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AN INVESTIGATION OF ORIENTATION TO ARMY  
HEALTH NURSING, FOR ALL INCOMING AMEDS  
PERSONNEL OF CLASS I AND CLASS II IN-  
STALLATIONS WHERE AN ARMY HEALTH  
NURSE IS ASSIGNED

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Nancy E. Lowe  
Captain, ANC  
Class 8-AP-14

AN INVESTIGATION OF ORIENTATION TO ARMY HEALTH NURSING,  
FOR ALL INCOMING AMEDS PERSONNEL OF CLASS I  
AND CLASS II INSTALLATIONS WHERE AN  
ARMY HEALTH NURSE IS ASSIGNED

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## INTRODUCTION

In my past assignment as an army health nurse, I found that the Army Medical Service (AMEDS) personnel were somewhat uninformed and disinterested in my program. As a result, I spent so much time orienting people individually, or in small groups, that my services were not fully utilized.

My hypothesis is that this problem could be remedied by a good orientation program. This orientation should be presented to all AMEDS personnel shortly after their arrival at the new station. By use of such an orientation, the army health nurse's services could be explained at this time, thus promoting a better understanding of her program. It would also stimulate interest in her activities and lead to better utilization of her available services.

My objectives of this staff study are as follows: to determine if such an orientation is being conducted for the incoming AMEDS, both officer and enlisted personnel; if such an orientation is being conducted, who conducts it; the frequency and scope of the orientation; and if there is a need for such an orientation.

I wish to bring this program to the attention of the leaders of the various allied hospital disciplines. These people can help facilitate the needed communications about the program; this will eventually lead to better utilization of the

army health nurse and her services. By merely reading the questionnaire (Annex A), they will be better informed about her program. Although they may have no recommendations for an orientation program, per se, it should give them food for thought. This, in itself, may provide the necessary opening for the army health nurse to function in her fullest capacity.

20 November 1961

**SUBJECT: An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned.**

1. **PROBLEM.** To determine if an orientation is being conducted for the incoming AMEDS, both officer and enlisted personnel; if such an orientation is being conducted, who conducts it; the frequency and scope of the orientation; and if there is a need for such an orientation.
2. **ASSUMPTIONS.**
  - a. The army health nurse's program is not fully understood by many AMEDS personnel.<sup>1</sup>
  - b. This lack of understanding is the result of a breakdown in communications due to:
    - (1) Physical location of the army health nurse's office.
    - (2) Organization. "The health nurse functions under the direction of the post surgeon or a medical officer designated by him who will normally be the post preventive medicine officer."<sup>2</sup>

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1. Based on correspondence with Major Mercedes M. Fischer, ANC, Chief Army Health Nurse, Preventive Medicine Division, Office of The Surgeon General, Washington, D.C., and Major Mary Puhlig, ANC, Army Health Nurse, West Point, Maryland; interview with Major Dorothy Rancourt, ANC, Army Health Nurse, Brooke Army Medical Center, Fort Sam Houston, Texas; and paragraph 10g, TM 8-272, Manual for Army Health Nurses.

2. TM 8-272, Manual for Army Health Nurses, Department of the Army, Washington, D.C.: U.S. Government Printing Office, p. 11.

- (3) Poor coordination with professional and allied services.
  - (4) Lack of initiative on the part of the army health nurse.
  - (5) Personality conflicts between the army health nurse and the leaders of allied disciplines.
  - (6) Limited orientation of AMEDS personnel to the activities of the army health nurse.
- c. The army health nurse would function much better in all areas if the scope of her services were thoroughly understood by all AMEDS.
  - d. A thorough orientation to the services of the army health nurse for all AMEDS would help her realize her capabilities.

3. FACTS BEARING ON THE PROBLEM.

- a. The army health nurse program is new to the army. New disciplines frequently experience difficulties while gaining status.
- b. "People have a fear of the unknown."<sup>3</sup>
- c. The army health nurse would function much better in all areas if the scope of her services were thoroughly understood by all AMEDS.
- d. An orientation of this type is conducted at a limited number of installations. See Annex B, Letter from the Chief Army Health Nurse.

