Compared ratings by both nurses and clients of selected community health nursing activities
by Judith Kaye Grogan Gedrose

A thesis submitted in partial fulfillment of the requirements for the degree of Master in Nursing
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Abstract:
The purpose of the study was to ascertain if there were differences between the ratings of importance community health nurses and their clients would assign to the same categories of nursing activities. These categories of nursing activities were defined as physical care, psychological care, medical care related and sociological activities.

Two major null hypotheses were generated to facilitate data collection and analysis of the findings. These were: A. There is no significant difference among categorized groups of selected activities in the degree of importance attributed to them by clients and/or nurses.

B. There is no significant difference between the degree of importance community health nurses attribute to categories of selected activities when compared to the level of importance clients attribute to the same activities.

A hospital-based nursing research study was drawn upon and partially replicated in this study.1 The Community Health Nursing Activities Tool (CHNAT) was developed as a data collection instrument.

Twenty-five community nurse-client pairs rated the importance of nursing activities as depicted by the 20 items comprising the CHNAT. Data were organized and displayed within these paired relationships for testing of null hypothesis B. Application of the two-tailed t test led to acceptance of this hypothesis. When this same test was applied to six associations generated for analysis of hypothesis A, significance was found.

1White, Marguerite. "Importance of Selected Nursing Activities," Nursing Research, 1972, Vol. 21, No. I, pp. 4-14.

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Date March 22, 1978

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by

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A thesis submitted in partial fulfillment
of the requirements for the degree

of

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ABSTRACT

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INTRODUCTION

Community health nursing takes place in a variety of settings and its practitioners initiate a multitude of activities to meet the goals of assisting persons with various health needs. This fact contributes to the limited amount of scientific investigation of community health nursing clinical practice that now exists. The uniqueness of community health nursing prevents complete utilization of hospital-based research and therefore necessitates the need for its practitioners to initiate research directed toward validating community health nursing activities. Partial replication of nursing studies done in hospital settings is one way of accomplishing this goal. Replication of nursing studies done within a hospital setting substituting content relevant to community health nursing may aid the community health nursing practitioner to more surely predict the effects of her activities and enter into the theory building that is required of a profession.

Three years of community health nursing experience, literature review, and a project completed in an undergraduate course by this researcher have suggested that the community health nurse's role is often not viewed in the same frame of reference by clients as it is by the nurse. Sociological theory suggests that the existence of divergent views concerning the roles of members interacting within a group or dyad may affect the effectiveness of the relationship.

Behaviors inherent in roles are prioritized by the individual in accordance with what he values or holds as important to his

maintaining optimum functioning. Values are determined by life experiences, including education. The community health nurse has an educational background conducive to her valuing to a high degree the activities she initiates with clients. However, the client with an educational background that differs may attribute dissimilar value to the same activities. If these divergent views do exist, this conflict may not allow either party to meet his goals.

This researcher proposes that one way of determining whether or not these divergent views between community health nurses and clients do exist is to use survey research techniques which solicit ratings of importance by both nurse and client relative to selected nursing activities.

STATEMENT OF THE PROBLEM

The problem of this study was to determine and compare the degree of importance attributed by both nurses and clients to selected interventions advocated as meaningful and likely to occur within the community health nurse-client relationship.

NEED FOR THE STUDY

Nursing, as described by Henderson, is assisting the patient to utilize his potential for optimum health. The nurse substitutes her physical strength, will or knowledge, if this is lacking in the patient,

until the patient can become self-sufficient in meeting his health needs. Every member of the medical team, Henderson continues, must recognize the patient as the central figure of the team.

> If the patient does not understand, accept or participate in the program, planned with and for him, the effort of the medical team is largely wasted.[1]

Henderson's definition of nursing and her concept of nursing as assistance required when individuals cannot meet their own health needs is widely accepted. This is the basis of nursing's purpose and function and is reiterated by other nursing authorities (Orlando, 1961; Wiedenbach, 1964; Orem, 1971; Nursing Development Conference Group, 1973).

As nursing has moved into building theories to substantiate its existence as an independent profession, models for nursing practice which include the patient as the central figure within the model have been developed (Dumas, Quint, 1969; Rogers, 1970; Roy, Murphy, 1971).

Orovan (1972) stated that the patient can best understand, respond, participate and cooperate with the nursing care plan if the nurse accurately interprets the patient's attitudes, such as the importance he attributes to the nursing interventions initiated with him. Although the nurse may have considerable knowledge and skill in observing and interpreting her patient's attitudes, the observations

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[1]Virginia Henderson, The Nature of Nursing (New York: Macmillan Co., 1966), p. 16.

and interpretations are largely influenced by her own professional background. In the discussion of "What Constitutes Clinical Practice," Baziak (1968) promoted the idea that a majority of nurses perceive aspects of their role that require technical skills as more important than care-giving skills. Therefore, nurses may have different views among themselves regarding the importance of nursing activities to help meet the patient's needs.

Several decades ago nursing authorities recognized the proposition that effective nursing requires inclusion of the patient in an active rather than passive role. A significant number of hospital studies have been conducted to validate or refute this hypothesis. Sociological theory has been drawn upon to create conceptual frameworks for studies in clinical nursing relative to the patient as an active participant in planning and implementing his care plan. These studies seemed to validate the proposition that the effectiveness of nursing procedures measured in physiological terms were increased when the patient participated in planning and understood the reason for and the importance of procedures the nurse was practicing with him (Dumas, Anderson and Leonard, 1963; Tryon and Leonard, 1965; Mucahy and Janz, 1973).

Other studies have attempted to actively involve the patient in eliciting his rating of importance of the nursing activities initiated with him in a primary care setting. Some of these studies have also queried nurses as to the importance they attributed to nursing

interventions initiated with patients. Comparison of the ratings by patients and nurses have produced findings indicating that nurses and patients do attribute different ratings of importance to nursing activities depicted by items descriptive of physical care, psychological care, sociological care, medical treatment plans, economic considerations, spiritual care, patient education and plans for continuity of care or discharge planning (Whiting, 1958 [as reported by White]; Sisk and Ciesla et al., 1965; White, 1972; and Conlee, 1975).

Since community clients present an extremely varied collection of reasons for needing nursing assistance, distributive care nurses have had a more independent role than episodic care nurses in developing care plans. Although physicians' orders and other treatment specialists' plans are utilized, the community health nurse, due to her lack of proximity in the care setting to these people, is more autonomous in identifying and planning client care. The client is the major corroborator for this plan.

