, no. 29
- KUIJLEN, J.A.J. and F.G. SCHELLEVIS
De zorg voor chronisch zieken. 1990, no. 30
- KRUIHOF, W.H.
Psychogeriatric en eerstelijnszorg. 1990, no. 31
- HEIJDEN, P. VAN DER and M. VAN LOO
Ouderen III. 1991, no. 32
- KUIJLEN, J.A.J. and L. STOKX
De relatie tussen huisarts en specialist: een zaak van beloning. 1990, no. 33

MULDER, P.H.

Patiënten rechten II. 1991, no. 34

CAMPEN, C. VAN, R.L. FRIELE and J.J. KERSSSENS

Methods for assessing patient satisfaction in primary care: an annotated bibliography. 1992, no. 35

LEEUW, A.K. DE

Leefstijl en de eerstelijnsgezondheidszorg. 1991, no. 36

CAMPEN, C. VAN

Euthanasia. 1991, no. 37

BERGHS, G.A.H., L. HINGSTMAN, J.A.J. KUIJLEN and J. RITECO

Primary care obstetrics and perinatal health. 1991, no. 38

MULDER, P.H.

Gezinsverzorging. 1991, no. 39

BOERINGA, F.H.

Verpleeghuizen. 1992, no. 40

KUIJLEN, J.A.J.

Placebo's. 1991, no. 41

MULDER, P.H. and J. DEKKER

Exercise therapy and musculoskeletal disorder. 1992, no. 42

CAMPEN, C. VAN

Massamedia en medici. 1991, no. 43

BLEIJERVELD, P.P.

Thuiszorgtechnologie. 1992, no. 44

BOERINGA, F.

Kwaliteitssystemen. 1993, no. 45 (forthcoming)

BLEIJERVELD, P.P.

Eerstelijnszorg aan ouderen: instellingen en beschermde woonvormen. 1993, no. 46 (forthcoming)

HEIJDEN, P. VAN DER and A. KERKSTRA

Community nursing II. 1993, no. 47

