

HOME NURSING CARE NEEDS IN RURAL KOREA**

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I. Introduction

1. Justification

The process of industrialization and urbanization of Korean society and increasing diversification and specialization of health services available in it have led the general public to a growing awareness of their health needs. The pattern of health problems also is changing to show an increasing incidence of new types of diseases caused by factors attributable to socioeconomic development. The death rate lowered through improved nutrition and living standards as well as the development of medical technology has increased the proportion of the aged in the structure of the population.

A recent report forecasted that by 2030, the proportion persons in the age bracket of 65 and above in the population of the United States would 17 percent, and those in the age bracket of 75 and above would increase in number faster than those in the age bracket of 60-74. (Haltiwanger, 1982) In another report it was suggested that to fight effectively the health problems of the aged whose diseases are predominantly chronic in nature, home nursing care must be fully developed so that it could be provided according to professional standards. (Hennessey and Gorenberg, 1980)

By the mid 1970's home nursing care activities grew into a program that accounted for an average of more than 90 percent of the services of public health agencies

in the United States. (Stewart, 1979)

Today, the clients of home nursing care programs in the United States are primarily patients with chronic disease and the aged. The services are provided by trained personnel of health / medical teams and financed for the most part by state governments or insurance companies. The type and scope of home care provided differ from agency to agency, but are so extensive as to include physical therapy and rehabilitation, occupational therapy, simple tests and nutritional therapy and, where necessary, home management help. Although home care may be extensive in scope, its nucleus is nursing care.

In order to determine the needs for home nursing care in Korea, first, the trend of the rates of illness in the country should be understood. (Kim Chong Sun, 1977) In 1977, the rate was an average of 200 cases for every 1,000 population, By 1983, the figure was reduced to 114. 2 cases. (Hong Yo Shin et al, 1984) As of 1985, the average rate of illness per family was 1.6 cases, which meant 80 percent of the total number of families had one or more patients. In 1985, the prevalence rate was 36.5 cases for every 1,000 population (So Mun Hui et al, 1984), while the computed need for health care, based on reported contraction of disease and the will to pursue good health, was 21 percent. (Son Kon Yong et al, 1983) Both prevalence and illness rates were higher in urban areas than in rural areas, and it was pointed out that the illnesses had distinct characteristics requiring different

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countermeasures according to sex, age bracket, and disease. (Mun Hwa Hyon et al, 1982-So Mun Hui et al, 1984)

In summary, gerontological and chronic illness in the population is rising, the incidence of disease has varied patterns for the different living standards of the patients and for different categories of geographic areas, the population is becoming increasingly aware of their health needs, and the pattern of utilizing the existing medical service system is closely related to the income level of the family. Solutions to these problems should be focused on realistic planning for the health needs of the population. Especially to be noted in this connection is that the demand for home nursing care would be considerable because a significantly large portion of the population belong to families in the expanding stage. (Duvall, 1957)

Thus, there is a definite need for organized services through which a home nursing program would be readily available to all who have a need for home care. In Korea, Park et al (1981) have emphasized the importance of post-hospitalization care, mentioning the need for home nursing, and Chung(1980) has emphasized the urgent need for home nursing care services given by visiting nurses. However, no study has been done of what home nursing care services should be provided nor of the extent of the need.

The present researcher developed a check list for professional nurses to use in assessing the needs for home nursing care in Korea, and further for use in developing a nursing diagnosis classification form. It was hoped that the study would be of use in planning future home nursing programs in Korea by describing the current status of disease prevalence in Korean homes and how they are being managed.

I. Purpose and Objectives of Study

1) Purpose

The present study has the purpose of developing tools for assessing the current needs for home nursing care and furnishing a data base for planning of home nursing care services in Korea.

2) Objectives

To fulfill this purpose, the study established the following immediate objectives.

(1) What are the home nursing care needs in homes of rural communities in Korea and what factors are perceived as related to these needs?

(2) What illnesses are prevalent in rural homes and what types of home nursing care are being given there?

(3) Who gives home nursing care and what is the degree of satisfaction with that care?

3) Definitions

(1) Home Nursing care

Theoretical-The human being's need for self-care action and the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury and cope with their effects. (- Foster and Janssens, 1980) Operative-The 46 activities to restore good health at home developed by the researcher based on Orem's classification of nursing areas which consist of acting for, direct nursing care, information and guidance, support and protection, provision of healthful environments, and education(see Appendix IV). The frequencies of the responses to individual questions corresponding to the activities were used as a measure of evaluation.(Orem, 1971)

(2) Need for Home Nursing Care

Theoretical-The expectation expressed through perceptual, sensory, or intellectual into reaction, verbalized desire or behavior, that problems related to basic human needs will be met systematically, integrating the physical, psychological, spiritual and social dimensions.

Operative-The 44 conditions requiring nursing care developed by the researcher based on the 14 components identified by Henderson as the standard areas in which a nurse may be expected to give help. The results of assessments made by nurse practitioners were used for evaluation.(Henderson 1977, Hall of Lindzey, render by Lee Sang of Lee Kuan 1984)

II. Theoretical Background

1. Previous Research on Home Nursing Care

Nursing considered as a health service is an interpersonal process since it requires the social encounter of the

nurse with a patient and involves transaction between them.

According to Bell's (Elain Mc Carthy, 1976) study, 85 percent of the aged desired to spend the rest of their life at home. Of these, more than 85 percent of those in the age bracket of 65 and above had one or two chronic diseases including arthritis (38%), auditory disturbances (29%), visual disturbances, hypertension, and heart diseases (20% each) (Haltiwanger, 1982). Another study on the effect of home nursing care and post-hospitalization management of mental disease patients reported that they were effective in lowering the admission rate (Hennessey and Gorenbery, 1980) and rehospitalization rate (Hennessey and Gorenbery, 1980), and reducing the medical care costs. (Heymann, 1977) Thus, the benefits of home nursing care costs. (Heymann, 1977) Thus, the benefits of home nursing care as reported in various studies are evident in a number of aspects.

According to Litman's study of family health management, the importance of the role of the housewife in decision-making on health problems was evident, with the mother accounting for 67.8 percent and the father only 15 percent. (Haltiwanger, 1982)

In home nursing care, the patient's relative position in the family and his (or her) relations with other members of the family influenced his (or her) needs, (Littauer, 1966). Special training of other members of the family produced favorable results and the position of the patient in the family had important bearing on recovery. (Friedman, 1981)

2. Theoretical Background

The theoretical background of the present study focused on the essential issue of what nursing is. This will be discussed by considering, first, the types of nursing activities performed to restore, maintain, and promote the health of nursing care recipients, second, the giver of the nursing care, and third, the nursing care needs.

Florence Nightingale, the founder of modern nursing, defined nursing in her famous work, "Notes on Nursing", as "Nursing is a noncurative practice in which the patient is put in the best condition for nature to act... conducive to health promotion. (Torres, 1980) and emphasized that

the role of the person providing nursing care is to assist nature in her healing process. She divided nursing care into two distinct categories of general care called "health care" and artistic nursing care for patients the former representing the kind of care which all females should learn and be able to give, while the latter should be provided by professionals working in a team with other medical personnel, using scientific methods. She said, "every woman must at some time or other of the life, become a nurse, have charge of somebody's health... women who have personal charge of the health of others must have knowledge distinct from medical knowledge, which only a profession can have". (Florence Nightingale, 1949) On the other hand, she emphasized that professional nurses for patients "should nurse ought to signify the proper use of fresh air, light, warmth, cleanliness, quiet, and proper selection and administration of diet... all at the least expense of vital power to the patient". (Florence Nightingale, 1949)

Virginia Henderson identified 14 components of basic nursing as standard areas in which a nurse may be expected to help the patient. Suggesting the proposition that an individual who could meet these basic needs of nursing care without other's help was considered healthy, she emphasized that a nurse should act as an authoritative expert who helps patients to perform these functions. The 14 basic nursing components are as follows :

1. Breathe normally
2. Eat and drink adequately
3. Eliminate body wastes
4. Move, and maintain desirable postures
5. Sleep and rest
6. Select suitable clothing/dress and undress
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment.
8. Keep the body clean and well-groomed and protect the integument
9. Avoid dangers in the environment and avoid injuring others.
10. Communicate with others in expressing emotions, needs, fears, or opinions.
11. Worship according to one's faith.