Yet practitioners of community health nursing are mainly guided by principles developed through practice and have done little to validate their unique clinical practices except through each nurse's own perception of her activities' effectiveness with individual clients (Mayers, 1975; Highriter, 1977).

Mayers (1975) suggested that the home visit is ritualistic. This seems to indicate that while community health nurses have a large

degree of latitude for individualization of health plans, they may actually rely on a repertoire of practices that do not meet certain needs the client feels are important. Mayers' study also produced findings indicative of community health nurses in the study not sharing their goals for the relationship with the clients. She referred to this as the "hidden agenda." This suggests that clients are often not aware of those things the nurse sees as important for his welfare and optimum health status.

In one of two studies conducted relative to health needs of community members, Keith (1976) found that public health nurses emphasized the importance of interventions related to meeting social needs of the elderly, while the elderly respondents rating the same interventions emphasized activities that would help them maintain independent functioning by meeting their physiological needs. In the second study, Kurtz et al. (1974) studied inner-city residents' and health decision-makers' perceptions of health problems and solutions. Although both groups identified similar health problems, the authors stated that there is a resounding "yes" to the question of a mismatch in perceptions of how these problems should be dealt with.

This researcher proposes that there may be differences in the importance attributed to nursing activities likely to be initiated in the community health nurse-client relationship and that these differences in ratings of importance may affect the effectiveness of the

relationship between them. Therefore, it is proposed that a descriptive study be undertaken, in which both community health clients and nurses rate the importance of selected activities advocated as meaningful and likely to occur, to determine if differences do exist.

OBJECTIVES OF THE STUDY

The objectives of the study were directed towards gathering data for the purpose of determining whether or not community health nurses and clients vary in their rating of importance of selected community health nursing activities that may occur within their relationship.

1. To determine the degree of importance community health nurses attribute to selected nursing interventions.

2. To determine the degree of importance community health clients attribute to selected nursing interventions.

3. To compare the degree of importance attributed to selected community health nursing interventions when rated by both nurses and clients.

ASSUMPTIONS

The assumptions were made in this study that both external and internal factors may affect the study. The following statements specify these assumptions.

External

1. The assumption is made that the effectiveness of a nurse-client relationship may be affected if the nurse and client attribute dissimilar value to the activities they engage in as a pair to meet the client's health needs.

Internal

1. The assumption is made that the activities selected for inclusion in the Community Health Nurse Activities Tool elicited responses representative of data sought.

2. The assumption is made that clients and nurses responded to the Community Health Nurse Activities Tool in accordance with the perceptual set depicted by the introductory paragraphs preceding the tool (see Appendices E and F).

LIMITATIONS

Findings of the study were limited to ratings of importance of nursing activities depicted by items of the Community Health Nursing Activities Tool. No provision was made for respondents to identify additional activities or offer qualifying information relative to the items rated.

This study made no attempt to identify the effectiveness of community health nursing interventions depicted by the items of the

Community Health Nursing Activities Tool, only their importance as rated by both sampling populations.

DEFINITION OF TERMS

The terms used for the purpose of this study were defined from theoretical and operational perspectives. The following definitions specify these perspectives.

Community Health Nurse

Theoretical. A nurse functioning within a distributive setting.

> Community health nursing is seen as a population-based obligation, realized through a multidisciplinary, ecologically-oriented effort and utilizing concepts and skills that derive both from generic nursing and from public health practice.[2]

Operational. Registered nurse, employed by the agencies participating in the study. Therefore the nurses of the study may have varying educational and experiential backgrounds depending upon the qualifications for employment as defined by the participating agencies. Nurses participating in the study are involved in direct services to clients.

Community Health Client

Theoretical. A person requiring nursing services to meet his

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[2]Ruth Freeman, Community Health Nursing Practice (Philadelphia: W. B. Saunders Company, 1970), p. iii.

health needs outside an episodic care setting.

Operational. A person or family drawn purposively from the case load of the nurses participating in the study. Criteria for selection of clients for this study included: (1) the client has had some ongoing contact with a community health nurse (not necessarily the nurse submitting his name); (2) the client is able to read, write and understand English; and (3) the client had given verbal consent to the community health nurse who submitted his name to be contacted by the researcher. If the main client within a family was an adult able to respond either independently or with the aid of a family member or other adult, this adult client responded to the client version of the Community Health Nursing Activities Tool. If the main client within a family was a child under 18 years of age, the parent or guardian was asked to complete the client version of the Community Health Nursing Activities Tool.

Importance

Theoretical. The value attributed to a conceptualization or action related to human behavior. Values are an attitude developed by a person from life experiences that determine how a person has decided to direct his overt behaviors.

Operational. The subjective view of respondents to the study instrument items of the Community Health Nursing Activities Tool. The respondents were asked to rate the importance of the items depicting

nursing activities on a five-point scale ranging from extremely important on one end of the continuum to no importance on the other end of the continuum.

Nursing Activities

Theoretical. Overt or covert behaviors of community health nurses considered to be essential to meeting clients' health needs in the community health nurse-client relationship.

Operational. Descriptions of specific concrete nursing activities (derived from literature review and validation by expert judges) to which client and nurse responded with ratings of importance.

CHAPTER 2

REVIEW OF LITERATURE

The purpose of the review of literature was to: (1) review sociological theory related to the study and one author's application of role theory in discussing community health nursing; (2) consider the status of community health nursing, its roles and duties; and (3) review previous studies that could give direction to the study.

Sociological Theory Related to the Study and Community Health Nursing

"Sociology is the scientific study of human interaction."[3] The interactionist theory of sociology sees man functioning within a society and recognizes that most behavior of man is social and involves interaction with others. Sociology is basically a pure science untertaking research studies to determine the variables that contribute to the orderliness that exists within societies. However, other disciplines, including nursing, have attempted to utilize sociological theory in their own practices (Vernon, 1965; Hodges, 1974; Bierstadt, 1974; and Anderson, 1974).

