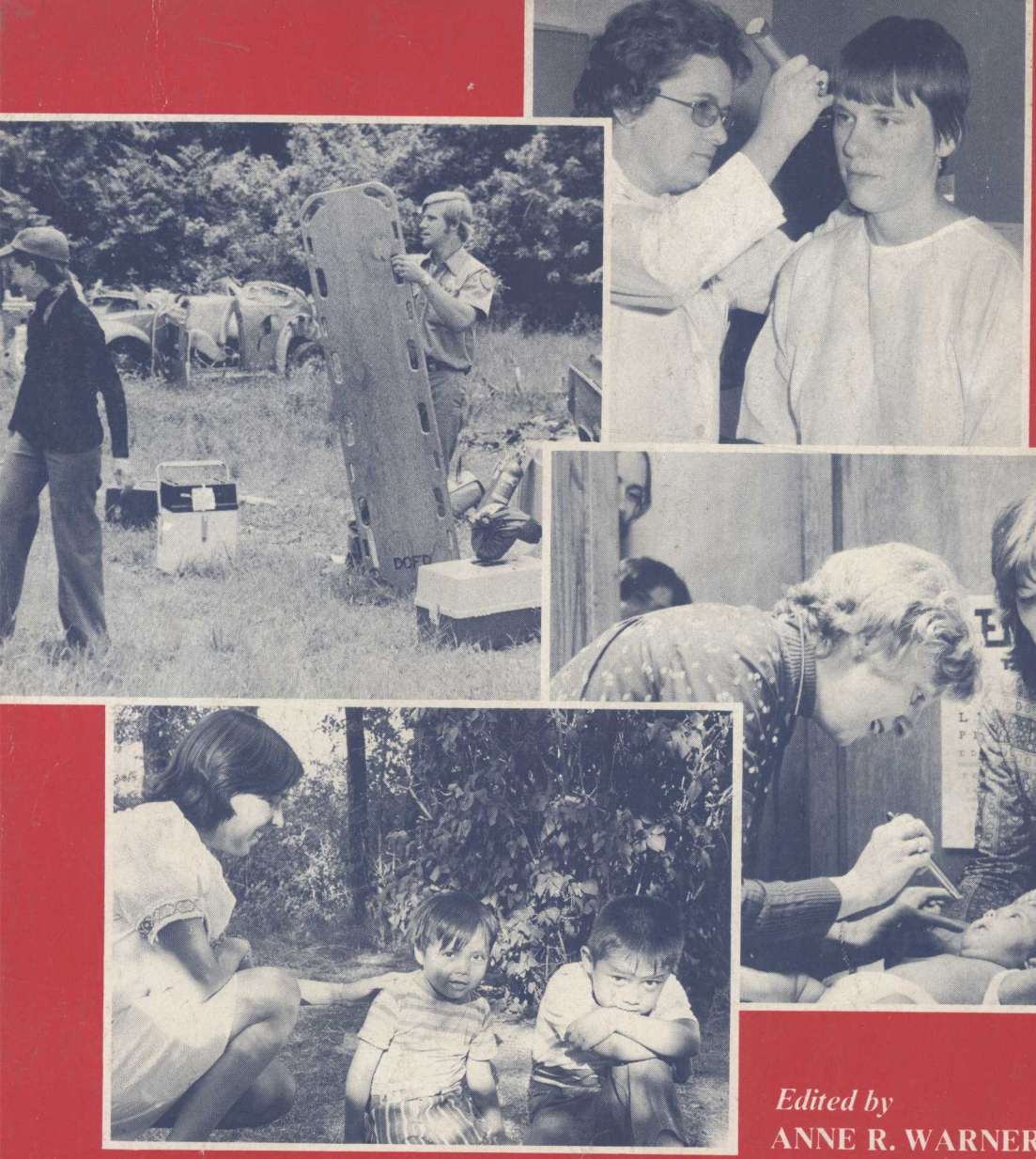

Edited by
ANNE R. WARNER

INNOVATIONS IN COMMUNITY HEALTH NURSING

HEALTH CARE DELIVERY IN SHORTAGE AREAS

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Edited by

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重庆医科大学附属第一医院图书馆
馆藏专用章

with 23 illustrations

THE C. V. MOSBY COMPANY

Saint Louis 1978

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Printed in the United States of America

Distributed in Great Britain by Henry Kimpton, London

The C. V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63141

Library of Congress Cataloging in Publication Data

Main entry under title:

Innovations in community health nursing.

