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Date August 6, 1971

A SURVEY OF THE USE OF
NURSING HISTORIES IN MONTANA HOSPITALS

by

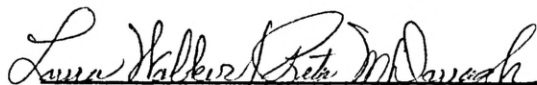
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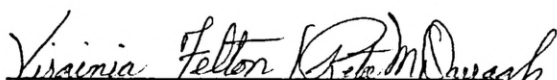
A professional paper submitted to the Graduate Faculty in partial
fulfillment of the requirement for the degree

of

MASTER OF NURSING

Approved:


Director, School of Nursing


Chairman, Examining Committee


Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

August 1971

ACKNOWLEDGMENTS

The author wished to express sincere appreciation to the following people for their help and guidance in writing this paper:

The graduate faculty of Montana State University School of Nursing and Dr. Gordon Simpson, without whose support and cooperation this study would not have been possible.

Particular thanks are extended to Miss Virginia Felton for her understanding, guidance and assistance with the development of this paper.

Thanks are also extended to Dolores Little, Professor at the University of Washington School of Nursing who stimulated the interest and inspired the initiative to facilitate the writing of this paper.

A warm thanks is extended to her classmates who contributed many helpful suggestions.

TABLE OF CONTENTS

	<u>Page</u>
VITA.....	ii
ACKNOWLEDGMENTS.....	iii
TABLE OF CONTENTS.....	iv
LIST OF TABLES.....	v
ABSTRACT.....	vi
 CHAPTER I. INTRODUCTION.....	 1
STATEMENT OF PROBLEM.....	5
PURPOSE OF STUDY.....	5
METHODOLOGY.....	5
SAMPLE.....	6
DEFINITION OF TERMS.....	7
LIMITATIONS.....	8
OVERVIEW OF REMAINDER OF STUDY.....	8
 CHAPTER II. REVIEW OF LITERATURE.....	 9
 CHAPTER III. ANALYSIS OF DATA.....	 13
 CHAPTER IV. SUMMARY, CONCLUSIONS, RECOMMENDATIONS	
SUMMARY.....	20
CONCLUSIONS.....	21
RECOMMENDATIONS.....	22
 BIBLIOGRAPHY.....	 23
 APPENDIX.....	 25

LIST OF TABLES

<u>Number</u>		<u>Page</u>
1.	PROFESSIONAL POSITION HELD BY THE RESPONDENTS.....	13
2.	NURSING PREPARATION AS INDICATED BY THE RESPONDENTS.....	14
3.	WHERE INFORMATION OF NURSING HISTORY WAS OBTAINED.....	15
4.	COMPARISON OF BED CAPACITY TO THE USE OF NURSING HISTORIES AND DIRECTOR OF NURSES PROFESSIONAL PREPARATION.....	16
5.	NURSES RESPONSES TO QUESTIONS CONCERNING THE USE OF NURSING HISTORIES.....	18

ABSTRACT

The purposes of this study were to determine the number of hospitals in Montana within the survey group that were using nursing histories and the function nurses in their hospitals placed on the nursing history.

The survey method was selected for the collection of data with the questionnaire as the tool of choice. Four questionnaires were sent to the Director of Nurses in each of the twenty-five hospitals designated for the survey with a request that she fill out one and give the remaining three to nurses in her institution for completion.

An analysis of the findings obtained from the questionnaire responses was made by the investigator. It was found that thirteen of the twenty-five hospitals used a nursing history to some degree. The majority of the nurses would instigate a nursing history if they were in a position to do so. The largest percentage of the respondents felt the nursing history contributed to the primary assessment of the patient care conference, assisted in developing nursing care plans, helped improve communications, and assisted in involving patients in planning their individual care.

A summary of the data was made and the following conclusions were reached; (1) Nurses are cognizant of the need for nursing histories; (2) None of the hospitals in the survey group are taking nursing histories on all patients; (3) A means to stimulate interest is needed to point out the importance of the nursing history as recorded evidence of primary assessment to plan nursing care in a logical sequence.