Traditionally, the main function of nursing has been "care" and the medical profession's aim has been "cure." Until several decades ago the interaction process between nurse and patient was thought an "art"

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[3]Glenn Vernon, Human Interaction: An Introduction to Sociology (New York: The Ronald Press Company, 1965), p. 3.

rather than a behavior that could be learned. Nurses do participate in the diagnostic and therapeutic regimes planned to relieve patients' biological disequilibrium. However, these functions are mainly dependent upon the direction of medical practitioners. Unless the client presents himself for care solely due to psychological pathology, the nurse is the director of interaction process activities aimed at meeting the client's situationally-derived and emotional needs (Woolridge, Skipper and Leonard, 1968).

Sociological research has produced data indicating that there is always a reciprocal influence on individuals taking part in an interaction (Bierstadt, 1974). These influences have been more fully studied in research related to roles. Roles are either ascribed or achieved. The nursing role is achieved and to a large extent determined by the duties assigned to it by the clients served by nurses (Freeman, 1970). This is consistent with the definition of role given by Fairchild as an expected behavior of an individual within a group as defined by the group (Fairchild, 1970).

Freeman (1970) discusses the "Roles and Functions of the Community Health Nurse" (pp. 39-49). The community health nurse's role is determined to a large degree by perceptions of that role by others. Freeman states that there are inconsistencies in others' view of the role of the nurse. Program planners, as well as clients, may ascribe roles that are inconsistent with the community health nurse's

capabilities achieved through education. Some of these inconsistencies are discussed in the following paragraphs.

Freeman states that while the public's view of the nurse as a provider of personal care to the sick creates acceptance, it also delimits the community persons' view of the nurse's potential. Clients are less likely to view non-tangible services such as health teaching and emotional support services by the nurse as a valuable component of her role. Because a large number of public health nursing clients are poor, the nurse is often viewed as a servant to the poor.

Another role described by Freeman is that of the "willing advodate" (p. 40). The nurse is seen as one who can help the client utilize services within the confusing maze of social welfare programs. She is viewed as a means of entry into the medical care system rather than a person possessing knowledge that is separate from the physician.

Gerald Caplan is quoted by Freeman as coining the phrase "wise older sister" relative to the role of the community health nurse. Since this seems to connote a degree of involvement beyond impersonal provision of service, Freeman states that it may be the most significant role attributed to the community health nurse. However, even though these less tangible acts are greatly appreciated by clients, Freeman feels most clients do not value them as a part of her role as a nurse.

Another role Freeman discusses is that of "Sensitized Observer" (p. 41). Other members of the health care team and community clients

equally expect the nurse to observe and report to them any deviation from expected behavior related to illness, growth and development, response to drugs and general well-being.

Freeman also proposes that the community health nurse is valued as one who influences decisions and produces change (p. 41). No matter what the obstacles are to health care practices, the nurse is expected to "do something about it" (p. 42).

Freeman's discussion points out that much is expected of a community health nurse, yet clients are not likely to perceive non-tangible acts as a valuable component of her role. She also promotes the idea that, although community nurses are often involved in allied community service and planning, the scope of their contributions is not fully understood by others. Freeman states,

> The degree to which the expectations of others are congruent with those of the nurse herself will have much to do with the satisfaction she derives from her work.[4]

The Status of Community Health Nursing: Its Roles and Duties

Public Health Authorities Discuss Public Health Nursing

A 1970 survey of registered nurses within the United States determined that approximately 51,000, or 7.3%, of those employed were working within a public health or school setting (Wilner, Walkley and Goerke, 1973).

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[4]Freeman, op cit., p. 43.

"Public health nursing is a speciality within both professional nursing and the broad area of organized public health practice."[5] Nursing is one division of general public health services and it is done mainly on a family-centered basis in the home. Individuals and groups are also served by public health nurses in their work and school setting as well as in public health centers.

Prevention of disease and promotion of health are the public health nurses' main aims. These are accomplished by methods that include case finding, emphasis on utilization of medical care and health education.

Hanlon (1974), in discussing public health nursing services, reviewed the growth of that specialty. He cites prevention of disease and raising of health standards as the primary aims of public health nursing. These aims seem to have prevailed since the first visiting nurse service was formed by an English philanthropist in 1859.

Professional Organization Statements Regarding Public Health Nursing

After dissolution of the National Organization for Public Health Nursing and its incorporation into the National League of Nursing in 1959, a statement was issued regarding the practice of public health

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[5]Danial Wilner, Rosabelle Walkley and Lenor Goerke, Introduction to Public Health, 6th ed. (New York: MacMillan Publishing, Inc., 1975), p. 38.

nursing. This statement concurs with the previously-discussed authorities (Wilner, Walkley and Goerke; Hanlon) that public health nursing has dual aims of prevention and raising health standards. It also defines the joint nature of public health nursing as a blend of (1) professional nursing practice; and (2) philosophy, content and methods of public health. The NLN statement reiterates Wilner's (Wilner, Walkley and Goerke) statement that the public health nurse's duties are community-based (Hanlon, 1974, p. 649).

The Public Health Nurses' Section of the American Nurses' Association prepared statements of functions and qualifications for public health nurses (Hanlon, 1974, pp. 649-652). Functions of public health nurses in staff positions are broadly outlined as being: (1) assessing, (2) planning, (3) implementing, (4) evaluating, and (5) studying and researching. The implementation phase of public health nursing is further defined as having comprehensive nursing service as its goal. This nursing component includes: (1) skilled care or the supervision of this when done by others; (2) preventative and therapeutic treatment under the direction of medical practitioners; (3) teaching of positive health measures; (4) elimination of health hazards; and (5) maintaining records.

While carrying out the above-named functions the nurse is to utilize knowledge of behavior patterns and attitudes that will stimulate the family to utilize services on their own initiative. Corroboration

with other health professionals is also cited as an important function within the implementation phase.

The ANA statement again emphasizes that public health nursing occurs within a wide range of settings and that public health nurses may act on a consultation basis to various groups. The nurse is also visualized as acting as a liaison for the public health agency with community groups to promote community health in a variety of ways including the democratic process.

Textbooks Related to Public Health Nursing

Texts reviewed reiterated the foregoing definitions and statements regarding public health nursing (Tinkham and Voorhees, 1972; Leahy, Cobb and Jones, 1977). Most nursing texts consider public health nursing within the larger context of community health nursing. Spradley states that a clear definition of community health nursing is difficult in this time of changing health emphasis and delivery system. Public health nursing is one aspect of community health nursing. She goes on to say that concepts included in community health nursing include: (1) prevention, (2) the family unit, and (3) culture and community dynamics (Spradley, 1975, p. vii).