Bibliography: p.
1. Community health nursing—United States.
2. Nurses—United States—Biography. I. Warner, Anne R., 1928- [DNLM: 1. Community health nursing—United States. WY106 158]
RT98.I56 610.73'43'0973 77-20114
ISBN 0-8016-5350-9

C/M/M 9 8 7 6 5 4 3 2 1

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FOREWORD

This is not an ordinary book about health care delivery. Rather, it presents the very heart of community health nursing and introduces the new pioneer nurses—nurses whose courage, imagination, and commitment are bringing high-quality health services to the underprivileged.

Providing for the health needs of the community has always been a challenge to innovative nurses. There is no captive population to be enclosed in institutional walls, no single individual with a neatly circumscribed treatment plan. Instead, individuals are in their own environment, with their state of health obviously affected by family, friends, neighbors, home, job—or their absence. These potential clients are free to accept or reject the health care providers and the services offered, and providers fail in their health mission unless they consider not only the "patient" but also those "significant others" and the total environment to which they relate. Two of nursing's first pioneers made that decision when, in 1893, they moved into a tenement in New York's East Side, "free from every form of control, without benefit of managers, committees, medical encouragement, or police approval,"* and provided broad health services (the sick and health nursing for families advocated by Florence Nightingale) and acted as advocates for their clients in their health and social needs. In the new century, just after the Great Depression, it was nurses who, with newly available federal funds, provided the wide variety of community-based health services established in the neglected rural areas.

Today, in a considerably more sophisticated medical world, it is again the nurses who are reaching out to the underserved. In some cases they are utilizing skills and knowledge that were once considered the prerogatives of medicine, but their care is based primarily on those elements which have always been nursing. In the twenty-two vignettes that follow, we are given a thought-provoking glimpse of the men and women who, integrating these components of care, were willing to take both professional and personal risks to challenge the status quo. While maintaining their valued independence they

*Lillian Wald, Nursing Outlook **19**:660, 1971.

recognized the need for interdependence with nursing colleagues, other disciplines, and clients. It is clear that success was largely due to the focus on the needs of clients rather than on the egos of providers. This manifestation of the true team spirit adds another dimension to these discussions, without detracting from each individual's nursing image.

Innovations in Community Health Nursing has the unique quality of being able to reach a variety of audiences. Although the broad view of community health is not lost, the pivotal figures are nurses who tell their stories in a straightforward manner, frequently with humor, and with remarkable insight into failures and successes. This reality factor will be appreciated by practicing nurses, who at the same time will have an opportunity to learn about a kind of nursing they do not often see. For nursing students, *Innovations* provides exciting role models and introduces new career options. For faculty, the situations presented will enhance courses in community health nursing and classes in communication, professionalism, law, interdisciplinary practice, ethics, management, health teaching, and nursing trends and issues. For physicians and other health professionals, the book should enhance understanding of the new breed of nurses who are colleagues in the fullest sense of the word. And finally, for students in high school and college, and even the general public, the book will certainly shatter the nursing stereotype and encourage recruitment within the nursing profession.

Whoever they are, readers will learn a great deal about the problems and complexities of modern health care and the crucial role nursing can play in widely diverse settings. They will probably enjoy it, since the discussions are eminently readable. And it cannot be amiss to say that all of us who are nurses will be proud of our new pioneers, so ably representing the spirit of our nursing forebears.