A SURVEY OF THE USE OF
NURSING HISTORIES IN MONTANA HOSPITALS

CHAPTER I
INTRODUCTION

Nursing leaders today are faced with the fact that there must be an established logical sequence of nursing care planning if nursing is to maintain its rightful place among the professions. With the advent of Hospital Accreditation by the Joint Commission of Accreditation of hospitals it behooves nurses to develop their own system by which nursing practices will be evaluated.

The nursing history is an important step in this direction as pointed out by Dolores Little. Her book reveals the necessity of recorded, specific information acquired from the patient upon admission to enable the nurse to assess the existing or potential nursing care needs of the patient in a logical sequence.¹

Since the Joint Commission of Accreditation was first organized in 1918² with the assistance of the College of Surgeons, the medical profession has recognized the importance of a complete and well documented history before any medical care can be given.

The hospital administration and the medical profession rely on the hospital record not only for use as a tool in the care of the patient, but also to evaluate the overall quality of care rendered by the institution. It serves as a means

¹Dolores Little and Doris Carnevali, Planning Patient Care, (Pa.: J.B. Lippencott Co., 1969), p. 18.

²Edna K. Huffman, Manual for Medical Record Librarians, (Berwyn, Illinois: Physicians' Record Co., 1963). p. 18.

of communication between the physician, the nurse and all other members of the nursing team who contribute to the care of the patient.

Good medical care also means a good medical record, therefore, good nursing care should be supported by good recorded evidence. The nursing history seems to be the tool of choice in many institutions, especially where the nursing audit has been introduced to evaluate nursing care. The University of Illinois Research and Educational Hospitals have identified the nursing audit as a tool by which the quality of nursing care can be measured and evaluated against acceptable standards of care set up by the institution and performed by all levels of nursing personnel who are responsible for entering information on the medical record.³

Recently the psychological autopsy has come into vogue in many of the large research hospitals. Dr. Kastenbaum has identified it as a multidiscipline conference to discuss the ramifications of the factors, social and physical, which contributed to the terminal phase of the patients illness. It includes discussions of ways and means these could be altered for other patients in order to prolong healthy living. He feels the nursing history contributes (to a greater degree than any other part of the medical record)⁴ as recorded evidence of the social and physical status of the patient on admission.

³University of Illinois Nursing Department, "Nursing Audit", Reprint, September, 1968. (Hereafter cited as UISN).

⁴Avery Weisman and Robert Kastenbaum, Psychological Autopsy, (Community Mental Health Journal, Monograph #4 1968).

There have been mixed emotions within the professional staff of many hospitals about the introduction of a nursing history. In many areas nurses think; (1) they take nursing histories even though they do not record their findings; (2) that it is a disturbance to the patient; (3) it takes too much time; and (4) that it is a threat to their nursing abilities. However with accreditation of hospitals and the legal implications which exist, the recording of this information, as a base on which to give nursing orders, is mandatory. The nursing history is the most valuable tool which has been developed which fulfills these requirements (at this point in time).

Setting priorities on when to instigate the taking of the nursing history is imperative. The condition of the patient as well as the emergency nursing measures that must be implemented must be taken into consideration. Some nurses have found they can take a nursing history verbally during the time they are ministering to the patient and record this information after leaving the patient's room. Techniques vary in any situation, therefore the time and way the nursing history is taken should be left to the judgment of the individual nurse as long as the importance of recording the information is kept uppermost in mind.

STATEMENT OF THE PROBLEM

This study was conducted to determine the number of Montana hospitals in the survey group that were using nursing histories and the specific functions nurses in these hospitals saw for a recorded nursing history.

PURPOSE OF THE STUDY

Nursing literature and personal experience indicate nursing histories can be a great asset in planning and implementing patient care. This investigator was interested in discovering to what extent nursing histories were utilized in the hospitals of Montana and what use nurses saw for the nursing history in planning patient care.