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3. Stated by Major Drucilla Poole, ANC, (Human Relations Annex), Class 8-AP-14, Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas.

- e. The services of the army health nurse are not being fully utilized at present.

4. DISCUSSION.

- a. Background material for this staff study was gathered by sampling of opinion by informal correspondence, interviews, and other references. See Annex I, Bibliography.
- b. A total of 90 questionnaires (Annex A) were sent to chief nurses, army health nurses, educational coordinators, chiefs of professional services, and training officers at both Class I and Class II installations.
- c. Response to the questionnaires ranged from 20 percent to 75 percent from the various disciplines. Of the total number of 59 respondents, 45 replies, or 76.2 percent, are considered valid and 14 replies, or 23.8 percent, are considered invalid (Annex C). See Annex D for a discussion of invalid responses.
- d. This study is based on the valid replies from 20 army health nurses, 14 chief nurses, and 11 educational coordinators. The valid sampling from the chiefs of professional services and the training officers was too small to be used in the study.
- e. Each question from the questionnaire will be discussed separately.
  - (1) Question 1: Is an orientation to the army health nursing program being conducted for the following AMEDS personnel on your post? (Annex E)



- (a) Of the 20 valid replies by the army health nurses, only 1 stated that all AMEDS personnel are oriented; 5 stated that some ANC members only are oriented; and 4 stated that no orientation is conducted.
- (b) Of the 14 valid replies by chief nurses, 1 has no orientation program; 1 orients no ANC members; and 1 stated that all incoming personnel have an orientation.
- (c) Of the 11 valid replies by educational coordinators, 1 has no orientation; 2 stated that ANC members only are oriented; and 3 stated that they orient all ANC members only. No educational coordinator stated that all AMEDS personnel are oriented.
- (2) Question 2: This question is in several parts (Annex F).
- (a) If you do have such an orientation, who conducts it? Responses to this question were received from over 75 percent of the respondents. Over 50 percent of the orientations are conducted by the army health nurse.
- (b) How long is the orientation? Answers varied from 15 minutes to one-half day. The average time stated by all three groups is 30 minutes.
- (c) How often is it given? Answers varied from

"on arrival" to yearly. On arrival or initial orientation was the most frequent response from all three groups.

(d) Is it conducted by verbal orientation, observation of activities, tour through the facilities? The chief nurses stated that orientation is conducted by verbal and tour most of the time. The educational coordinators and the army health nurses stated that the orientation is verbal most of the time.

(e) If the orientation is verbal, are the following army health nurse services mentioned?

1 At the request of the doctor, the army health nurse explains medical instructions to the patient and his family on the ward, in her office, or in the home.

Mentioned \_\_\_\_\_ Not mentioned \_\_\_\_\_

The majority of the chief nurses and half of the educational coordinators and army health nurses answered "yes" to this question.

2 The army health nurse assists in referring individual family members to community agencies at the request of the doctor.

Mentioned \_\_\_\_\_ Not mentioned \_\_\_\_\_

Approximately half of all the nurses

answered "yes" to this question.

- 3 The army health nurse teaches and demonstrates measures for prevention and control of communicable disease.

Mentioned \_\_\_\_\_ Not mentioned \_\_\_\_\_

Over three-fourths of the chief nurses answered "yes" to this question.

About one-half of both educational coordinators and army health nurses answered "yes" to this question.

- 4 She implements sound principles of prenatal care, maternal hygiene, and care of the newborn by: lectures and demonstration method in the classroom, and by home visits.

Mentioned \_\_\_\_\_ Not mentioned \_\_\_\_\_

Over half of the chief nurses and army health nurses answered "yes" to this question. Almost half of the educational coordinators answered "yes" to this question.