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PREFACE

Opportunities have never been more varied for registered nurses to function as creative, innovative leaders in the delivery of health care. Nowhere is this more evident than in the field of community health nursing. Inner city clinics, rural health centers, multidisciplinary health teams, group practices, outreach programs, mobile health units, and independent nursing practices testify to the many options available to today's nurses.

This book is designed to offer the nursing student and the nurse in practice a look at the world of community health nursing in "shortage areas"—those inner city and rural areas of the country where traditional health care services do not exist or where needed health care is inaccessible to most of the population. Intended as a supplement to basic textbooks in community health nursing, it is an effort to bridge the gap between the ideal and the real. It brings together the experiences of dynamic, creative practitioners who are finding new solutions to old problems and to problems never faced before. It communicates the challenge of making independent decisions (sometimes without precedent), the personal as well as professional fulfillment achieved by performing at one's highest potential, and the recognition that communities can accord the primary health care provider.

In addition to its use as a supplemental text in courses in community health nursing, this book will also be of interest to practicing community health nurses and nurses in other areas who are considering changes in their professional careers. Many alternatives are suggested in the unique practices described in the different chapters. This book may also be useful to high school students who are considering a future in the health field, since it presents many unusual options open to them if they choose nursing as a career.

Within this book, twenty-two registered nurses share with the reader their world of community health nursing. Their discussions demonstrate the expanded role of nurses in assessment, planning, and intervention. They show nurses as community leaders, as strong members of health care teams, as independent practitioners, as health educators, and as primary health care providers. The contributing authors represent a wide variety of geographical,

familial, educational, and experiential backgrounds—nurses from diploma schools and doctoral programs; those born in other countries as well as the United States; minority members of the profession (black, Spanish-American, male) as well as the majority; nurses practicing in remote rural areas, in congested inner cities, in small towns, and in medium-sized cities; nurses involved in programs funded by private as well as public monies. Presented here is a panorama of community health nursing in its broadest sense—as it is actually being practiced today.

Nurse contributors were asked to include a description of the program, project, or practice situation in which they are involved; their own educational background and the previous experience that led them to their present practice; a description of the geographic location and setting of the practice and the kinds of people living there; the kinds of patients or clients they see; the particular diseases, illnesses, and accidents they treat; the procedures and therapies they regularly use; their relationships with other health professionals in the program or in the area; the problems and challenges they face; the personal and professional satisfactions they have experienced. Many have included anecdotes, serious and humorous, that serve as illuminating examples of typical situations in their practice. All viewpoints expressed in the chapters are those of the individual nurses.

Innovations in practice ultimately demand innovations in educational preparation. Some of these creative programs are described within this book as perspectives for future planning.

I am indebted to many people for their advice, assistance, and encouragement during the compilation of this material. Special thanks go to Essie M. Williams, my long-time secretary, in the typing of the manuscript and to Dr. Richard C. Warner, my husband, for his patience and devoted support during its preparation.

Anne R. Warner

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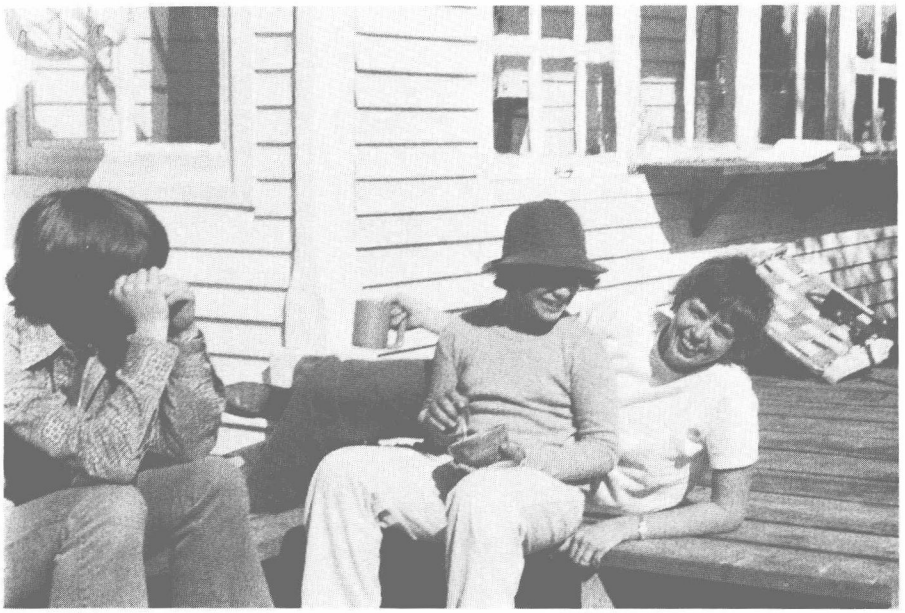
CONTENTS