METHODOLOGY

To facilitate the gathering of data for this study, the research method used was the descriptive or survey method. This method is: "A process for learning pertinent and precise information about an existing situation."⁵

Due to the large area and number of miles involved, a questionnaire was chosen as the most effective tool for gathering the desired information.

The questionnaire was constructed by the investigator. The results of the questionnaire are tabulated as to:

1. The position held by the respondent in the hospital.

⁵Tyrus Hillway, Introduction to Research, (Boston: Houghton Mifflin Co., 1964), p. 209

2. The educational preparation of the respondent.
3. The number of hospitals in the survey using a nursing history.
4. The function nurses see for a nursing history.
5. The method by which nurses become aware of the function of a nursing history.
6. The number of nurses who would instigate the use of a nursing history if they were in a position to do so.
7. The number of nurses who feel nursing histories are a waste of time.

SAMPLE

The sample was obtained by securing the names of all the hospitals in the state from the Montana Hospital Association. This list included the location of the hospital as well as the bed capacity.

The hospitals were arranged alphabetically in groups of from 200 - 300 beds, 100 - 200 beds, 25 - 100 beds, and those below 25 beds. Every other hospital was designated for the survey until 25 hospitals had been selected.

A questionnaire was sent to each Director of Nurses in the survey group of hospitals with an additional three questionnaires which she was requested to give to three nurses on her staff for completion.

A definition of a nursing history was included in the letter to the nurses as well as a copy of the nursing history which was used successfully in the pilot study for this paper.

DEFINITION OF TERMS

1. Nursing History: "A written record of specific information about the patient, providing data upon which to assess the existing or potential nursing care needs or patient problems, as a basis for planning and giving patient care."⁶
2. Nurse: A Registered Professional Nurse who is responsible for planning nursing care.
3. Needs: The deprivation of physiological, psychological, and sociological manifestations which motivate behavior.⁷
4. Primary Assessment: The initial evaluation of the apparent nursing needs of the patient.
5. Nursing Audit: An administrative tool for evaluating the quality of nursing care as reflected in the medical record. It is a comparison of the care given (as shown on the record) with the standards of care (as set up as acceptable by the institution), and performed by representatives of all classifications of the nursing staff.⁸
6. Psychological Autopsy: The systematic study of the emotional and social processes of dying. It is also a multidiscipline

⁶Little, op. cit., p. 18.

⁷Abraham, H. Maslow, Toward a Psychology of Being, (New York: D. Van Nostrand Co., Inc., 1962).

⁸UISN., op. cit.

conference of the terminal phase of life and discloses ways and means for personnel to accept and evaluate patients.⁹

7. Intensive Coronary Care Unit: (Hereafter referred to as ICCU.)

A unit within the hospital setting staffed by nurses who have had specialized instruction in the care of patients and utilization of special equipment and treatment for the cardiac conditions.

LIMITATIONS

The study results were limited to information gathered by the use of the questionnaire as a data collection tool and confined to the Director of Nurses and three of her nursing personnel in each of the twenty-five hospitals designated for the survey.

OVERVIEW OF REMAINDER OF THE STUDY

The second chapter of the study contains a review of the literature. The third chapter presents the data received from the questionnaires. The fourth chapter presents a summary of the study, conclusions and recommendations for further study.

⁹Kastenbaum, op. cit., p. 56.

CHAPTER II

REVIEW OF LITERATURE

The role of nursing has been undergoing close scrutiny in recent years. Dissatisfaction of the public, doctors, and nurses with nursing care has been a subject of considerable concern to all those who are responsible for the care of patients.¹⁰

With dissatisfaction being expressed in patient care, educators have been critically looking at nurse preparation in all levels of nursing. Among the published articles in this regard was Faye Abdellah's in 1957. She cited the number of technically trained nurses to be 389,600 actually practicing. She was of the opinion they were products of procedure-centered training programs geared to the service needs of the hospital. She advocated the identification of educational methods to improve clinical teaching and looking toward the colleges as the only setting equipped broadly enough to provide the essentials for professional nursing education.¹¹

The publishing of the "Position Paper" in December 1956 by American Nurses Association has given rise to a general swing from the technically trained nurse to the professionally educated nurse in the college setting. The "Position Paper" stressed the need for college preparation for the professional

¹⁰ Jean Barrett, The Head Nurse, Her Changing Role, (2nd.: New York: Appelton-Century-Crofts, 1968,) p. 3.