The authors of community health nursing texts strongly emphasize

that community health nursing contains practices that consider the client as a total person living within an environment that also shapes his health status (Kallin, 1967; Freeman, 1970; Archer and Fleshman, 1975; Leahy, Cobb and Jones, 1977).

Archer and Fleshman (1975) and Freeman (1970) discuss the roles assumed by community health nurses. These can be generally outlined as: (1) advocate, (2) collaborator and team member, (3) consultant, (4) coordinator and facilitator, (5) deliverer of service, and (6) educator.

Studies Related to the Problem

Highriter (1977) reviewed literature appearing in English-written journals between the years 1972-1976 related to "The Status of Community Health Nursing Research." Of those meeting the criteria for consideration of Highriter, 110 were reviewed. She devised a system for categorizing the literature according to the main purpose of the study.

Service evaluation studies accounted for nearly 40% of the studies meeting the criteria for inclusion in Highriter's review of community health nursing research. Fifteen percent (15%) were categorized as "need assessment" studies. One study within this group (Keith, 1975) is referred to in the Need For The Study (p. 6).

Community health nursing education studies accounted for less than fifteen percent (15%) of the studies considered. Attitude studies

were eight in number (7%) and five were concerned with nurses' attitudes toward various subjects; none of these related to the importance attributed to their interventions. The remaining 12% of the articles reviewed were study reviews and articles related to methodology of studies.

Mayers (1972) working as a nurse researcher in a large metropolitan public health agency, undertook several studies to identify assessment criteria for community health nursing practice. One portion of the field studies she conducted was aimed to identifying, by participant observation, what topics were most frequently discussed during home visits. After observing 37 home visits, she determined 17 topics had been discussed between clients and nurses. Of the 17 topical discussions, matters of medical care plans were discussed 26 times, general health and physical symptoms were discussed 36 times and personal-emotional-family problems were discussed 22 times. The remaining topics were defined as personal care techniques, diet, financial problems, social activity, child care problems and techniques, job needs or problems, problems with living conditions, physical activity, housing, birth control, assistance of attendant, clothing, need for assistive devices, and ambulation problems. These are listed in descending order of occurrence as topics of discussion in the visits observed.

Mayers compared the observed content and process of the visits with the nurses' comments about the visit. She found that the goals

stated to the client represented a different level of abstraction than the ones stated to her as the researcher after the visit by the nurse being observed during the visit. One-half of the purposes for the nurse-patient relationship could not be detected from reviewing the content of the home visit. She stated,

> One wonders if nurses might give some thought to sharing their goals more specifically with their clients and if the relationship might be more productive if clients were more involved in an explicit awareness of the purposes of the relationship.[7]

White (1972) reviewed studies that have been done in a hospital setting to supposedly determine what patients, doctors, the general public and nurses themselves think a nurse does, should do, is or should be. Findings of these studies have conflicted and have revealed differences in perceptions of the various groups concerning the role of the nurse. White determined that patients and personnel have had a very small degree of participation in the studies and that activities considered in the studies did not exclusively ceal with nursing activities.

White describes one study that does solicit the views of patients and personnel; that study was done by Whiting in 1958 for the identification of a "generic core of nursing." One hundred commonly-performed nursing activities were rated according to their importance by

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[7]Marlene Mayers, "The Therapeutic Ritual in Community Health Nursing," (unpublished research report), p. 9; see also Marlene Mayers, "Home Visit--Ritual or Therapy?" Contemporary Community Nursing, Barbara Walton Spradley, ed. (Boston: Little, Brown and Company, 1975).

patients. Ratings of the same activities were given by personnel and the ratings of both groups were compared for congruency. Statistically significant differences were found between the views of the two groups.[8]

White (1972) questioned the relevance of comparing generalized responses such as those evoked in Whiting's study. She had 100 registered nurses working in hospitals rate the importance of activities related to 300 patients' care. She asked that the rating be done according to what the nurse visualized as important for the particular patient, not what had actually been done. When she compared the responses of patients and nurses, she found that physical comfort measures were rated more important by the patients. While in Whiting's (1958) study both nurses and patients rated physical comfort measures with more than medium importance, in White's study patients did rate them above this point while nurses rated them below.

White also found that the importance for the patient of many nursing activities involving psychosocial aspects of care was overemphasized by nurses in the study sample. This contradicted earlier research including Whiting's.

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[8]Whiting's study of 1958 was not available to this researcher. Reference to it is extracted from White's 1972 study. Therefore, the term "personnel" may indicate that persons other than registered nurses were also included in the study. However, White states that "nurses'" responses were compared to patients' in her comparison of findings to those of Whiting's study (White, 1972, pp. 11-13).

White also found that nurses and patients placed highest priority on the nursing activities that implement the physician's plan of care. This is consistent with the findings of previous studies White consulted.

Boyle (1960) attempted to determine the ability of nursing students to identify the importance ascribed by patients to certain aspects of hospital care by measuring attitudes. The results of this study identified a need to find ways to systematically acquire skills in recognizing patient attitudes in the interpersonal relationship.

Conlee (1975) developed a questionnaire to examine nursing care from the hospitalized patient's point of view by determining which functions of the nurse the patient considered most important. The relationship of these opinions to demographic variables of the patients were analyzed. Regardless of the patient's age, sex, socio-economic status or ethnicity, medically-prescribed activities of the nurse were seen as more important than activities the nurse carried out related to providing an optimum environment, patient teaching or providing for patients' emotional needs.

Students and their instructor at St. John College (Sisk, 1965; Ciesla, 1965) undertook two studies to determine perceptions of nursing care from a patient's view and from a nurse's view. This was done by having patients and nurses rate the importance attributed to nursing activities described on a questionnaire. Although different sets of

activities were presented to the two groups and only chronically-ill, ambulatory patients were considered, both groups indicated that they felt meeting the patient's physical needs was of the greatest importance.

Summary of Review of Literature

Sociology deals with the scientific study of human interaction. While some nursing activities have an overt technical skill aspect, community health nursing, in particular, is largely an interaction process between nurse and client. Sociological theory, especially interactionist theory and role theory, can be drawn upon to study nursing practice activities.