12. Work in such a way that there is a sense of recreation.
13. Play or participate in various forms of recreation.
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use of the available health facilities.

Dorothea Orem described nursing care as "man's need for self-care action and the provision and management of it", (Orem, 1971) and called self care "the practice of activities that individuals personally initiate and perform on their own behalf to maintain life, health and Well-being". Orem divided self care into two types : ordinary self care representing all the activities of daily life to satisfy the basic human needs for survival, and the particular self care required only when a person has contracted a disease or sustained an injury. She described "man's need for self-care action and the provision and management of it on a continuous basis in order to sustain life and health, recover from disease or injury and cope with their effects". Noting that nursing had both artistic and technical aspects at the same time, Orem said that nursing care involved the arts of helping, method of helping, skill of helping and nursing systems. Of these, the method of helping consisted of the following activities for others : (1) acting for : (2) guiding : (3) supporting (4) providing a developmental environment and (5) teaching. She divided the system into three types : total reliance, partial reliance, and support / education, and considered that total self care could be planned for each type and could involve in the care implementation stage "acting for", help, guidance / support, teaching, and provision of an environment conducive to growth and development by the family, friends, or community members as well as by the nurse. She contended that self care should contain therapeutic acts in which (1) air, water and food, (2) elimination of body wastes, (3) activities and rest, (4) isolation and social exchange, (5) life and peace, and (6) spiritual life work as positive factors contributing to the promotion of normal functions, growth and development.

Thus, the theoretical background of this study is based on Nightingale's definition of nursing, accepts Orem's five activities as the component parts of home nursing

care, and uses Henderson's 14 components as basic framework of home care needs.

III. Methodology

1. Design

The present study represents a cross-sectional survey to identify the needs for home nursing care arising from health problems, and client perceived etiology, to classify the types of home care activities being given, by whom and with what perceived satisfaction.

2. Selection of Survey Subjects

In consideration of difficulties involved, the limitation in the time period available, and the geographical conditions involved, the present study selected residents in C-County in Kangwon Province as the survey target.

The target population consisted of 1,197 persons in 282 families residing in the areas of 11 health clinics with nurse practitioners who had agreed to cooperate with the study, out of a total of 13 clinics in the 8 townships of C County. Of this population, 1,027 persons in 239 families were selected for the survey, by leaving out districts with special health problems or districts where there had been a recent reshuffle of township officials.

For general information on the target families, householders or mothers were interviewed by the nurse practitioner. For the first objective of the study, to determine the needs for nursing care of the target families by investigating their health problems, 440 adults aged 30 years or more who were capable of communication were selected.

For the second objective of the study, to determine the illnesses in rural homes and types of home nursing care being given, 159 individuals who had been found in the general information survey to have symptoms they themselves recognized were interviewed by nurse practitioners.

3. Tools for the Study

As tools for the study, the following were developed : a nursing care needs assessment form to elicit nursing care needs centering around the basic human needs, and

a list of home care items consisting of methods of giving nursing care required for solving health problems.

1) Home Nursing Care Needs Assessment Form

This form containing home nursing care needs and their etiology was developed on the basis of Virginia Henderson's 14 (Henderson, 1966) components of nursing care by expanding them in consultation with other related literature.

Henderson's 14 basic nursing components have been classified into physical (1 through 9), psychological (10 and 14), spiritual (11) and social components (12 and 13). (Foster and Janssens, 1980)

To enhance the validity of the research tool, a total of 30 nursing professors including 4 adult nursing professors, 5 community nursing professors and 21 other nursing professors from nursing colleges were asked to evaluate each of the questions in the questionnaire using a 5-point scoring system, and the questions with a score of 3 points or less were eliminated or improved and, as a result, 44 questions were finalized for use. These questions were then improved through a pilot survey to make them easier to understand.

2) List of Home Care Items

This list was based on Orem's (1971) theory of self care.

To improve the validity of the questions, 31 nursing college professors were asked to evaluate the questions using a 5-point scoring system, and questions with a score of 3 points or less were eliminated or improved. These questions were then refined for easier understanding.

4. Data Collection

Data collection was accomplished through interviews by 11 nurse practitioners who were trained and considered qualified to determine home nursing care needs and to identify the types of home care being given. All the 11 nurse practitioners were resident in the survey districts, and familiar with the districts and their population. They were given an orientation designed to ensure consistency in their survey. They interviewed each of the target families using the developed tools.

The survey lasted from June 18 through August 7,

1985. The data were collected from 440 individuals of 30 years of age or older from 239 families and 159 clients with reported symptoms. The data recovery rate was 84.7 percent.

5. Analysis of Collected Data

The demographic and family data of the 239 target families were analyzed and tabulated by family and certain categories and their percentages computed.

The nursing care needs were divided into the four groups of physical, psychological, spiritual, and social components, and subdivided into the 14 functions. The data were tabulated and their percentages determined for the number of clients, frequencies of needs, and the etiology.

Demographic and family variables related to nursing care needs were verified using the "t" test, simple correlation and analysis of variance.

Nursing activities were classified into the five categories of acting for guiding, supporting, providing a developmental environment, and teaching. Frequencies of these categories were tabulated and their percentages determined. The degrees of satisfaction were shown in percentages and average scores. The interrelationship between client population and family characteristics were analyzed using the X^2 test.

6. Limitations

That only rural communities were selected as the target areas and that subjects were limited to adults of 30 years of age or older are limitations of the study.

IV. Results of the Study

The study included a survey of the general data of 239 families in the target area, a survey of home nursing care needs of these families with a total of 440 adult members of 30 years of age or older, and a survey of their illnesses and home nursing care for 159 patients out of a total subject population of 1,927.

1. General Data of Target Families

1) Households

Among family biographical data, family status, dynamic relations within the family, and decision-making in the family affairs were recorded. Householders were male in 88.3 percent of the families and, while most of them were 30 years of age or older(%), those of 29 years of age and younger accounted for 7.1 percent. By occupation, farmers accounted for 56.1 percent, and by education, middle school graduates 52.3 percent. Families with an annual income up to three million Korean won(US \$=850 Korean won)accounted for 77.3 percent, but the average annual income was 4,481,000 won. (Table 1.)

2) Family Status

As is shown in Table 2, nuclear families accounted for 67.0 percent of the total. By family life cycle, families in the stage of children attending college topped the list with 23.0 percent, and those in the child birth-preschool stage were least with 10.9 percent. When families were divided into larger groups, those in the expanding stage

accounted for 68.6 percent of the total. By family size, 5-person families accounted for 21.3 percent, while the average family size was 4.67 persons.

3) Dynamic Relations within the Family

Dynamic relations within the family, conflict between the decision maker and rest of the family, time spent together by the family and time enjoyed together by the family, etc. were surveyed(Tables 3 and 4).