- 5 She supervises health care of infant, preschool child, and adult through office, and home visits.

Mentioned \_\_\_\_\_ Not mentioned \_\_\_\_\_

About half of all the nurses answered "yes" to this question. It is believed

better response would have been received from the army health nurses if not so many things had been included in this question. They do not all make home visits.

- 6 She makes followup visits to convalescent patients, as designated by the doctor.  
Mentioned\_\_\_\_\_ Not mentioned\_\_\_\_\_

This question was answered "yes" by about half of the educational coordinators and army health nurses. Approximately three-fourths of the chief nurses answered "yes" to this question.

- 7 The army health nurse assists the post surgeon with liaison activities with local health authorities.

Mentioned\_\_\_\_\_ Not mentioned\_\_\_\_\_

This question was answered "yes" by over half of the chief nurses and by about one-fifth of the educational coordinators. The affirmative reply was given by less than one-third of the army health nurses. Some of these army health nurses who gave a negative reply do not work under the post surgeon.

- (f) It is believed that the results reflected by Question 2 are partially invalid. Although

it appears that the services of the army health nurse are mentioned half of the time, there is much variation in the number of AMEDS personnel who are reached in each orientation. In comparison, the chief nurses answered in the affirmative as often as the army health nurses. Since it has already been found that the army health nurse conducts over half of the orientations, it is not expected for the chief nurse, with her many responsibilities, to know the exact scope of an orientation conducted by someone else. In their remarks, several chief nurses mentioned other methods of orientation given by the army health nurse, such as Troop Information and Education programs, inservice programs, and others. It is believed that the chief nurses used these means at least part of the time in answering Question 2. Another factor which reflects the validity of the findings is that the educational coordinators, who returned more complete questionnaires than any other group, left this question blank so often when they stated that the army health nurse conducts the orientation. It is believed that the findings reflected by the army health nurses

and the educational coordinators are valid.

(3) Question 3: If you do not have such an orientation on your post, do you think there is a need for one? Yes \_\_\_ No \_\_\_ If answer is yes, what should be included?

(a) All answers to this question were "yes" with the exception of one chief nurse who does not have a program and does not feel that she needs one. Thirteen respondents who do have an orientation stated that they think their orientation is inadequate. Of these, 5 were chief nurses, 5 army health nurses, and 3 educational coordinators.

(b) Of these affirmative answers, no specific suggestions were received from chief nurses. One army health nurse believes that a brochure for all incoming personnel is sufficient. Only one educational coordinator answered specifically. Her suggestions are good. They are: introduce the army health nurse to the staff; tour of the army health nurse's office; duties of the army health nurse explained; and inform staff of proper channels necessary to secure services of the army health nurse.

(4) Question 4: At what intervals should it be conducted? There was poor response to this question.

It was not answered directly by any of the educational coordinators. One chief nurse thinks it should be conducted annually. The army health nurses varied in their opinions from "as necessary" to quarterly or annually. It is believed that these answers cannot be considered reliable because they are so vague.

- (5) Question 5: How would the incoming AMEDS be reached? The army health nurses think that the initial orientation is more important than the others. All three groups believe that inservice programs, Troop Information and Education programs, brochures, the film TF 8-8056 (The Army Health Nurse), special programs, doctors' conferences, and administrative meetings are ways of reaching the AMEDS personnel.
- (6) Question 6: What groups should be included in the orientation? This question is not clearly stated; response was poor. Some of those who have an orientation program answered and some of those who do not have an orientation failed to answer. The majority of those answering this question think that all AMEDS personnel or AMEDS plus civilian personnel with hospital contact should be included. (See Annex C)
- (7) Question 7: What obstacles would arise in initiating such an orientation?