Community health nursing is a blend of general nursing practice and public health practice. Practiced in settings outside the hospital, community health nursing attempts to aid persons to meet their needs considering the person within the larger context of the community in which he lives rather than in an institutional setting.

Community health nursing principles have mainly been perpetuated through practice. As nursing in general has begun to build a research base for its theory, so has community health nursing, but to a lesser extent. However, at this time some of its practices appear to be ritualistic, which leads to a question of their therapeutic value.

Sociological theory has been applied in hospital-based clinical nursing research to study the attitudes held by nurses and their clients toward activities likely to occur in their professional relationship.

These studies have produced data displaying variances in the rating of importance attributed to selected nursing activities when rated by nurses and patients.

CHAPTER 3

METHODOLOGY

The problem of this study was to determine and compare the degree of importance attributed by both nurses and clients to selected interventions advocated as meaningful and likely to occur.

In this chapter the methodology of the study is presented in the following order:

1. The procedures for development, validation and pretesting of the instrument for data collection are defined.

2. The population is defined and procedures for sampling are examined; method of data collection is discussed.

3. Chapter summary is presented.

Procedures for Development, Validation and Pretesting of the Instrument for Data Collection

Development of an Instrument

The instrument for collecting data consisted of twenty statements describing nursing activities which the respondents were to rate on a continuum ranging from extreme importance to no importance. To select the activity statements to be included, literature was reviewed to determine interventions purported to be important and often initiated in community health nursing practice. Statements of public health authorities, professional nursing organizations statements, public health nursing textbooks and related nursing research reports were

consulted. This literature review focused directly on nurse-client interaction processes, therefore administrative and clerical activities of the nurse are excluded from examination in this study.

The activities identified from the review of literature were categorized according to four areas of nursing care that are consistent with defined courses of study in nursing education. The decision was made to perform the data analysis of the study according to ratings of the four categories (physical care, psychological care, medical care related and sociological care). This is consistent with White's 1972 study as well as other hospital-based studies of this type.

The items of the Community Health Nursing Activities Tool (CHNAT) were developed to identify five items descriptive of nursing interventions within each of the four categories.

Validity Studies

Four expert judge groups were asked to perform rating and sorting procedures to validate the items as closely approximating actual community health nursing practice and validate the items' placement within the four categories. The ratings concerning how closely the items approximated actual community health nursing practice were done by thirteen supervisors of nursing in public health agencies throughout Montana. The sorting procedures regarding validity of placement of items within the four categories were done by nurses of varying job orientation.

Items and category definitions were revised according to results of the rating and sorting procedures conducted by the expert judges (see Appendices A and B). In the rating procedure, the responses of the judges were assigned a numerical value from 4 (closely approximating) to 1 (not closely approximating) actual practice. Averages were computed and the items appearing upon the CHNAT for the study had all been judged as at least 80% closely approximative of actual community health nursing practice. The variability of the expert judge groups conducting the sorting procedure for validity of item placement within categories was above the 50% acceptability limit set by the researcher. The results are displayed in Figure 5 (see Appendix C, p. 82).

A random drawing determined the sequential order of placement of items as accepted from the results of the expert judging procedures upon the data collection instrument.

Pretesting of the Community Health Nursing Activities Tool

Sixteen Nursing Service Center clients and six senior nursing students participated in the pretesting of the CHNAT. Objectives in using the tool with these clients and students were: (1) to determine the mechanical feasibility of the proposed method of data collection by mail; (2) to determine the clarity of the directions and items of the tool; (3) to ascertain if variability would be displayed within the

responses of clients and students to the categorized items (see Appendix D).

As a result of the pretesting the decision was made to retain the items as stated for the final form of the CHNAT. The decision was also made to collect data from pairs of nurses and clients rather than by group. The directions and introductory paragraphs were changed to accomodate this procedural change.

On the CHNAT for nurses, the list of items was preceded by a paragraph requesting the nurse to indicate the importance of each activity for the client whose name was inserted. On the CHNAT prepared for clients, the list of items was preceded by a paragraph requesting the client to indicate the importance of each activity for him (see Appendices E and F).

Population Defined; Procedures for Sampling and Data Collection Discussed

Two communities within Montana were chosen for sites of data collection. The decision for location was based on the availability of a sufficient number of nurses to expedite data collection and of their supervisor's agreement to allow them to participate in the study.

The nurse population was confined to professional nurses engaged in direct care of clients in the community. On each study day, the nurses who agreed to participate were contacted by the researcher (see Appendix G).

The client sample was drawn from the client population being seen by the participating nurses in either a home visit or clinic setting. The criteria for client selection were as follows: (1) the client had had some on-going contact with a community health nurse (not necessarily the nurse who submitted his/her name); (2) the client was able to use the English language; and (3) the client had given verbal consent to the nurse submitting his/her name to be contacted by the researcher.

All respondents in the study signed a participant consent form before completing the CHNAT (see Appendices E and F).

Summary

The problem of the study was to determine and compare the degree of importance attributed to interventions advocated as meaningful and likely to occur within the community health nurse-client relationship.

An instrument for collection of ratings of importance of community nursing activities (CHNAT) was developed by the researcher. Validity testing of the instrument was done. Pretesting of both the nurse and client versions was performed.

The tool was used in collecting data from twenty-five community health nurse-client pairs. The nurses and clients were drawn from purposive samples of the community health nurse and client population residing in two metropolitan areas of Montana.

Data was collected by the researcher personally distributing the appropriate version of the CHNAT to both nurses and clients who had agreed to participate in the study.

CHAPTER 4

PRESENTATION OF DATA

Introduction

The problem of the study was to determine and compare the degree of importance attributed by both nurses and clients to selected interventions advocated as meaningful and likely to occur within the community health nurse-client relationship.

Data were collected from twenty-five pairs of nurses and clients regarding 20 items descriptive of nursing activities. Upon completion of data collection, nurse and client importance ratings of the twenty items were organized in their individual and paired relationships and tabulated. Importance was described as the value attributed to a conceptualization or action related to human behavior. The nursing activities are examples of behavior illustrative of physical, psychological, medical care related and sociological needs of clients in the community health nursing care situation. Null hypotheses had been generated to compare data by category.

The research design was descriptive utilizing a closed-ended questionnaire method. The two dependent variables measured were client and nurse ratings of importance of community health nursing activities. This was accomplished by soliciting responses to the Community Health Nursing Activities Tool (CHNAT). The null hypotheses of the study stated that there are no differences between nurse ratings of importance

and client ratings of importance when considering the same nursing activities.