Families who responded that there was conflict in the family numbered 61, or 26.0 percent. As for the reasons of the conflict, financial issues were most frequent, followed by conjugal discord, health problems, problems between family members, and problems related with children, in that order.

To the question if most of the burden of work in the daily life fell on any particular member of the family, an affirmative response came from 56 families, or 23.4 percent of the total, and the principal burden bearer was

Table 1. General Data on Householders

		(N=239)		
Item	Description	Frequency	Rate(%)	Average
Sex	Male	211	88.3	
	Female	28	11.7	
Age	Up to 29	17	7.1	51.92
	30-49	90	37.7	
	50-69	109	45.6	
	Over 70	23	9.6	
Occupation	Farmer	134	56.1	
	Laborer, manufacturing and transportation industries	21	8.8	
	Salesperson	21	8.8	
	Office worker	32	13.4	
	Unemployed	22	9.2	
	Employed by service industry or professional	9	3.8	
	Education	Up to primary school	70	29.3
	Middle school	125	52.3	
	High school	33	13.8	
	College or higher	11	4.6	
Annual Income (in million Korean Won)	None	8	3.3	448.1
	1-300	96	40.2	
	301-700	89	37.2	
	701-1200	38	15.9	
	More than 12	8	3.3	

either the housewife or householder. The reasons given for excessive burden of work falling on any particular member of the family were that there was no other work hand available or that there was simply too much work to do in the family.

To the question if there was any member alienated from the rest of the family, an affirmative response came from 15 families, and the reasons given were that he (or she) was an invalid, had a mental disorder, was incapacitated or was emotionally unstable. The alienated were about equally distributed among different members of the family.

Families who spent time together totalled 176, or 73.6 percent. Of the time spent together by the family, meal time had the largest share accounting for 49.3 per-

cent. Of the time enjoyed together by the family, meal time and snack time put together accounted for 64.4 percent, followed by television watching time, which, however, can hardly be called time when family members interact among themselves, as they were likely to be absorbed in the screen than exchanging dialogue or being mutually engaged.

However, families whose members got together on holidays or after supper accounted for 15.9 percent and 10.8 percent of the total number, respectively and those whose members enjoyed sports together accounted for much as 14.6 percent. As is shown in Table 4, the authority for decision making in general family affairs rested mostly with the householder. This corresponds with the report of a study on relative authority between husband

Table 2. Family Status

(N=239)

Item	Description	Frequency	Rate(%)	Average
Size	1	15	6.3	4.67
	2	32	13.4	
	3	31	13.0	
	4	51	21.3	
	5	52	21.8	
	6	27	11.3	
	7	19	7.9	
	8	12	5.0	
Family Life Cycle	Formative	6	2.5	
	Child birth / pre-school	26	10.9	
	Children attending primary school	35	14.6	
	Children attending middle school	48	20.1	
	Children attending college	55	23.0	
	Children adapting themselves to employment	17	7.1	
	Recovering, rediscovering	29	12.1	
	Retiring	16	6.7	
Composdition	Others(one-person family)	7	2.9	
	Husband and wife	21	8.8	
	Husband and wife, and children	139	58.2	
	Parents, husband and wife, and children	34	14.2	
	Widowed	37	15.5	
	One-person family	8	3.3	

Table 3. Dynamic Relations within the Family

Table 3-1. Conflict within the Family

Category	No.	(%)	Reason	No.
Families w / no conflict	178	(74.5)		
Families w / conflict	61	(26)	Financial issue	17
			Conjugal discord	18
			Health Problem	13
			Problem between members	8
			Problem related related w / children	5

Table 3-2. Time Spent Together in the Family

Category	No.	(%)	Description	NO.	(%)
Family w / no time being spent together	63	(26.4)			
Family w / time being spent together	176	(73.6)	Supper time	45	(25.6)
			Breakfast time	29	(16.5)
			TV watching time		
			Holidays, birthdays		
			Worship		
			Time after supper		
			All the time		
Family w / no time being enjoyed together	0	(0)			
Family w / time being enjoyed together	239	(100)	Meal time	93	(38.9)
			Snack time	61	(25.5)
			Sports		
			TV watching time		
			Worship		
			All the time		

and wife in Korean homes that the scope of the right to decision making of the father was much wider than that of mother in rural areas than in Seoul, with the former accounting for 54.1 percent, and the latter 27.0 percent. (White paper on Womanhood, 1985) Families in which the householder was the decision maker for overall family affairs accounted for 58.6 percent of the total number, and families in which husband and wife were co-decision makers accounted for 23.8 percent. In issues other than food management and rearing of children, the decision maker was, in most cases, the house-

holder. The issue where the rate of husband and wife being co-decision makers was rearing of children, such families accounting for 38.9 percent of the total.

4) Health Management

Of the target families, 42.7 percent carried medical insurance. This relatively high rate as compared to other rural regions was attributable to the fact that medical insurance cooperatives had been formed in this particular region.

As for household medicines, families with digestives in stock topped the list with 34.1 percent, and families

Table 3-3. Sharing Burden of Work at Home

(N=239)

Category	Number(%)	Alienated	Frequency	Reason	Frequency
Family w /burden of work being shared	183(76.6)	husband	3	Conjugal Discord	1
Family w /burden of Work falling on one Particular member	56(23.4)	Wife	3	Incapacitated	2
		Daughter	3	Low IQ	2
Family w / no one of its members alienated	224(93.7)	Son	2	Mental disorder	3
		Family-in-law	1	blind or deaf / mate	3
Family w / one of its members alienated	15(6.3)	Concubine	2	Disliked	3
				Family	2

Table 4. Decision Maker at Home by Issue

(N=239)

Issue	Decision Maker	Frequency	Rate(%)
Overall Family Affairs	Householder	140	58.6
	Jointly by husband and wife	57	23.8
	Wife	14	5.9
	Son or daughter-in-law	27	11.3
	Others	1	0.4
Food	Housewife	160	66.9
	Daughter-in-law	20	8.4
	Daughter	2	0.8
	Roomer	1	0.4
	Others	56	23.4
Earning / Spending	Householder	124	51.9
	Jointly by husband and wife	70	29.3
	Housewife	28	11.7
	Others	17	7.1
Responsibility for rearing children	Jointly by husband wife	93	38.9
	Mother	62	25.9
	Father	35	14.6
	All together	11	4.6
	Grandmother	9	3.8
	Not applicable	29	12.1
Health problems	Householder	94	39.3
	Jointly by husband and wife	70	29.3
	Housewife	46	19.2
	Son or daughter-in-law	12	5.0
	Others	17	7.1

with sedatives in stock accounted for 15.7 percent of the total number. Abuse of sedatives is cause of concern for the health protection of the population as it can disrupt treatment of disease by making early discovery and accurate diagnosis difficult, or may cause confusion of temporary relief of pain with a sign of recovery. As for

morbidity, those presently with symptoms accounted for 23.9 percent, those who had had symptoms for 15 days 11.3 percent, and those who had had chronic diseases for more than one than one year 64.8 percent of the total number of the target individuals(Table 5).

Table 5. Status of health Management

Table 5. Status of Health Management

(N=239)

Category	Description	Frequency(%)
Source of medical expenses	Medical Insurance	102(42.7)
	Medical welfare	25(10.5)
	Resources	109(45.6)
	Others	3(1.3)
Household Medicines	Sedatives	47(15.7)
	Antipyretics	61(20.4)
	Digestives	102(34.1)
	External Medicines in Stock	89(29.8)
Morbidity	Presently ill	38(23.9)
	During last 15 days	18(11.3)
	1 year or longer	103(64.8)

2. Needs for Home Nursing Care

The needs for home nursing care were surveyed for 140 adults of 30 years of age or older, or 30.9 percent of 1,027 persons the total population of the 239 families.