1

"ENHANCEMENT"—A NEW APPROACH TO EMOTIONAL HEALTH CARE

Mary T. Bayer



Mary Bayer (back right) converses with two young people during children's "survival workshop" in Temple, Maine.

Mary Bayer came to nursing by way of a circuituous route. After studying journalism and Spanish at Lawrence University in Wisconsin, she married, spent several years accompanying her husband on Air Force assignments, had two children, and provided a foster home for adolescent girls (who provided her with her first lessons on "enchanced parenting"). She earned a B.S. in nursing at the University of Maine while working part time in a local hospital, after which she worked as the staff nurse at the Tri-County Mental Health Center, Oxford County, Maine, for several years before establishing a private practice in mental health consultation and counseling. She is a mental health therapist who conducts group sessions and makes home visits in Dixfield, Temple, Richmond, and the rural hinterlands of that section of Maine.

Nursing in rural Maine, the "boonies" to a city person like me, offers an opportunity for creativity that seldom can be found in more urban areas. The reasons are simple—resources are limited, distances are great, and health maintenance and education are almost nonexistent for most of the population. In short, any service that attempts to meet health needs of the community may be welcomed by most people.

In September, 1975, Deborah Hood, my psychiatric social worker friend, and I decided to establish our own independent practice partnership. We had worked together for several years in a local rural community mental health clinic that devoted its service mainly to crisis intervention and individual therapy. Debbie and I had been discouraged from forming groups, and the administration believed that the community would resist mental health education.

In establishing our practice, we assessed the needs of our county by meeting with social service agencies, physicians, women's organizations, nursing homes, community hospitals, and schools to find out which mental health needs were not being met by existing agencies. The most pressing needs for the majority of persons we interviewed were education and consultation.

We also found that many people resisted the idea of being labeled as "sick" or "crazy" and believed that most traditional agencies tend to label their clients as such. They hated the thought of being seen entering the clinic building and dreaded meeting someone they knew in the waiting room.

As we interviewed various community persons, we found that the women of our area wanted to assume more control over their lives. They expressed a need for help with parenting and a desire for better marriage, divorce, and rape counseling. They appeared to lack leadership from strong, independent female role models. Since the mental health clinics are staffed mainly by men and since there are no female physicians and few women in leadership roles in the school system in our community, Debbie and I decided to devote most of our energies to the stated needs of the women in our area.

NEW TOOLS FOR OLD PROBLEMS

We call our agency "Enhancement," and our goal is "to teach new tools for solving old problems." In addition to individual and family therapy, we offer short-term women's mental health groups, parent education classes, and children's groups. We give workshops and lectures on communication skills, human sexuality, death and dying, and a variety of other topics related to emotional health and client advocacy.

Enhancement, and the philosophy of practice behind it, represents the evolution of ourselves as persons. We believe that, as partners, our differing backgrounds, personal and professional, offer our clients a wide range of experience and expertise. Debbie, a psychiatric social worker who centered most of her graduate education in the area of group work, has been employed

in both inpatient and outpatient settings and earned her way through school working as a nurse's aide in a hospital. She is in her late twenties, recently married to her psychologist husband and, at this time, has decided against having a biological family. She is a strong feminist and is well informed on women's issues.