(a) Response to this question was good. Four army health nurses stated that no obstacle is anticipated if brochures or the army health nurse film is used. The time element was most frequently mentioned by all three groups as an obstacle. Other things mentioned were: poor liaison between the army health nurse and the chief nurse; lack of understanding and interest in the program; and personality conflicts between the army health nurse and the hospital staff. (See Annex H)

- 1 Several chief nurses and educational coordinators made favorable comments and showed concern about the obstacles to the army health nurse program. They frequently mentioned current contributions of the army health nurse to such programs as inservice or troop Information and Education.
- 2 The four educational coordinators who made remarks, stated that they felt the army health nurse has a very important part in patient and family care. They stated that they could and should do more to help her spread her gospel.



3 Two chief nurses went into detail, praising the army health nurse and her program at their installations. Others also made favorable comments.

4 Of the two chief nurses who have no orientation, one stated that although there is a personality conflict between her and the army health nurse, this is unusual. She stated that she feels the army health nurse is a vital member of the medical family. The other chief nurse who has no orientation program indicated definite negative feelings toward army health nurses in general. It is felt these remarks are the only comments which are not presented objectively. Three other chief nurses gave constructive criticisms of the program.

(b) From the above comments, there is an indication that the army health nurse has more support from these other two disciplines than she thinks she has.

f. It is believed that better response to questions 4, 5, 6, and 7 would have been obtained, had these questions not followed Question 3, which was directed to people who do not have an orientation. Many of

the respondents who do have an orientation left these questions blank.

5. CONCLUSIONS.

- a. Very few installations have a formal orientation for all AMEDS personnel.
- b. Some installations have no formal orientation.
- c. Small groups of AMEDS personnel are reached frequently as an informal orientation at most installations.
- d. AMEDS officer personnel are reached much more often than enlisted personnel.
- e. ANO members are reached more often by such an orientation than any other group.
- f. There is a need for orientation of all AMEDS personnel to the army health nurse program.
- g. Over half of the orientations are presented verbally by the army health nurse.
- h. The average length of the orientation is approximately 30 minutes.
- i. The frequency and the scope of the orientation has not been determined.
- j. A brochure or brochure and the film, TF 8-8056 (The Army Health Nurse), used in combination, for either large or small groups would be a good method of reaching all AMEDS personnel.
- k. Although there are many obstacles, the greatest number of these to a formal orientation are the time factor and shortage of personnel.

- l. Only part of the survey produced valid results.
  - m. If the questionnaire were rephrased, it would produce reliable results.
  - n. The survey was too small to be generalizeable.
6. RECOMMENDATIONS.
- a. That army health nursing brochures be given to all incoming AMEDS personnel upon arrival at the installations.
  - b. That a formal orientation program be presented to the arriving AMEDS personnel, if practical.
  - c. That the film TF 8-3056 be used effectively as part of the orientation, preferably in combination with a verbal orientation by the army health nurse.
  - d. That the army health nurse present programs for small groups of AMEDS personnel frequently.
  - e. That the army health nurse enlist the aid of the educational coordinator in order to reach as many groups as possible.
  - f. That the army health nurse make an endeavor to establish and maintain a good working relationship with nursing service and all other allied disciplines.

NANCY E. LOWE  
Captain, ANC

ANNEXES: A--Questionnaire With Letter of Transmittal  
B--Letter From the Chief Army Health Nurse  
C--Questionnaires Sent, Responses, and Validity of Replies

D--Discussion of Invalid Questionnaires

E--Question Number 1

F--Question Number 2

G--Question Number 6

H--Question Number 7

I--Bibliography

CONCURRENCES (omitted)

NONCONCURRENCE (omitted)

**ANNEX A to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961**

**MFSS, BAMC, 8-A-F14  
Box 545,  
Ft. Sam Houston, Tex.  
18 September, 1961**

**Attention:**

**Dear**

I am a student in the 8-A-F14 class at Medical Field Service School, Brooke Army Medical Center. I'm doing a staff study on an orientation to the army health nurse program, for incoming officers and EM's, on arrival at a new assignment.