By sex, females outnumbered males with 52 percent of the total, and by age, those 60 years of age or older accounted for 26 percent. By occupation, farmers accounted for 15 percent and, by educational background, those who had primary school education or lower accounted for 75.2 percent.

1) Home Nursing Care Needs

Subjects requiring nursing care for normal breathing totalled 101, of whom 62.4 percent were experiencing difficulties in breathing, 29.7 percent were feeling pain when breathing, and 7.9 percent were wheezing.

For home nursing care needs related to adequate eating and drinking, needs for adequate fluid intake were most frequent with 52.5 percent, followed by needs for adequate food intake with 29.3 percent, and needs for a balanced diet with 13.5 percent.

Related etiology reported as poverty by 120 persons reflects the low living standard in the rural community. The cause "difficult to find time" was given by 46 persons, and those with problems of food habits numbered 52.

For home nursing care needs related to elimination of body wastes, difficulty with defecation was most frequent with 62.6 percent followed by difficulty with regularity at 34.4 percent of the total.

For home care needs related to mobility and posture, complaint that legs hurt when working standing on one's feet was most frequent, accounting for 39.9 percent of the total, followed by difficulty in maintaining a desirable posture with 32.8 percent, and difficulty in standing up and sitting down with 27.2 percent.

Home nursing care needs related to sleep and rest included difficulty in falling asleep, 60.4 percent, followed by inadequate rest for the next day's activities with 39.5 percent. These two needs together were reported by 19.5 percent of the total number of subjects with needs.

Home care needs related to selection of suitable clothing included wearing clothes suited to cold or heat at 78.2 percent, selecting clothes suitable to the occasion followed with 16.8 percent, and selecting clothes to maintain body temperature within a normal range at 5.0 percent. These problems together were reported by 23 percent of the total number of subjects with needs.

Home care needs for maintaining the body temperature within normal range by adjusting clothing and modifying the environment included control of the environment with 69.8 percent, followed by adjustment of room temperature and humidity with 19.8 percent, and maintenance of body cleanliness with 10.5 percent.

The list with 120 persons, and indifference which followed next with 58 persons, and included decreased energy, habit and impaired judgement.

Home nursing care needs related to body cleanliness grooming and protecting the integument included skin

care-lubrication at 46.0 percent, grooming of hair, hands and feet, body cleanliness and cosmetics at 26.1. percent, hand washing upon returning home at 16.8 percent, and oral hygiene at 10.9 percent.

For home nursing care needs related to dangers in the environment and avoiding injury to others, concern for environmental safety topped the list with 48.8 percent, followed avoiding injury to others with 26.9 percent, elimination of dangers in the environment at 20.2 percent, and control of dangerous factors at 2.3 percent.

For home nursing care needs related to communication with others, expression of emotions, needs, or opinions, topped the list with 56.4. percent, followed by ability to understand others with 29.7 percent, other's understanding of oneself with 12.3 percent, and need for counseling with 1.5. percent.

For home nursing care needs for learning, skills related to normal development and health, and use of available health facilities, knowledge about normal development and health accounted for 49.0 percent, interesting reading 23.7 percent, and knowledge about one's present health, 25.2 percent.

For home nursing care needs related to worshipping according to one's faith, overcoming difficulties with one's faith topped the list with 85.5 percent, followed by

maintenance of a religious life with 13.3 percent. These concerns together were reported by 83.1 percent of the total subjects with needs.

For home care needs related to with a sense of accomplishment, desire for easier work topped the list with 46.7 percent, followed by interest in one's work with 28.2 percent, and satisfaction with one's work with 25.0 percent.

For home care needs related to play or participating in various forms of recreation, desire for some form of recreation was most frequent accounting for 76.3 percent and desire for ability to enjoyable work followed next with 23.6 percent.

2) Amount of Home Nursing Care Needs

Responses to questions categorized by Henderson's 14 basic nursing components or areas were tabulated into two groups, physical in one, and social, psychological, and spiritual in another. In the physical group, the number of needs related to mobility and maintaining a desirable posture was 270, or an average of 90 per question in that area, needs for keeping the body clean and well groomed and protecting the integument 302, or an average of 76 and needs for eating and drinking adequately 259, or average of 65 (Table 6).

Table 6. Amount of Physical Home Nursing Care Needs.

Nursing Area / A)	No. of Questions(A)	Number of Needs(B)	Average (B - per Question
1. Breathe normally	3	101	33.6
2. Eat and drink adequately	4	259	64.7
3. Eliminate body wastes	4	131	32.7
4. Move and maintain desirable posture	3	270	90.0
5. Sleep and rest	2	86	43.0
6. Select suitable clothing	3	101	33.6
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment	3	176	58.6
8. Keep the body clean and well-groomed and protect the integument	4	302	75.5
9. Avoid dangers in the environment and avoid injuring others	4	172	43.0

In the social group, the number of needs for playing or participating in various forms of recreation was 368, or an average of 184, per question in the group (the highest two among the 14 basic nursing areas). In the spiritual area, the number of needs for worshipping according to one's faith was 366 or an average of 183. The number of needs for learning, discovering, or satisfying the curiosity that leads to normal development and health and using the available health facilities was 365, or an average 122 (Table 7).

3) Analysis of Differences in Home Nursing Care Needs According to General Characteristics

Analysis of reported home nursing care needs between sexes revealed that woman outnumbered men in home nursing care needs by accounting for 53.7 percent of the total. That is, of the total of 3,316, the frequency for males was 1,453, or 6.8 per person, and that for females 1,683, or 7.3 per person. Except for the three areas of "Keeping the body clean and well groomed and protecting the integument", "avoiding dangers in the environment and avoiding injuring other", and "maintaining body temperature within a normal range by adjusting clothing and modifying the environment", women outnumber men in all areas (Table 8).

The total number of needs in the physical group was 423, in the psychological 392, in the social 386, and in the spiritual 366. The high number in the physical group was because this group had the most questions (variables) (Table 9). For males, the order of the amount of care needs was physical, spiritual, psychological and social, while for females, it was physical, psychological, social and spiritual.

The amount of spiritual needs were the same for both sexes, but in the other groups, although the amount was higher for females than for males, the difference was not meaningful statistically. The average frequency per domain of care needs was 186.3 for males and 205.5 for females, and the average frequency per domain per capita was 3.5 for males and 3.6 for females (Table 9).