My early education was in journalism and Spanish at a liberal arts college in Wisconsin. After my marriage I spent the next several years accompanying my husband during three years as an Air Force officer and then five years as a graduate student. We had two children and also provided a foster home for adolescent girls.

I learned a great deal about enhanced parenting from our foster daughters. Because I was so young myself, I often consulted with the girls regarding what kind of parenting they thought they needed from us. The girls had all been in other foster homes and seemed like experts in the comments they made about good and bad parenting techniques. The lessons I learned from discussions with my foster daughters improved my own skills and gave me valuable teaching tools, which I use now in my parent education classes.

When my youngest child began school, I decided to become a nurse and enrolled in the nursing program at the University of Wisconsin-Oshkosh. I worked part time in a local hospital to finance my education, and because I wanted to spend time with my family, took only a few courses at a time. Thus I spent several years in school.

In the late 1960s I heard about the seminars in "Death and Dying" that Elizabeth Kübler-Ross, M.D., was conducting at the University of Chicago. Whenever I visited my parents in Chicago, I attended some of Dr. Ross' seminars, where I became very interested in her work with dying patients. Several years later it was thrilling to read her first book and know that I had attended some of the interviews which were quoted in the book. My interest in dying patients and involvement with them and their families continues in my private practice.

During my student days I also developed an interest in human sexuality and avidly followed the early publications by Masters and Johnson. Some of our foster daughters had been sexually abused, and my work in the hospital emergency room brought me into contact with rape victims. I also became involved in a therapy project with some inmates in the sex deviate section of the state prison and learned a great deal from this contact. This long-term interest in sexuality has added another dimension to my expertise as a mental health nurse.

COMBINING COMMUNITY HEALTH AND PSYCHIATRIC NURSING

My husband was transferred to Maine at the beginning of my senior year in the nursing program, and after the usual struggle one must go through to transfer into a school at the beginning of the senior year, I was admitted to the

University of Maine School of Nursing. I became intrigued with community health and with psychiatric nursing and had great difficulty trying to decide which area I wanted to enter after graduation. I did independent study in community mental health and, as part of my project report, developed and documented a role for a nurse in rural community mental health. Just before graduation I presented myself and my report to the mental health center in my rural county and convinced them that they needed a nurse on their staff. I was hired and I spent the next several years at the clinic where I met Debbie.

After working together for a time, we began to dream about an agency that we thought could offer a more enhancing approach to the emotional health needs of our community. We often ate lunch together and discussed some of the ideas we heard on the cassette tapes I received from several nurse friends in other areas of the country through our "Cassette Round Robin." As Debbie and I tried new approaches with our clients or read interesting articles, we passed this information on to the tape group and received feedback from the other nurses. Even though we were isolated in the "boonies," we had discovered a good way to bring the outside world to us. These friends eventually gave us support as we planned our partnership, and they continue to cheer us on now.

During my time at the clinic, I began weekly luncheon meetings with community health nurses that we called "Sandwich Seminars." We discussed a variety of topics related to nursing and developed a closeness and respect for each other's contribution to patient care. Cathy Sutton, the local public health nurse, and I became close friends and developed a particularly exciting working relationship. Cathy had been turned off by psychiatric nursing as a student, but now in her rural public health nursing assignment she was having to follow through on some referrals from the state mental hospital. She was petrified at first, but we worked together and she learned not to be afraid of "crazy people." Cathy was so successful in reaching some clients and helping them to stay out of the hospital that she has attained recognition from the staff at the state hospital. She and I often give workshops and lecture together along with some of the clients we have shared. Now that I am in private practice we still give each other referrals, and Cathy holds the Sandwich Seminars at her office. Many of our discussions center around some of the innovative things that Debbie and I are doing with our clients. As we discover new methods that work for us, the nurses try them with their clients and report their findings to us. These nurses represent an important testing ground for some of the research that Debbie and I are doing.

PHILOSOPHY OF PEER THERAPY

Our experience and conversations with clients, colleagues, and friends plus years of trial and error within a basically authoritarian health care system

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