¹¹ Faye Abdellah, "Methods of Identifying Covert Aspects of Nursing Problems", Nursing Research, 6:4-23, June, 1957.

nurse and stated that the nurse of the future would have to attain a Baccalaureate Degree.¹²

With additional stress being placed on education, methods of improving clinical teaching, and the responsibility of planning nursing care using many levels of personnel, a valid tool for implementing and evaluating care was essential. The nursing history has been developed as a base on which to start this process in a logical sequence.

Dolores Little and Doris Carnevali have done a great deal to identify the nursing history as a tool which is the basis for improving nursing practice, identifying patient needs, assisting in developing nursing care plans, and contributing to the effectiveness of the nursing care conference. They have also pointed out that the nursing history taking is a dynamic, unique interchange between the patient and the nurse, therefore, the timing and the privacy are factors which influence the climate and outcome of the interaction.¹³

McPhetridge used the nursing history as a way to personalize care. Her study revealed that it assisted in identifying individual patient needs and establishing an early nurse-patient rapport. She also found it to broaden the nurse's therapeutic effectiveness and increased the nurse's interest in the patient as

¹²American Nurses Association Committee on Education, "Position Paper" (American Journal of Nursing, Vol. 65, No. 12, December 1965), p. 111.

¹³Little, op. cit., p. 18

an individual.¹⁴

In her study, Smith found that nurses felt threatened by a recorded nursing history when it was first introduced. They identified a recorded nursing history as criticism of their nursing ability. During the study nursing histories were used by half of the nurses while the other half continued in their normal pattern. It was found that nurses using the nursing histories felt more gratification in their practice, their charting improved as well as their nursing care plans and attitude.¹⁵

Palisen has stated that nursing care plans are another communications burden imposed on the practitioner by the theorist. Her statement, "It has become very fashionable to pick up cues, assess and plan all without getting validation from the patient himself about what is going on with him",¹⁶ could perhaps be eliminated by the implementation of a nursing history and reduce to a minimum this sort of difficulty.

Dr. Kastenbaum used the nursing history as one of his tools when presenting the Psychological Autopsy. He states it is the most valid recorded evidence of the patient's physiological, psychological and sociological status when ad-

¹⁴L. Mae McPhetridge, "One Means to Personalize Nursing Care", (American Journal of Nursing, January, 1968), pp. 68-75

¹⁵Dorothy Smith, "A Clinical Nursing Tool", (American Journal of Nursing, November, 1968), pp. 2348-2388.

¹⁶Helen E. Palisen, "Nursing Care Plans are a Snare and a Delusion", (American Journal of Nursing, January, 1971), pp. 63-68.

mitted to the hospital.¹⁷

The general opinion among the authors in the available literature seems to indicate that a tool implemented by the nurse is needed; (1) for assessing patient needs; (2) for appraising the physiological, psychological and sociological status of the patient; (3) for having recorded evidence by which nursing practice can be evaluated; and (4) for involving the patient in the planning of his individual nursing care.

¹⁷Kastenbaum, op. cit., p. 56.

CHAPTER III

ANALYSIS OF DATA

The questionnaire that was constructed for this study contained nine questions. For the purpose of analysis each question will be discussed separately.

Seventy of the one hundred questionnaires were returned within a period of six weeks.

1. What is your professional position ?

The number of respondents in each category of position held within the institution in which she was employed is presented in the following table.