To compare home nursing care needs among age brackets, that of 30 to 39 had the least amount at 19.4 percent, and that of 60 and above the largest at 29.2 percent in total as well as in most areas. In the nursing areas for "play or participate in various forms of recreation" and "learning, discovering or satisfying the curiosity that leads to normal development and health and use of available health facilities", the needs increased in proportion to age while in that for "worshipping according to one's own

Table 7. Amount of Social Psychological, and Spiritual Home Nursing Care Needs

Nursing Area	No. of Questions(A)	Number of Needs(B)	(N=440)
			Average(B / A)
10. Communicate with others in expressing emotions, needs, fears or opinions	4	195	48.7
11. Workship according to one's faith	2	366	183
12. Work in such a way that there is a sense of accomplishment	3	244	122
13. Play or participate in various forms of recreation	2	368	184
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use of the available health facilities	3	365	121.6

Table 8. Amount of Home Nursing Care Needs By Sex

Home Nursing Need Area	Males(N=211) Number	Females(N=22- 9)Total Number	9)Total
1. Breathe normally	47(46.5)	54(53.4)	101(23.0)
2. Eat and drink adequately	144(44.0)	145(55.9)	259(58.9)
3. Eliminate body wastes	55(41.9)	76(58.0)	131(29.8)
4. Move and maintain a desirable posture	110(40.7)	160(59.2)	270(61.4)
5. Sleep and rest	30(34.8)	56(65.1)	86(19.5)
6. Select suitable clothing	45(44.5)	56(55.4)	101(23.0)
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment	90(51.1)	86(48.8)	176(40.0)
8. Keep the body clean and well-groomed and protect the integument	165(54.6)	137(45.3)	302(68.6)
9. Avoid dangers in the environment and avoid injuring others	90(52.3)	82(47.6)	172(39.1)
10. Communicate with others in expressing emotions, needs, fears or opinions	89(54.6)	106(54.3)	195(44.3)
11. Workship according to one's faith	183(50.0)	183(50.0)	366(83.2)
12. Work in such a way that there is a sense of accomplishment	107(43.8)	137(56.1)	244(55.5)
13. Play or participate in various forms of recreation	166(45.1)	202(54.8)	368(83.6)
14. Learn, discover, or satisfy the curiosity that leads to normal development and health and use of the available health facilities	162(44.3)	203(55.6)	365(82.5)
Total	1,453(46.3)	1,683(53.7)	3,136(100)

Table 9. Amount of home Nursing Care Needs by Group Type and Sex

(N=440)

Type of Need	No. of		Respondents
	Male(N=211)	Female(N=229)	Verification of Difference
Physical	205	218	X=23.84619 d.f=2 p=.3553
Psychological	180	212	X=9.26383 df=2 p=.2343
Spiritual	183	183	X=4.80463 df=2

			p=.0905
			X=45.68703
Sub-total	745	822	df=34
Average	186.3	205.5	p=.0869

faith", the needs distribution was not in proportion to age, those of the age bracket of 50-59 being the largest (Table 10).

Table 10. Amount of Home Nursing Care Needs By Age.

Nursing Care Need Area	30-39 (N=98)	40-49 (N=113)	50-59 (N=114)	60 and above (N=115)	Total
1. Breathe normally	15(14.8)	20(19.8)	22(21.7)	44(43.5)	101(23.0)
2. Eat and drink adequately	63(24.3)	63(24.3)	65(25.0)	68(26.2)	259(58.9)
3. Eliminate body wastes	25(19.0)	35(26.7)	27(20.6)	86(31.8)	131(29.8)
4. Move and maintain desirable Posture	44(16.2)	72(26.6)	68(25.1)	86(31.8)	270(61.4)
5. Sleep and rest	12(13.9)	20(23.2)	21(24.4)	33(38.3)	86(19.5)
6. Select suitable clothing	14(13.8)	27(26.7)	27(26.7)	33(32.6)	101(23.0)
7. Maintain body temperature within normal range by adjusting clothing and modifying the environment.	37(21.0)	43(24.4)	49(27.8)	47(26.7)	176(40.0)
8. Keep the body clean and well-groomed and protect the integument	46(15.2)	77(25.4)	79(26.1)	100(33.1)	302(68.6)
9. Avoid dangers in the environment and avoid injuring others.	47(27.3)	47(27.3)	38(22.0)	40(23.2)	172(39.1)
10. Communicate with other on expressing emotions, need, fears, or opinions.	43(22.0)	49(25.1)	44(22.5)	59(30.2)	195(44.3)
11. Workship according to one's faith.	79(21.5)	98(26.7)	102(27.8)	87(23.7)	366(83.2)
12. Work in such a way that there is a sense of accomplishment	44(18.0)	69(28.2)	60(24.5)	71(29.0)	244(55.5)
14. Learn, discover, or satisfy the curiosity that leads to normal development and use of available health facilities.	64(17.5)	96(26.3)	102(27.9)	103(28.2)	365(83.0)
15. Total	608(19.4)	808(25.8)	803(25.6)	917(29.2)	3136(100)

For care needs by group of nursing areas according to age, the age bracket of 60 years and above had the greatest needs, accounting for 30 percent of the total. The average number of needs by age bracket was 82.3 for ages 30-39, 102 for ages 40-49, and 103.8 both for ages 50-59 and 60 and above (Table 11).

A simple analysis of the relationship between the age bracket, family size, and income level on one hand and the grouped type of home nursing care needs on the other revealed that age was directly related to the type of care needs and showed a statistically meaningful relationship with the total care needs as well ($R=.2549$, $P<.001$).

Family size was in inverse proportion to the care needs

in the psychological group : the larger the family size, the less the care needs were, and the smaller the family size, the greater the care needs become ($R=-.1250$, $P<.01$).

Care needs in the spiritual group were not related with the other variables in Table 12 Age was correlated with the physical, psychological and social groups : the older, the age, the greater, the needs.

These results coincide with reports of medical surveys by Song and Kim (Song Kon Tong, Kim Hong Suk, 1982) that the older the age, the greater the care needs, but the younger the age, the greater were the care needs.

Table 11. Amount of Home Nursing Care Needs By Type and Age

Type of Need	Age				Total
	N=98 30-39	N=113 40-49	N=114 50-59	N=115 60 and above	
Physical	92 (21.7)	109 (25.8)	108 (25.5)	114 (30.0)	423 (26.9)
Psychological	77 (19.6)	103 (26.3)	104 (26.5)	108 (27.6)	392 (25.0)
Spiritual	79 (21.6)	98 (26.8)	102 (27.9)	87 (23.8)	366 (23.3)
Social	81 (21.0)	98 (25.4)	101 (26.2)	106 (27.5)	386 (24.6)
Sub-total	329 (25.0)	408 (26.0)	415 (26.4)	415 (26.4)	1,567 (100)
Average	82.3 (21%)	102 (25.5%)	103.8 (26%)	103.8 (26%)	

Table 12. Correlations Among Age, Family Size and Income Level and the Grouped Types of Nursing Areas (N=440)

Group type	Age	Family Size	Income Level
Physical	.2557 ***	-.0050	-.0469
Psychological	.1870 ***	-.1250 **	-.0585
Spiritual	-.0021	.0460	-.0224
Social	.1662 ***	.0504	-.0594
Total Needs	.2549 ***	.0421	-.0621

3. Present Practice of Home Nursing Care

Clients reporting symptoms totalled 159 out of 1,027 persons in 239 families. An analysis of the home nursing care received by these clients follows.

1) General characteristics

The clients categories were presently ill, illness of the last 15 days duration, and of one year or longer. These clients accounted for 15.4 percent of the population of 1,027. Normally, illness of 3 months or longer is classified as chronic, but in the present study, chronic was defined

as duration of one year or longer. Clients with chronic illness accounted for 64.8 percent, and clients presently ill 23.9 percent. By age bracket, 50-59 topped the list with 44 percent.