I am very interested in this subject, because I feel that many times, the services of the army health nurse are not utilized to the best advantage. Some people may not realize that she is available, and others may not understand what she has to offer in her program.

I feel that, if all personnel reporting to the hospital had such an orientation on arrival, the services of the army health nurse would be utilized to better advantage.

Will you please answer the following questionnaire, and mail it back to me in the self addressed, stamped envelope at your earliest convenience? It will be of great assistance to me in my study. If you will return it before 20 October, 1961, I will appreciate it.

If you wish to make any comments on the back of the questionnaire, feel free to do so. No signature is required.

**Thank you very much for your co-operation.**

**Sincerely yours,**

**2 Incl**

**Nancy E. Lowe,  
Capt. AMC**

Questionnaire

1 Is an orientation to the army health nursing program being conducted for the following incoming AMEDS personnel on your post? Check one:

	<u>all</u>	<u>some</u>	<u>none</u>		<u>all</u>	<u>some</u>	<u>none</u>
MC's	___	___	___	AMSC's	___	___	___
MSC's	___	___	___	EM's	___	___	___
ANC's	___	___	___	EW's	___	___	___

2 If you do have such an orientation, who conducts it? \_\_\_\_\_

How long is the orientation? \_\_\_\_\_ How often is it given? \_\_\_\_\_

Is it conducted by verbal orientatio,n, observation of activities, tour through the facilities? (Please circle the method used).

If the orientation is verbal, are the following army health nurse services mentioned?

At the request of the doctor, the army health nurse explains medical instructions to the patient and his family on the ward, in her office, or in the home. Mentioned. \_\_\_\_\_ Not mentioned. \_\_\_\_\_

The army health nurse assists in referring individual family members to community agencies at the request of the doctor. Mentioned. \_\_\_\_\_ Not Mentioned. \_\_\_\_\_

The army health nurse teaches and demonstrates measures for prevention and control of communicable disease. Mentioned \_\_\_ Not mentioned. \_\_\_\_\_

She implements sound principles of pre-natal care, maternal hygiene, and care of the newborn by: lectures and demonstration method in the classroom, and by home visits. Mentioned \_\_\_ Not Mentioned \_\_\_

She supervises health care of infant, preschool child, and adult through office , and home visits. Mentioned. \_\_\_ Not mentioned. \_\_\_

She makes follow up visits to convalescent patients, as designated by the doctor. Mentioned \_\_\_ Not Mentioned \_\_\_

The army health nurse assists the post surgeon with liaison activities with local health authorities. Mentioned \_\_\_ Not Mentioned. \_\_\_

3 If you do not have such an orientation on your post, do you think there is a need for one? Yes \_\_\_ No \_\_\_ If answer is yes, what should be included? (Please elaborate on back of questionnaire).

4 At what intervals should it be conducted?

5 How would the incoming AMEDS be reached? (Please elaborate on back).

6 What groups should be included in the orientation?

7 What obstacles would arise in initiating such an orientation? (Please elaborate on back).

8 What is your present position?

**ANNEX B to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961**

**COPY OF LETTER FROM THE CHIEF ARMY HEALTH NURSE**

**MEDPS-PH**

**22 August 1961**

**Captain Nancy E. Lowe, ANC  
MPSS, Course 8AP14  
Brooke Army Medical Center  
Fort Sam Houston, Texas**

**Dear Captain Lowe:**

**It is good to hear that you are considering doing a study on "Orientation of AMEDS Personnel to Health Nursing." This area needs some attention.**

**The scope of the orientation I had reference to was particularly the officer AMEDS personnel; doctors, nurses, dentists, social workers, psychologists, administrative officers, detachment commanders, etc. The problem is that an orientation of this type is conducted at a limited number of installations. The result is that an officer may be assigned for several months before he or she is aware of the health nursing service and consequently has not utilized the service. My opinion is that a good orientation would acquaint the newly assigned officer of these services shortly after arrival so the result would be early utilization of this service for families or individuals who are in need of follow-up. The problem is how to approach such an orientation.**