Table 1
Table of Professional Position Held
by Respondents

Director Nursing Service	Inservice Education	Staff Registered Nurse	Head Nurse	Supervisor
18	3	29	10	10

2. What kind of nursing preparation have you had ?

The response to this question reiterated the predominance of Diploma school preparation for nursing versus the Baccalaureate and Associate Degree preparation.

The following table displays the range of preparation as indicated on the questionnaire responses.

Table 2

Table of Nursing Preparation as
Indicated by Respondents

Associate Degree	Diploma	Baccalaureate Degree
3	54	13

3. Do you know the function of a nursing history ?

The predominant response to this question was yes, (63-7).

4. Where did you receive your information about the function of a nursing history ?

The indications from the questionnaire leads one to believe that most nurses received their information from the literature, with instruction in school and workshops following in that order. Five replied that they had no information from any source. The following table shows the distribution as to where the information was obtained.

Table 3

Table of Where Information Was Obtained

Literature	School	Workshop	None
32	19	14	5

5. Are nursing histories being taken in the hospital where you are employed?

There were 13 out of the 25 hospitals in the survey in which nursing histories were being taken to a limited degree. None of the hospitals were taking nursing histories routinely on all patients. The nursing history was being taken predominately in Pediatrics, ICCU, and on selected patients.

The following table illustrates the areas in which nursing histories are taken with respect to the bed capacity of the hospital and the educational preparation of the Director of Nursing Service. The blanks in the space for the Director's educational preparation is due to no apparent response from the Director.

Table 4

Comparison of Bed Capacity to the Use of Nursing
Histories and Directors Professional Preparation

Bed Capacity	Director's Preparation	Use of Nursing Histories			
		None	Limited	Pediatrics	ICCU
23	Diploma		X		
18	Diploma	X			
17	No Response	X			
200	Baccalaureate		X	X	
22	Diploma	X			
62	Diploma		X		X
36		X			
252	Baccalaureate		X	X	
31	Diploma		X		
25	Diploma	X			
29	Baccalaureate		X		
136			X		
30	Diploma		X		
11	Diploma	X			
54		X			
32		X			
202	Baccalaureate		X		
82	Baccalaureate		X		
58	Diploma	X			
19		X			
20	Diploma		X		
35	Diploma		X		
160	Associate Degree		X	X	
142		X			
46	Diploma	X			
Total		12	13	3	1

6. Do you feel nursing histories are a waste of time?

Seven of the seventy respondents felt nursing histories were a waste

of time. The reasons they gave were that the same information was either taken on a verbal basis or the work load in their area was so heavy a nursing history just represented more paper work to them.

A summary of the answers to this question are included in Table 5.

7. Do you think a nursing history contributes to:

- a. Recorded primary assessment of patient needs ?
- b. Developing a nursing care plan ?
- c. Clinical conference ?
- d. Communications between patients and personnel ?
- e. Involving patients in planning care ?

The majority of the respondents felt a nursing history would contribute to the above. They also thought a nursing history would enhance their ability to give more comprehensive care.

The answers to this question are summarized in Table 5.

8. If you were in a position to instigate a nursing history, would you do so ?

Forty-six of the respondents would do so, however, twenty-four would not. There does not seem to be any correlation in the responses of who would instigate a nursing history, who would not, or as to the function they see for the use of the nursing history.

The responses to this question have been included with the tabulation of the responses to question 6 and 7 in order to get an overall picture.

Table 5

Table of Nurses Responses to Questions Concernin
The Use of Nursing Histories

Question	Yes	No	Sometimes	No Answer
Nursing histories are a waste of time.	7	60	3	
Function of a nursing history known.	63	7		
Assists in recording primary assessment.	50	1	18	1
Assists in developing nursing care plans.	58	2	10	
Contributes to nursing conferences.	45	2	18	5
Helps communications.	50	4	15	1
Involves patients with planning own care.	47	3	20	
Would you instigate a nursing history.	46	24		