The Montana State University Computer Center and the Statistics Laboratory were utilized to insure accurate computations. Data were displayed by non-parametric methods and studied for significance by application of the two-tailed "t" test. The M.S.U. Statistics Laboratory was consulted for accurate interpretation of the t values.

Null Hypotheses

Two major null hypotheses and ten minor null hypotheses were generated to facilitate data analysis. They are as follows:

A. There is no significant difference among categorized groups of selected activities in the degree of importance attributed to them by clients and/or nurses.

   1. There is no difference in the degree of importance attributed to physical care activities as rated by clients and/or nurses when compared with psychological care activities.
   2. There is no difference in the degree of importance attributed to physical care activities as rated by clients and/or nurses when compared with medical care activities.
   3. There is no difference in the degree of importance

attributed to physical care activities as rated by clients and/or nurses when compared with sociological care activities.

4. There is no difference in the degree of importance attributed to psychological care activities as rated by clients and/or nurses when compared with medical care activities.
5. There is no difference in the degree of importance attributed to psychological care activities as rated by clients and/or nurses when compared with sociological care related activities.
6. There is no difference in the degree of importance attributed to medical care activities as rated by clients and/or nurses when compared to sociological activities.

B. There is no significant difference between the degree of importance community health nurses attribute to categories of selected activities when compared to the level of importance clients attribute to the same categories of activities.

1. There is no difference in the degree of importance attributed to physical care activities by nurses when

compared with physical care activities importance ratings of clients.

2. There is no difference in the degree of importance attributed to psychological care activities by nurses when compared with psychological care activities importance ratings of clients.
3. There is no difference in the degree of importance attributed to medical care related activities by nurses when compared with medical care related activities importance ratings of clients.
4. There is no difference in the degree of importance attributed to sociological care interventions by nurses when compared with sociological care intervention ratings of clients.

Scoring of the Instrument

Each response on the five-point scale for rating of importance of items was assigned a numerical value. These values ranged from four (extremely important) to zero (no importance). Items with no response recorded were assigned a value of zero.

White (1972) discusses her investigation into the treatment of data in this manner.

> Both Edwards (1957, p. 149) and Likert (1932, pp. 25, f.) describe this method of assigning weights to response categories

on attitude scales. Likert found that scores based on this method correlated .99 with the more complicated system of normal deviate weighting of categories.[9]

Responses of each nurse and each client were coded according to category by a system that permitted comparison of each item and of each category of items. From the tallied CHNAT, the following scores were derived: (1) an "importance score" for each respondent on each item; (2) an "importance score" for each respondent on each category of items was obtained by adding the scores of all the items in the category; (3) a series of "disagreement scores" for each nurse-client pair was computed by subtracting the nurse's importance score on each category from that of the client to whom it referred; (4) two "mean importance scores" were computed for each activity, one based on client responses and one derived from nurse responses; and (5) two "mean importance scores" were computed for each category of activities, one based on client responses and the other derived from nurse responses.

Presentation of Data

Table 1 was constructed in response to the first major null hypothesis: There is no significant difference among categorized groups of selected activities in the degree of importance attributed to them by clients and/or nurses.

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[9]Marguerite White, "Importance of Selected Nursing Activities," Nursing Research, Vol. 21, No. 1, 1973, p. 7.

Table 1. Two-Tailed t Test Between Six Associations for Category "Mean Importance Scores" by Clients and Nurses to Determine Significance of Differences

Association No.	Category to Category	Category "Mean Importance Scores"		t Value		Clients				Nurses			
		Clients	Nurses	Clients	Nurses	.05	.025	.01	.005	.05	.025	.01	.005
1	A to B	12.64 to 13.4	13.40 to 14.28	-1.31	-1.69								
2.	A to C	12.64 to 14.8	13.40 to 15.00	-3.64	-2.73	*	*	*	*	*	*	*	
3.	A to D	12.64 to 11.64	13.40 to 12.00	1.40	2.08					*	*		
4.	B to C	13.4 to 14.8	14.28 to 15.00	-2.69	-1.63	*	*						
5.	B to D	13.4 to 11.64	14.28 to 12.00	3.30	4.99	*	*	*	*	*	*	*	*
6.	C to D	14.8 to 11.64	15.00 to 12.00	4.68	6.00	*	*	*	*	*	*	*	*

LEGEND for Categories: A = physical care; B = psychologiccal care; C = medical care related; D = sociological care.

* = Significance at α levels with 24 degrees of freedom (see Table III, Fisher and Yates, Statistical Tables [Massey and Dixon, p. 464]).

The table considers the six associations between categories as stated in the minor hypotheses related to the first major hypothesis. The two-tailed t test was applied to determine if the differences between the "mean importance scores" for categories by nurses and clients were significant.

Application of the two-tailed t test produced t values indicative of significant differences between the "mean importance scores" for categories for nurses and also for clients. According to Dixon and Massey (pp. 119-121), the t test is most meaninfgul if applied when difference scores are computed and utilized for comparing means. For that reason the lowest level of significance = .005 available from Fisher and Yates' Statistical Tables (Dixon and Massey, p. 464) was chosen as the level of significance that would be acceptable in this study.

These six associations produced t values indicative of significant differences between the "mean importance scores" for categories as rated by clients in three associations and as rated by nurses in two associations. These differences will be discussed further in the final chapter.

The observations obtained by comparing twenty-five community health nurse-client "disagreement scores" are presented in Table 2. Examination of the means, standard deviations and t scores show that nurses and clients agreed more closely on Category C (medical care

Table 2. Distribution of 25 Community Nurse-Client "Disagreement Scores"[a]

Nursing Activities	No. of Items	Possible Range of Scores	Actual Range of Scores	Mean Scores	Standard Deviation	t Values (24 d.f.)[b]
Category A: Physical care	5	20 to -20	+8 to -8	.76	4.59	.827 NS[c]
Category B: Psychological care	5	20 to -20	+14 to -9	.88	4.49	.979 NS
Category C: Medical care related	5	20 to -20	+7 to -8	.20	3.96	.255 NS
Category D: Sociological care	5	20 to -20	+7 to -7	.36	3.37	.535 NS

[a]Computed by subtracting the nurse's score from the client's score.