**I would suggest that you contact a random sample of health nurses, chief nurses, educational co-ordinators, training officers and chiefs of professional services who would be responsible for orientation of medical officers. It might be advisable to also contact the medical officer responsible for intern and residency training at hospitals where such programs are conducted. This way you would get opinions from the various disciplines represented in the AMEDS and from individuals who are concerned with orientation programs.**

**I am inclosing a list of chief nurses and health nurses. Since it is not feasible to obtain in all instances the names of training officers, educational co-ordinators, chiefs of professional services, etc., I suggest you consider contacting them by addressing your questionnaire to the US Army Hospital, ATTN: Chief, Professional Service, ANC Education Co-ordinator, etc.**

I believe you will receive a more enthusiastic response in this way than by asking the health nurse to distribute the questionnaires.

These are the recommendations I have to make regarding the questions:

1. Add "if not specify what AMEDS personnel receive from such an orientation." Ask respondent to circle which groups do receive it; ANO, MC, MSC, EM.
2. Instead of "elaborate" state "Specify whether it consists of verbal orientation, observation of activities, tour through facilities, or other methods."
3. Include "What groups do you think should be included in the orientation?"

No comments on 4 - 3.

I would suggest adding a question regarding the length of such an orientation.

To my knowledge there are few orientation programs at present that include health nursing. You might contact Major Meyer at Fort Knox and Captain Rancourt at BAMC. They should be able to give you some information. Major Kain in the Department of Preventive Medicine at MPSS would also be a good resource person as she is going to discuss this subject at our short course in October 1961.

When you have designed your questionnaire, I will be happy to review it again. However, I will be on leave until 1 September, so perhaps that will be too late. If it is in the office when I return on 2 September, I will give it immediate attention.

Best of luck to you in this endeavor. It will be a valuable contribution to the health nursing service. But I do believe you should contact personnel other than health and chief nurses as I suggested.

Let me hear from you if I can be of further assistance.  
Best wishes.

Sincerely yours,

2 Incl  
as

c/  
MERCEDES N. FISCHER  
Major, ANO  
Preventive Medicine Division



ANNEX J to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961

**QUESTIONNAIRES SENT, RESPONSES, AND VALIDITY OF REPLIES**

The number of questionnaires sent and the number of replies are as follows:

INDIVIDUALS	INSTALLATION				TOTAL	
	CLASS I		CLASS II		Sent	Replied
	Sent	Replied	Sent	Replied		
Chief nurse	15	11	6	5	21	16
Educational co-ordinator	10	7	6	5	16	12
*Army health nurse*	27	18	6	6	33	24
**Chief of professional services**	5	3	5	2	10	5
***Training officer***	5	1	5	1	10	2
<b>TOTALS</b>	<b>63</b>	<b>40</b>	<b>28</b>	<b>19</b>	<b>90</b>	<b>59</b>

\*These installations had two health nurses. The answers to these questionnaires were combined for each installation.

\*\*Questionnaires were not used in the study.

\*\*\*Questionnaires were not used in the study.

The replies from each group questioned are as follows:

TYPE GROUP	TOTAL RESPONSE, EACH GROUP (%)	VALIDITY OF RESPONSES (%)	
		Valid	Invalid
Chief nurse	61.5	87.5	12.5
Educational Co-ordinator	75.	91.7	8.3
Army health nurse	72.7	95.5	4.7
Chief of professional services	50.	20.	80.
Training officer	20.	10.	90.

**ANNEX D to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961**

#### **DISCUSSION OF INVALID QUESTIONNAIRES**

Of the invalid questionnaires, two were completed by someone other than the chief nurse or her assistant.

One questionnaire from both an army health nurse and an educational coordinator was disqualified because the army health nurse at that installation is not functioning in that capacity.

Of the five questionnaires returned by the chiefs of professional service, only two were filled out by the chief or his assistant. They were completed by either the army health nurse or the educational coordinator, with the concurrence of the chief.