By occupation, farmers accounted for 36.5 percent, unemployed 31.4 percent. By marital status, widows or widowers accounted for 18.2 percent, and unmarried persons 7.5 percent. By religion, Christians accounted for 16.4 percent, and those without religious ties 67.3 percent. (Table 13)

Table 13. General Characteristics with Symptoms

			(N=158)
Item	Description	Frequency(%)	
Duration :	Presently ill	38(23.9)	
	15 days duration	18(11.3)	
	One year or longer	103(64.8)	
Sex :	Male	81(50.9)	
	Female	78(49.0)	
Age Bracket :	0-29	50(31.4)	
	30-49	70(44.0)	
	50-69	20(12.6)	
	70 and above	58(36.5)	
Occupation :	Farmer	11(6.9)	
	Laborer, manufacturing or transportation industry	17(10.7)	
	Office worker	19(11.9)	
	Unemployed	50(31.4)	
	Service industry or professional	4(2.5)	
Marriage status :	Married	115(72.3)	
	Unmarried	12(7.5)	
	widowed	29(18.2)	
	Separated	3(1.9)	
Religion :	Christian	26(16.4)	
	Buddhist	18(11.3)	
	Other	8(5.0)	

By annual income, those with income from one to three million Korean won(US=850 Korean won) topped the list with 42.1 percent. By family pattern, nuclear families consisting of the couple only or the couple plus children topped the list with 63.6 percent.

By family life cycle, 73.0 percent of the clients were from families in their expanding stage. By family size, those from 5 person families topped the list with 23.3 percent(Table 14).

2) Methods of Helping, Types and Givers of Home Nursing Care

Home nursing care by methods of helping, type and giver for the 159 clients are tabulated in Table 15. Of the total frequency of the method of helping, "acting for", accounted for 41.0 percent, "guiding" 18.1 percent, "supporting" 14.7 percent, "providing a developmental environment" 12.1 percent, and "teaching" 13.9 percent.

For the method of helping "acting for", higher frequencies

were registered for oral hygiene and changing clothes(6.6 percent each), medication and drinking(6.4 percent each), and feeding(6.1 percent). As for the care giver, self care was most frequent for all care, but in some types of care such as partial bath, back massage, wound care too difficult for the client to do, injections and diet care by the professional or the spouse was more frequent. Most frequent types of care given by the spouse were medication, hot compresses, drinking, and changing of position.

For the method of helping "guiding", medication accounted for 16.2 percent of the total, explanation about procedures 13.4 percent, information on location of treatment facilities 12.8 percent, and listening to the client 12.7 percent.

For many types of care, care by the professional was most frequent. In the "supporting" method of helping, recognition of the client's condition was most frequent,

Table 14. Family Characteristics of Clients with Symptoms

(N=159)		
Item	Description	Frequency(%)
Annual income (in million Korean Won)	None	5(3.1)
	Up to 3	67(42.1)
	Up to 7	57(35.8)
	Up to 17.8	4(2.5)
Family pattern	Husband wife	9(5.7)
	Husband wife with children	92(57.9)
	Parent, husband wife with children	34(21.4)
	Single or other	24(15.1)
Family life cycle	Formative stage	0(0)
	Expanding stage	116(73.0)
	Shrinking stage	43(27.0)
Family size	1	9(5.7)
	2	14(8.8)
	3	17(10.7)
	4	28(17.6)
	5	37(23.3)
	6	28(17.6)
	7	18(11.3)
	8	8(5.0)

accounting for 17.5 percent of total, followed by making the body / mind comfortable and cooperating for recovery with 15.3 percent each. As for the care giver, the frequency for the family was 176, and nurses 202. The family was most frequent care giver in making the body mind comfortable, while the nurse was in convincing of recovery. For providing a developmental environment, putting things in order in the surroundings for the client was most frequent, accounting for 22.3 percent, followed by putting necessary things in convenient locations with 20.9 percent and provision of emotionally soothing environment with 19.0 percent. The most frequent care givers were the spouse and family.

For teaching, medication was the most frequent subject which accounted for 20.3 percent, followed by diet supervision with 17.8 percent. The most frequent care giver was the nurse who provided education most frequently in medication, and diet supervision.

3) Satisfaction with Home Nursing Care Given by Others Satisfaction with care given by others(self care excluded) was rated using a Likert Type scoring system.

The satisfaction score was lowest for "teaching"(2.9), and the highest for "acting for"(3.5). The average satisfaction score for all care given was fairly satisfactory (3.26). (Table 16)

Table 15. Types and Givers of Home Nursing Care

(N=159)						
Types of Care	Number(%)	Self	Spouse	Giver Family	Neighbor / Relative	Nurse
1. Medication.	120(6.4)	57	37	23	2	1
2. Hot / cold compress.	85(4.5)	18	36	29	1	1
3. partial bath.	101(5.4)	55	27	19		
4. Hair washing and grooming.	92(4.9)	65	20	7		
5. Trimming finger and toe nails.	92(4.9)	68	17	7		
6. Changing clothes.	113(6.0)	65	32	16		
7. Recovery exercise.	91(4.9)	49	24	14		4
8. Wound care.	93(5.0)	25	24	19		25
9. Back massage.	56(2.9)	21	24	11		
10. Tub bath.	90(4.8)	67	17	5		1
11. Sitting bath.	56(3.0)	38	12	5		1
12. Feeding.	115(6.1)	66	29	16	4	
13. Injection.	95(5.0)	6	1	3		85
14. Drinking.	120(6.4)	60	34	23	1	2

Type of Care	Number(%)	Self	Spouse	Giver Family	Neighbor / Relative
15. Changing clothes.	126(6.6)	80	29	13	2
16. Oral hygiene.	124(6.6)	104	12	5	
17. T.P.R. checking.	77(4.1)	14	1	2	1
18. Elimination of body wastes.	115(6.1)	75	26	10	2
19. Diet supervision.	111(5.9)	30	5	6	4
Total	1871(100)	963	407	233	17

20. Information on medication,	135(16.2)	11	11	9	2
21. Information on where to get help.	67(8.0)	20	5	10	12
22. Information on location treatment facilities.	107(12.8)	12	4	13	29
23. Listening to the client.	106(12.7)	6	4	6	13
24. Helping solve health problems.	91(10.9)	15	27	33	9
25. Telling about experiences of diseases.	104(12.5)	4	6	17	57
26. Explanation of the disease and treatment procedures.	112(13.4)	7	1	3	8
27. Information on where emergency help is available.	92(11.0)	29	10	17	13
Total	830(100)	104	68	108	143
28. Making the body / mind comfortable.	103(15.3)	8	38	140	8
29. Showing concern about the client' condition and observation.	92(3.7)	0	24	25	3
30. Helping dispense worries about family affairs.	93(13.8)	12	38	36	7
31. Arranging for benefits of existing medication system.	77(11.4)	9	13	17	10
32. Cooperating for recovery.	85(12.6)	8	15	9	5
33. Cooperating for recovery.	103(15.3)	3	40	27	3
34. Recognition of the client's condition.	118(17.5)	18	29	22	2
Total	671(100)	58	197	176	38
35. Providing emotionally soothing environment	106(19.0)	13	45	41	4
36. Putting things in order in the surroundings.	124(22.3)	22	51	43	5
37. Maintaining room temperature in a comfortable range.	103(18.5)	13	49	37	2
38. Removing dust and smell of foods.	105(18.5)	13	45	42	4
39. Putting necessary thing in convenient locations.	116(20.9)	22	48	42	3
Total	554(100)	83	238	205	18
40. Teaching various rules.	109(17.1)	8	15	13	1
41. Teaching medication procedures.	129(20.3)	6	10	13	
42. Teaching about nutrition management and diet.	113(17.8)	8	17	18	1
43. Teaching how to utilize medical institutions.	95(14.9)	17	2	15	12
44. Group health education.	36(5.7)				3
45. Environment management education.	66(10.4)	19	8	9	1
46. Treatment experience education.	88(13.8)	7	6	13	26
Total	636(100)	68	58	81	44

In for "Acting for", care given by the family (i.e., parents, children, siblings) had the highest satisfaction score of 3.7 points.