9. Individual comments.

The comments ranges from very favorable. Thirty of the respondents did not make any comments about the use or what they perceived to be the advisability of the nursing history. Eleven felt it facilitated care and hastened recovery, problems could be avoided, and that it was the most important single action a nurse could perform for her patient and also for herself. There

were seven respondents who were very much opposed to a nursing history. Their statements consisted of: a waste of time; lose the patient-nurse relationship; in theory it may be alright, but in practice it will not work; too much detail; and just another form to fill out. There were three respondents that had a question mark in the answer space. Their comments were: we tried it and it does not work and many of the questions are not necessary as we know the patients because we are a small community. The last nineteen of the respondents were of the opinion it took too much of the nurses time, would require additional personnel, just another form, we are too busy to be bothered with another chore, waste of time with routine patients, we use a nursing care plan and that is plenty, we know our patients personally, we take a verbal history, and unless you could keep them updated they would be worthless.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The purposes of this study were to determine how many hospitals in the survey group of hospitals in Montana were recording nursing histories and what use nurses in these hospitals saw for a recorded nursing history.

The survey method was selected for collecting the data with the questionnaire as the tool of choice. Four questionnaires were sent to each of the twenty-five hospitals selected for the study.

There were thirteen of the twenty-five hospitals in which nursing histories were recorded in limited areas such as ICCU, pediatrics and for selected patients. There were no hospitals which used the nursing history routinely on all patients.

There was no correlation between the seven respondents who felt nursing histories were a waste of time and the seven who did not know the function of a nursing history.

The respondents position in the hospital or the educational preparation had no apparent influence on the opinion nurses hold as to the function of a nursing history. There was no indication of any conformity in opinion from respondents from the same hospital. The majority of the nurses were of the opinion that a nursing history did contribute to primary assessment, assisted in developing nursing care plans, contributed to patient care conferences, assisted with communications, and helped to involve patients in planning their individual care.

Forty-six nurses would instigate a nursing history if they were in a position

to do so, while twenty-four would not.

The comments ranged from very favorable to very negative. There were no apparent similarities in responses from groups of nurses from the same hospital. The nurses preparation or the position the nurse held in the hospital did not seem to influence the response. The comment section was used only to express individual likes or dislikes of the nursing history.

CONCLUSION

Although the majority of the nurses saw the nursing history in a favorable light there is a great deal of difference in the use and importance the nurses place on it.

The comments would indicate there is a very wide difference in the nurses viewpoint as to the function of the nursing history.

At this point in time it does not seem likely that the nursing history will be used throughout the hospital on all patients in the survey group.

RECOMMENDATIONS

The findings of this study indicate the following.

1. All the hospitals in Montana could be surveyed to provide a broader picture of the use of nursing histories in the state.
2. A comparative study in two states with larger hospitals might point out a better utilization of the nursing history.
3. If in fact nursing histories are significant in planning patient

care, State Nurses Associations could use these findings in planning workshops.

4. Because of the increased emphasis on psychological autopsies and the nursing audit in the large research centers nursing schools could use these findings when introducing the nursing history in their curriculum.

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APPENDIX

NURSES QUESTIONNAIRE

1. What is your professional position? _____
2. What kind of nursing preparation have you had?
A.D. _____ Diploma _____ Baccalaureate _____
3. Do you know the function of a nursing history? Yes _____ No _____
4. Where did you receive your information about the function of a nursing history? School _____ Workshop _____ Literature _____
None _____
5. Are nursing histories being taken in the hospital in which you are now employed? Yes _____ No _____
6. Do you feel a nursing history is a waste of time? Yes _____ No _____
7. Do you think a nursing history would contribute to:
(a) Recording primary assessment of patient needs? Yes _____ No _____ Sometimes _____
(b) Developing a nursing care plan? Yes _____ No _____ Sometimes _____
(c) Clinical conferences? Yes _____ No _____ Sometimes _____
(d) Communications between patients and personnel? Yes _____
No _____ Sometimes _____
(e) Involving patients in planning care? Yes _____ No _____ Sometimes _____
8. If you were in a position to introduce a N/H in your institution, would you do so? Yes _____ No _____
9. If you have anything to add to this questionnaire, please feel free to do so.