Of the two questionnaires returned by the training officers, only one was filled out by the training officer himself.

The percent of valid replies from the training officers and the chiefs of professional service constitute only a small percentage; therefore, these questionnaires were not used in the study.

ANNEX B to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961

**QUESTION NUMBER 1**

Is an orientation to the army health nursing program being conducted for the following incoming AMEDS personnel on your post?

	ALL			SOME			NONE			NO ANSWER		
	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)	(1)	(2)	(3)
MC	4	2	2	2	3	6	1	2	5	7	1	7
MSC	2		2	3	3	2	2	6	5	7	2	11
ANC	11	7	10	2	2	5	1	2	5			
AMSC	4		1	3	4	2	2	7	10	5		3
EM	3	1	1	3	2	1	2	7	6	5na	1	12
HW	3	1	2	6	2	1	2	7na	7	3	1	9

1 equals chief nurse  
 2 equals educational coordinator  
 3 equals army health nurse  
 na equals not applicable

Responses from:

Chief nurse based on 14 questionnaires  
 Educational coordinator based on 11 questionnaires  
 Army health nurse based on 20 questionnaires

ANNEX F to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961

QUESTION NUMBER 2

If you do have such an orientation, who conducts it?

RESPONSES FROM:	CONDUCTED BY:		
	Chief nurse	Educational coordinator	Army health nurse
Chief nurse	2	2	9
Educational coordinator	2	1	6
Army health nurse	2	2	10

Is it conducted by verbal orientation, observation of activities, tour through the facilities?

HOW ORIENTED?	ANSWERED BY:		
	Chief nurse	Educational coordinator	Army health nurse
Verbal	3	4	8
Verbal and tour	4	2	2
Verbal and observation	1	1	3
Verbal, tour, and obsn	2	2	1
Tour	0	0	2
No answer	3	2	4

At the request of the doctor, the army health nurse explains medical instructions to the patient and his family on the ward, in her office, or in the home.

	Mentioned	Not mentioned	Not answered
Chief nurse	9	2	3
Educational coordinator	6	2	3
Army health nurse	10	4	6

The army health nurse assists in referring individual family members to community agencies at the request of the doctor.

	Mentioned	Not mentioned	Not answered
Chief nurse	6	4	4
Educational coordinator	5	2	4
Army health nurse	12	2	6

The army health nurse teaches and demonstrates measures for prevention and control of communicable disease.

	Mentioned	Not mentioned	Not answered
Chief nurse	10	2	2
Educational coordinator	5	2	4
Army health nurse	10	4	6

She implements sound principles of prenatal care, maternal hygiene, and care of the newborn by: lectures and demonstration method in the classroom, and by home visits.

	Mentioned	Not mentioned	Not answered
Chief nurse	9	2	3
Educational coordinator	6	1	4
Army health nurse	12	1	7

She supervises health care of infant, preschool child, and adult through office, and home visits.

	Mentioned	Not mentioned	Not answered
Chief nurse	6	3	5
Educational coordinator	6	5	0
Army health nurse	12	1	7

She makes followup visits to convalescent patients, as designated by the doctor.

	Mentioned	Not mentioned	Not answered
Chief nurse	10	2	2
Educational coordinator	5	2	4
Army health nurse	10	5	5

The army health nurse assists the post surgeon with liaison activities with local health authorities.

	Mentioned	Not mentioned	Not answered
Chief nurse	9	2	3
Educational coordinator	2	4	5
Army health nurse	6	6	8

**ANNEX G to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961**

**QUESTION NUMBER 6**

**What groups should be included in the orientation?**

GROUPS TO BE ORIENTED	RESPONSE FROM:		
	Chief nurse	Educational coordinator	Army health nurse
All AMEDS--officer and enlisted personnel	1	3	6
All officer AMEDS		1	1
All AMEDS and civilian personnel with patient contact	2		1
All ANC	1		



ANNEX H to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming ANEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned); 20 November 1961

QUESTION NUMBER 7

What obstacles would arise in initiating such an orientation?