[b]t values determined by consulting Table III, Fisher and Yates, Statistical Tables (Massey & Dixon, p. 464).

[c]Not significant at $\alpha = .05$ or less.

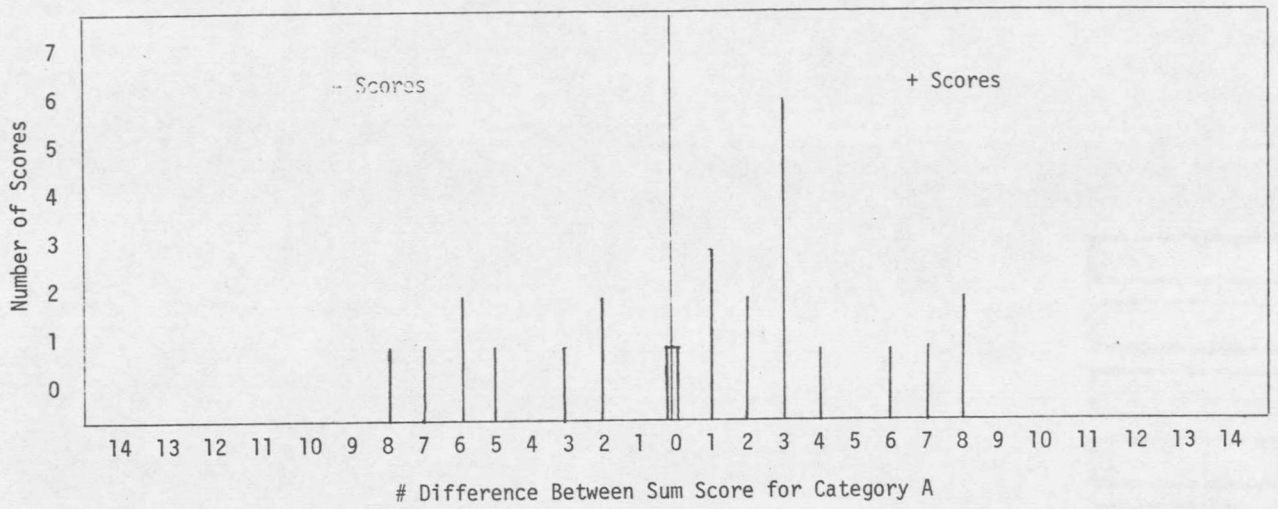
related) and Category D (sociological care) items than they did on Category A (physical care) and Category B (psychological care) activity items.

However, application of the two-tailed t test for the comparison of the "mean disagreements scores" for each category determined no significance at the $\alpha = .05$ level set by the researcher.

The most variability in nurse-client "disagreement scores" is found in the ratings of items descriptive of psychological care activities.

Figures 1, 2, 3 and 4 display the distribution of the nurse-client "disagreement scores." Since the "disagreement scores" were computed by finding the difference between the nurses' score and the clients' paired with them, a score of 0 depicts complete agreement by the pair on items within a category. A positive score displays that the nurse's ratings of items for a category was higher; while a negative score indicates that clients rated the items in the category more important than nurses.

Figures 1, 2, 3 and 4 depicting variability of "disagreement scores" for nurse-client pairs ratings of categories display negatively skewed distributions in Category A (physical), Category C (medical care related) and D (sociological). Category B (psychological care) is positively skewed.



0 Scores = Perfect agreement (N = 1)
+ Scores = Nurse's score was higher (N = 16)
- Scores = Client's score was higher (N = 8)

Figure 1. Distribution of 25 Nurse-Client "Disagreement Scores"* on Category A Activities (Physical Care - 5 items)

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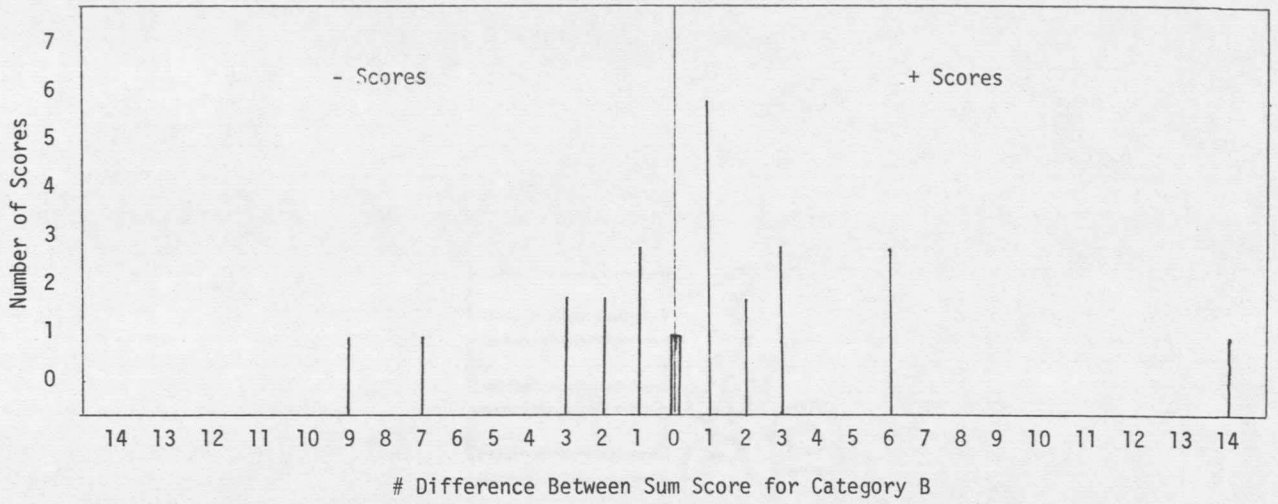
*"Disagreement Scores" difference between nurse's category score and paired client's category score. Example:

Client 16	Client 18
Nurse 18	Nurse 16
+ 2	- 2



0 Scores = Perfect agreement (N = 1)
+ Scores = Nurse's score was higher (N = 15)
- Scores = Client's score was higher (N = 9)

Figure 2. Distribution of 25 Nurse-Client "Disagreement Scores"* on Category B Activities (Psychological care - 5 Items)