Thank you for your cooperation.

Please return this questionnaire in the enclosed envelope.

Connie McClun, R.N.
116 West Grant
Bozeman, Montana 59715

Dear Director of Nursing:

In partial fulfillment of a Master's Degree in Nursing, I am conducting a survey on the use of nursing histories in the hospitals of Montana.

I have defined a nursing history as a written record of specific information about the patient, providing data upon which to assess the nursing care needs or problems, as a basis for planning and giving patient care.

I have enclosed a copy of the nursing history I am using.

Will you please fill out the questionnaire I have enclosed and give the other three enveloped to nurses on your staff?

I will be very grateful for your cooperation. Thank you so much.

You may keep the nursing history.

Sincerely,

Connie McClun, R.N.
116 West Grant
Bozeman, Montana
59715

The faculty of the School of Nursing at Montana State University appreciates your cooperation.

Laura Walker, R.N., Ph.D.
Director: School of Nursing

Dear Nurse:

In partial fulfillment of a Master's Degree in Nursing, I am conducting a survey on the use of nursing histories as an adjunct to planning patient care in the hospitals of Montana.

I have defined a nursing history as a written record of specific information about the patient, providing data upon which to assess the nursing care needs or problems, as a basis for planning and giving patient care.

I have enclosed a copy of the nursing history I am using.

Will you fill out the enclosed questionnaire for me?

You may keep the nursing history or throw it in the waste paper basket. Be my guest, but please fill out the questionnaire for me.

I appreciate your cooperation. Thank you so much.

Sincerely,

Connie McClun, R.N.
116 West Grant
Bozeman, Montana
59715

The faculty of the School of Nursing at Montana State University appreciates your cooperation.

Laura Walker, R.N., Ph.D.
Director: School of Nursing

NURSING HISTORY

Diagnosis _____ Date _____ Time _____

The purpose of the nursing history is to secure information at the time of admission which will assist in the planning of the nursing care towards the gratification of the patient.

GENERAL INFORMATION

Are you having any discomfort at this time? Yes _____ No _____

What seems to be the nature of your discomfort? _____

What has your doctor told you about your hospitalization? _____

Were you taking any medication before coming to the hospital? _____

Are you allergic to any medication? _____

Will you be having visitors the first few days? If so, who? _____

PREVIOUS EXPERIENCE WITH HOSPITALIZATION

Have you been hospitalized before? _____

Was there something special someone did for you that was of special benefit? _____

or that was not beneficial? _____

PERSONAL HABITS

In our hospital baths are given every morning.

What is your usual bathing routine at home? Time _____

Daily _____ Every other day _____ X Weekly _____

How active are you at home? _____

Do you wear dentures? Yes _____ No _____

Do you wear glasses? Yes _____ No _____

SLEEP HABITS

We try to have every one comfortable and ready for sleep by 9:30 or 10:00 p.m.

What is your usual bed time? _____

What helps you most if you have difficulty sleeping?

In what position are you usually most comfortable?

How do you prefer your windows? _____

How many blankets do you prefer? _____

OUTPUT

The side rails are raised at night so you will need to call for help to go to the bathroom.

How often do you get up at night? _____

Do you have any urinary problems? _____

Do you have any bowel problems? _____

What things help if you have diarrhea or constipation?

What is the usual time of day for bowel movements? _____

INTAKE

Are you on any kind of special diet? _____

Are there any foods you dislike? _____

Are there any fluids you dislike? _____

What size servings and what beverage do you like with your meals?

Breakfast _____ Lunch _____ Supper _____ Snacks _____

Small _____

Medium _____

Large _____

Beverage _____

GENERAL OBSERVATION

Hearing _____

Speech _____

Appearance _____

Problems _____

Hobbies _____

ANY ADDITIONAL COMMENTS