OBSTACLES	RESPONSE FROM:		
	Chief nurse	Educational coordinator	Army health nurse
Poor salesmanship on part of army health nurse	1		1
Poor liaison and coordination between nursing service and army health nurse	1		
Shortage of personnel	2	1	2
Poor support of army health nurse by chief nurse and other chiefs of service	1		2
Commitments of army health nurse	1		
Personality conflicts between army health nurse and staff	1		
Resentment and lack of understanding of a new program	1		1
Lack of time	2	1	4
Assembling ANEDS for conference		1	
Remoteness of army health nurse and staff	1	1	
No insurmountable obstacles			2

ANNEX I to Staff Study (An Investigation of Orientation to Army Health Nursing, for all Incoming AMEDS Personnel of Class I and Class II Installations Where an Army Health Nurse is Assigned), 20 November 1961

## BIBLIOGRAPHY

### Books

Brown, Amy Frances, Research in Nursing, Philadelphia: W. B. Saunders Co., 1958. Ch. 11, pp. 219-46.

Chapter 11, Questionnaire Study of the Teaching of Medical Nursing.

Excellent background material for process of preparing questionnaire, and analyzing data. Good examples of tables, preparation of statistics.

Heidgerken, Loretta E., The Improvement of Nursing Through Research, Washington 17, D.C.: The Catholic University of America Press, 1959. Pp. 42-57.

"Interpreting Data Meaningfully" by Eugene Levine.

There is no easy method for interpreting data. The nature of statistical data discussed. Guide questions related to data in general discussed: What is data to be used for, variables, sample of what group? Are bases of comparison sound? Cause and relationship, misleading statements discussed. Understandable for a beginner.

### Department of the Army Publications

AR 40-6, Medical Service--Army Nurse Corps, Department of the Army, Washington 25, D.C.: U.S. Government Printing Office. April 9, 1959.

Refers to AR 40-551.

AR 40-551, Medical Service--Army Health Nursing Program, Department of the Army, Washington 25, D.C.: U.S. Government Printing Office. November 1, 1960.

Program refers to TM 8-272. Gives general information about program.

TM 8-272, Manual for Army Health Nurses, Department of the Army, Washington 25, D.C.: U.S. Government Printing Office. November, 1959.

Manl contains detailed information about the army health nux<sup>n</sup>s program. Par. 10a, "Organization," explains line ohwals. Par. 12, "Determining Health Nursing Needs of themstallation," was used as background material.

### Letters

Diekroer, Louella, Lt. Colonel, ANC, Chief Nurse, Ft. McPherson USAH, eorgia.

Lt. Colonel Diekroeger was my chief nurse. In an informal letr, she suggested interviews if practical, along with thequestionnaires.

Fischer Mercedes M., Major, ANC, Chief Army Health Nurse, Preventi Medicine Division, Office of The Surgeon General, Washiton, D.C.

Maj Fischer suggested this subject for a staff study. Sheave me invaluable help by reviewing my questionnaire andiving me suggested changes. Copy of her letter is conined in an annex.

### Interviews

Puhlig, Iary, Major, ANC, Army Health Nurse, West Point, N.Y. Interviewed 24 August 1961.

Majr Puhlig was a student at Medical Field Service School, attiding another course. She gave me some suggestions abot pertinent questions to be used in the questionnaire.

Rancourt, Dorothy, Major, ANC, Army Health Nurse, Brooke Army Mediol Center, Ft. Sam Houston, Texas. Interviewed 22 Augst 1961.

Majr Rancourt stated that she thought that there was an urgt need to reach all AMEDS personnel in some fashion. Sheid not know if a formal orientation would be the ans- werit most posts. She stated that it was impossible for herte reach everyone.

### Films

TF 8-806, "The Army Health Nurse."