For "guiding", care by the nurse had the highest score of 3.6 points, and for "supporting" both care by the nurse and neighbors had the highest score of 3.5 points each.

For "providing a developmental environment", professionals were perceived as giving the most satisfactory care, scoring 3.6 points. This was also the case with "teaching" where professionals scored 3.5 points. These results point to the need for professional knowledge and skills in home nursing care. In her survey report on clinical

Table 16. Satisfaction with Home Nursing Care Given by Others

(N=159)

Method of Helping	Care Giver	Number	Average Degree of Satisfaction
Acting For	Spouse	407	3.4
	Family	232	3.7
	Nurse	251	3.6
	Neighbor	25	3.3
	Relative	2	3.3
	Sub-total	917	3.5
Guiding	Spouse	68	3.6
	Family	108	3.5
	Nurse	407	3.5
	Neighbor	111	3.4
	Relative	32	3.0
	Sub-total	726	3.4
Supporting	Spouse	193	3.2
	Family	203	3.4
	Nurse	202	3.5
	Neighbor	22	3.5
	Relative	16	3.1
	Sub-total	636	3.4
Providing a Developmental Environment	Spouse	238	3.5
	Family	205	2.7
	Nurse	10	3.5
	Neighbor	12	3.4
	Relative	6	3.0
	Sub-total	471	3.1
Teaching	Spouse	60	3.4
	Family	692	3.3
	Nurse	384	3.5
	Neighbor	32	3.4
	Relative	8	3.1
	Sub-total	576	2.9
Total		3,326	3.26

nursing activities, Marran(1973) said that both for the patients and nurses, nursing care concerned with the physical aspect was most important. Sisk in her study

of patients and nurses(1973) remarked that since the problem of comfort of in-patients was of a physical nature, nursing care focused on this aspect should be

the primary concern of nurses. These views as well as Haltwanger's report(1982) that the primary supporting nursing care was being given almost exclusively by the spouse or a daughter seem to agree with the findings of present study.

As for the care giver, self care was the most frequent, accounting for 42.8 percent of the total for males, and 61.5 percent of the total for females. With males, the spouse being the care giver accounted for 32.4 percent of the total compared to a low of 9.3 percent for females.

By type of nursing care given, medication, changing clothes, oral hygiene, and diet care management had higher frequencies and, by care giver, self care was most frequent in oral hygiene, and spouse care for medication.

With females, the types of care with high frequencies were oral hygiene, changing clothes and feeding ; self care was most frequent for oral hygiene.

V. Discussion

1. Factors Affecting Home Nursing Care Needs

The present study has shown that home nursing care needs increase in order from spiritual to social, psychological, and physical. While Maslow(1970) described a hierarchy of basic human needs from physical and safety needs to security, love and affiliation, self-esteem, and self fulfillment, the findings of this study are to the contrary. Lee's survey(1981) of the nursing care needs of in-patients of general hospitals showed that with most patients the needs for physical care were greater than those for emotional / psychological care. A survey by Lee et al(1984) of the needs for physical nursing care among inpatients of general hospitals also revealed that expectations of the patients for nurses providing physical comfort were lower than those for nurses' knowledge. It is believed that this is attributable to the current nursing system in hospitals in Korea which relies mostly on the patient's families for physical comfort. Schoening (1965) noted that patient's ability for self care was in inverse proportion to nursing care needs, and this seems to be backed up by the finding of a study by Lee et al that in fundamental items of physical nursing care,

the needs decreased as the period of stay in hospital increased, which they attributed to patient's self care ability being improved through teaching and other nursing care they received during their stay in hospital.

The findings of the present study that nursing care needs were low in the physical area where they could be met by self or by their families and that they were highest in the spiritual area seem to call for revamping of the curriculum of the basic nursing education in Korea so that the nursing care needs in the spiritual area may be met more adequately. Based on Donabedian's(1974) definition that the need for medical care is a phenomenon caused by impairment or disturbance of health and well-being, and the assumption that the demand for medical services consists of a comparison between that which has been met and that remaining unmet, song et al(1982) measured the rate of the demand for medical services being met in urban centers of Korea as 35 percent. In the present study, however, the method of measuring nursing care needs was different in that it covered all the nursing care needs based on human requirements whether they were met or not. The demographic variables affecting the nursing care needs were sex, age, and family size. The finding that the smaller the family size, the greater the nursing care needs in the psychological area, seems to call for reflection on and concern about the current family system, and that home nursing care needs were high with families of singles or widows reminds us of the importance of maintaining extended family links.

Thus, the variables affecting nursing care needs involve not only biological differences among individuals, but the milieu in which the individual is placed such as cultural background and tradition, value system, economical standards, and family status(Koos, 1954)

Thus, the area or type and frequency of home nursing care differs according to age, sex, family life cycle, and family composition. Home nursing care needs also differ from the nursing care needs of in-patients, the reason being that home nursing care needs are mostly basic, (Hong ChunSil, Kim Chong Im, 1984-Lee Eun Suk, 1981) belonging to the first level of development according to Maslow's classification and can be met at home for the

most part. This also seems to be the reason that the needs in the social and spiritual areas were high.

In other words, nursing care needs depending on the areas are closely related with demographical variables and environmental conditions.

2. Factors Affecting the Giving of Home Nursing Care

The client's health needs can be viewed as problems. These problems may be overt as an apparent condition or covert as a hidden or concealed one. Because covert problems can be emotional, sociological, and interpersonal in nature, they are often missed or perceived incorrectly. Yet, in many instances, solving the covert problems may solve the overt problems as well (Foster and Janssens, 1980). According to Wiedenbach, nursing is nurturing and caring for someone in a motherly fashion. That care is given in the immediate present, and can be given by any caring person. Nursing is a helping service that is rendered with compassion, skill, and understanding to those in need of care, counsel, and confidence in the area of health. (Foster and Janssens, 1980)

The nurse interacting with the patient has the responsibility of recognizing the patient's organismic response, intervening to promote the patient's adaptation to the state of illness, and evaluating the intervention as being supportive or therapeutic. Organismic response is changes in behavior or changes in person adapting or attempting to adapt to the environment. (Peggy Coldwell Foster and Nancy P. Janssens, 1981) Orem (1971) defines the art of nursing as the "ability to assist others in the design, provision and management of systems of self-care to improve or to maintain human functioning at some level of effectiveness".

Before the nurse can be a helper to an individual, she must be perceived by the person as having the knowledge and the ability to help.

Self-care may be an integrated part of the routine "daily living" activities requiring minimal attention, or it may be the focus of all activity, such as when an individual has impaired health.

Orem defines health deviation self-care as that which is "required only in the event of illness, injury, or disease". The actions for such self-care may necessitate adjust-

ment in the following modes.

In the present study too, it was found that except for those requiring professional skill or knowledge, most of the home nursing care needs were met by self care. In their study of in-patients reliance, Lee et al (1984) noted the trend that the reliance on others for help in personal hygiene, especially, in elimination, became less as the time of hospitalization became longer, and interpreted that it was because basic needs in daily life were mostly met by the self, and such self care ability was developed by learning and adaptation to the environment. (Lee Yong Cha, Pak Kwang Ok, 1984)

According to (Friedman, 1981) the entire family is affected by the health problem of a family member. Promotion of health functioning of the whole family will positively affect each family member.

According to literature review, 75%-85% of home health care is given by family members which means the care providers are not professionals (Forces, 1977). However, the effectiveness of self care by own personal experiences does not include the danger, although it's quality is not enough than that of professional ones.

As Elliott-Binns of the United Kingdom and Pederson of Denmark determined, in most cases, self care begins appropriately and helpfully before a professional intervenes. (Elliott-Binns, 1973. Pederson, 1976)

Since the first care when a health problem arises is either self care or care by another in the family, the family should be encouraged to learn the basic knowledge and skills of home nursing care.

Lee Knang Ok et al (1972) noted the importance of home nursing care skills because the housewife should always be alert for health problems of her family and able to look after any one in the family who gets sick, or give first aid as the need arises or, if a chronic disease patient in the family is discharged from hospital, should be able to manage follow-up care and help physically and spiritually to promote recovery and return to normalcy. In this study, the most frequent client symptoms were mostly of diseases requiring long periods of treatment or difficult to cure completely. Home nursing care should be improved so that it can cope with such problems. In their opinion survey report on the role of nurse

practitioners, Chon et al(1977) pointed out that management of clients with chronic disease, a function of nurse practitioners, was not being done as well as it should be, and asserted that visiting patient's homes was an activity which must be emphasized.

In conclusion, first, the present study examined components home nursing care in a needs assessment form. In Korea, use of nursing diagnoses has been developed in hospital settings, but, not yet widely reported in the area of community nursing care. The assessment form developed in this study for the Korean rural setting represents an attempt to help fill this need. It should be further developed through a continual process of refinement and supplementation. Second, the present study provides data on factors affecting giving of effective home nursing care. Third, the present study provides an overview of home nursing in a limited geographical area of Korea and offers suggestions to improve home nursing care which may be used as a basis for improved organization of home nursing care services as an intergral part of the health / medical service system of Korea.

The following suggestions are offered based on the present study.

1) Continued study of the assessment form for home nursing care needs initiated in the present study is necessary to validate its use in other geographical areas, other family growth stages or area of needs, to make it more servicable as a home nursing diagnosis system for Korea.

2) Further study should be done on the classification of client symptoms / health problems and related etiology of the nursing diagnoses.

3) An experimental study is in order to see if the nursing diagnosis tools developed in this study can be used for forecasting home health problems.

4) It is necessary to verify how the types and scope of home nursing care change depending on previous care experience, and types of disease / symptoms the family has had.

5) Research is necessary on the factors influencing nonimplementation of home nursing care.

6) The present status of the health care services in Korea and the needs for home nursing presented in this

study demand improvement of the health service system of Korea.

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- 국문요약 -

한국 농촌 지역의 가정간호 요구에 관한 연구

김 성 실*

보건의료기술이 고도로 발달되었다 하더라도 의료의 혜택이 필요할때 누구에게나 언제든지 제공될 수 없는 한 전체 국민의 건강요구를 포괄적으로 충족시킬 수 있는 제도나 방법이 필요하게 된다.

본 연구는 사회 집단의 최소 단위인 가정을 중심으로 수행되고 있는 지역사회 가정간호의 합리적 수행에 필요한 기초자료를 얻기 위하여 가정간호 요구의 사정 및 가정간호 수행에 관하여 연구하였다.

가정간호(Home Nursing Care, Home Health Care)는 추후판리를 받아야 할 대상자, 고령자, 만성질환자에게 규격화되어 있는 병원간호를 가정이라는 친숙한 분위기에서 개별적으로 제공되는 가정 중심의 심리적 안정은 물론 시간과 경비를 절감하는 효과적 간호수단이다.

본 연구의 목적은 첫째 우리나라 농촌가정의 가정간호의 요구는 무엇이며 그 요구의 원인은 무엇인가?

둘째, 농촌가정에서 가지고 있는 상병에는 어떠한 것이 있으며 행하여 지고 있는 가정간호의 내용에는 어떤 것들이 있는가?

셋째, 가정간호 수행자는 누구이며 이에 대한 수행자의 만족도는 어느 정도인가?

본 연구의 방법은 1985년 6월 18일 부터 8월 7일 까지 C군에 거주하는 주민중 11개소 보건진료소가 소재한 반의 주민 전체 1,027명 중 상병자 159명과 30세 이상의 인

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구 440명, 가구주 239명을 대상으로 가정방문을 통한 면접으로 질문지를 기록케하여 자료를 수집하였다.

연구의 도구는 첫째 간호요구의 측정을 위한 도구로 Virginia Henderson의 기본간호활동 14가지를 기초로 지역주민 50명과 현직 간호원 50명에게 개방질문으로 얻은 내용을 중심으로 제작하였으며 둘째, 가정간호수행에 대한 도구로 Orem의 간호이론 중 간호방법 5가지를 근거로 개발하였다.

본 연구의 내용은 보건진료원에 의하여 사정된 간호요구와 그 원인들을 인간의 기본요구 영역별로 분류하여 가정간호진단을 위한 지역사회 가정간호사정 및 진단도구로 쓸 수 있도록 개발하였으며, 상병자에 대한 가정간호 수행은 수행빈도와 수행내용에 따른 수행자와 수행만족도를 측정하였다.

1. 가정간호요구에 대하여

1) 가정간호요구 측정은 신체영역중 몸을 청결히 하고 몸차림을 단정히 하여 피부를 보호하기 내용에서 더위나 추위에 대하여 옷을 맞추어 조절하기의 요구, 적절한 식사와 수분섭취하기 내용에서 배변의 요구, 또한 몸을 움직이고 바람직한 체위를 유지하기 내용에서 한가지 자세를 계속하기의 요구가 높았고 정상호흡하기 내용에는 일상활동시 호흡에 대한 요구가 높은 편이었다.

사회, 심리, 영적 간호요구 영역에서는 자신이 신앙에 따라 예배하기 내용에서 신앙으로 어려움을 극복하려는 요구가 높았으며 여러가지 오락의 형태를 취하여 이에 참여하기 내용에서는 취미생활의 요구가 높았다.

2) 가정간호요구는 연령이 높을수록 높았고 성별로는 여자의 가정간호요구가 남자보다 높았으나 내용별 요구의 차이는 없었다.

2. 가정간호수행에 대하여

1) 가정에서 수행되는 가정간호내용으로는 직접간호가 가장 많이 수행되었으며 내용으로는 구강청결, 옷 갈아 입기, 투약, 음식투여, 대·소변보기의 빈도가 많았다.

건강한 환경제공의 간호수행내용에서는 적당한 실내 온도 유지하기의 빈도가 많았으며 안내와 지도내용에서는 투약요령 알기의 빈도가 많았으며, 보호와 지지내용과 교육의 간호수행내용에서는 현 상태 인정하기와 투약방법에 대한 교육하기의 간호수행빈도가 가장 많았다.

2) 간호수행자에 있어서 직접간호 수행은 본인 스스로

하는 빈도가 가장 많았으며 안내와 지도 및 교육의 간호 수행은 전문가가 많았고 보호와 지지간호는 가족이 많았고 건강한 환경제공간호는 배우자에서 더 많았다.

3) 간호수행자에 대한 만족도는 직접간호 방법에서는 가족이, 안내와 지도는 배우자가, 보호지지, 건강한 환경 제공 및 교육에서는 전문가에 의한 간호수행 만족도가 높았다.

4) 상병상태에 따른 주 증상은 관절통 요통이 가장 많았고 상병자는 남자가 많았고 주 증상에 대한 성별간의 큰 차이는 없었다.

이상 가정간호요구와 정도 및 가정간호 수행의 내용을 기반으로 가정간호사업의 시행이 시급하다는 결론을 내릴 수 있었으며 가정간호사업의 시행을 위한 제도적 보완개선택이 요구된다고 결론을 지을 수 있다.