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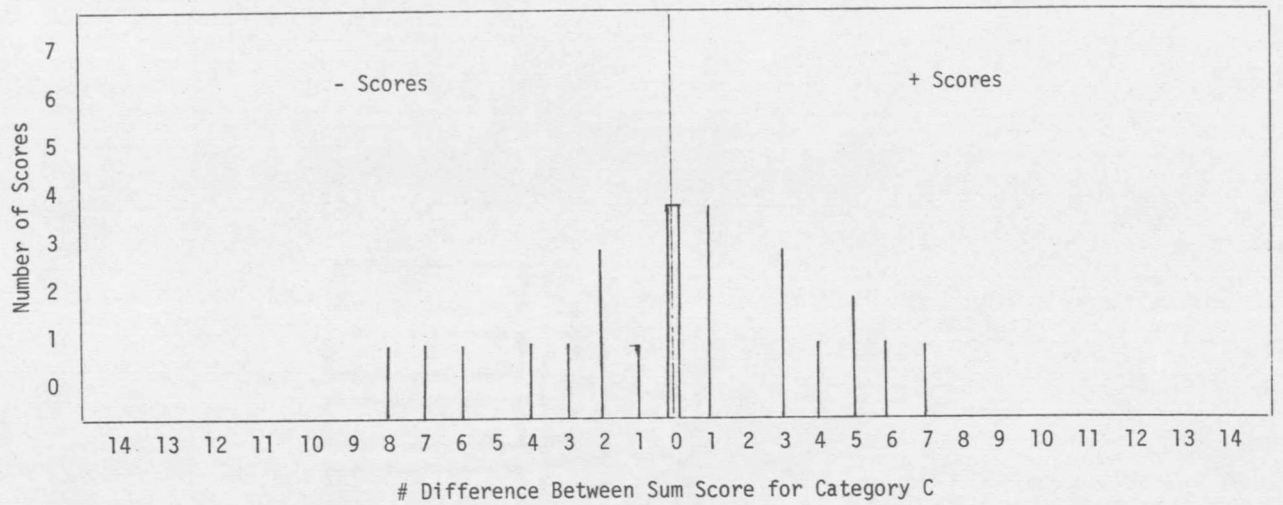
*"Disagreement Scores" difference between nurse's category score and paired client's category score. Example:

Client 16	Client 18
Nurse 18	Nurse 16
+ 2	- 2



0 Scores = Perfect agreement (N = 4)
+ Scores = Nurse's score was higher (N = 12)
- Scores = Client s score was higher (N = 9)

Figure 3. Distribution of 25 Nurse-Client "Disagreement Scores"* on Category C Activities (Medical Care Related - 5 Items)

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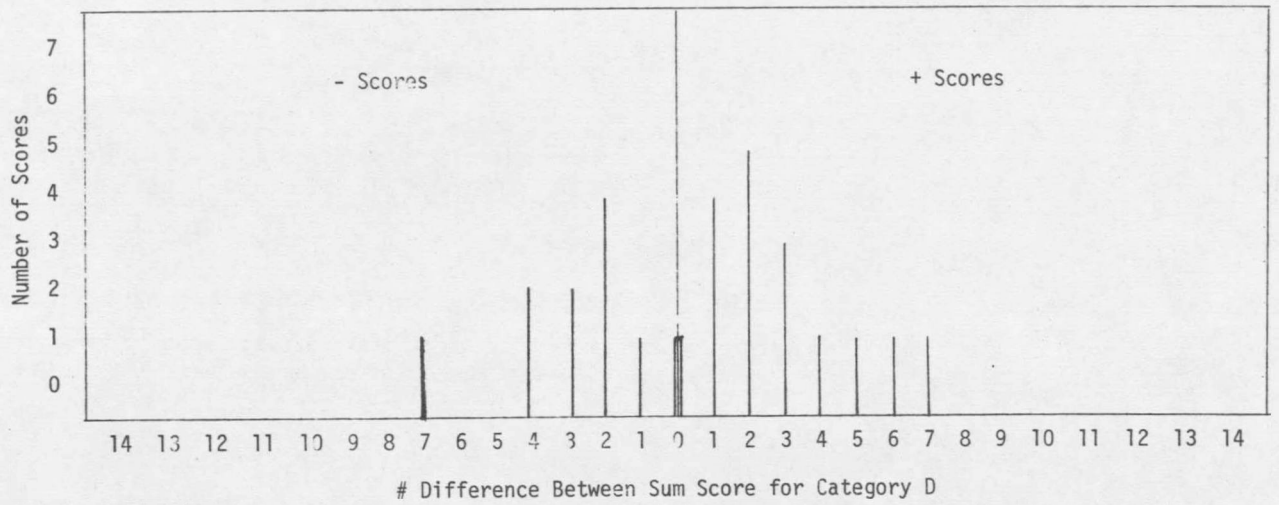
*"Disagreement Scores" difference between nurse's category score and paired client's category score. Example:

Client 16	Client 18
Nurse 18	Nurse 16
+ 2	- 2



0 Scores = Perfect agreement (N = 1)
+ Scores = Nurse's score was higher (N = 14)
- Scores = Client's score was higher (N = 10)

Figure 4. Distribution of 25 Nurse-Client "Disagreement Scores"* on Category D Activities (Sociological care - 5 Items)

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*"Disagreement Scores" difference between nurse's category score and paired client's category score. Example:

Client 16	Client 18
Nurse 18	Nurse 16
+ 2	- 2

As Figure 3 displays, Category C (medical care related) activities were rated with perfect agreement by four pairs (16%), while each of the other categories display one pair (.04%) rating the category items in perfect agreement.

The community nurse-client activities were ranked with those having a mean "importance score" of 2.6 or above for the nurses being displayed in Table 3 and clients being displayed in Table 4. The items in Table 5 display the rank order of individual activity items with a mean score of 2.6 or less and Table 6 being those rated by clients with a mean score of 2.6 or less.

Nurses rated thirteen items with "importance scores" of 2.6 or above as a mean, while clients rated only eleven items with scores averaging 2.6 or above. Items 10 and 12 of the CHNAT are identified as being the items accounting for the difference. However, the mean "importance score) for items 10 and 12 are 2.64 and 2.96, respectively, when rated by nurses compared to 2.32 as the mean score for both items, 10 and 12, when rated by clients.

This display of individual items was done to determine if any items could be considered "most important" or "least important." White (1972) displayed items in this way choosing the 2.6 "mean importance score" as the level for describing items as "most important." Items in White's study receiving a "mean importance score" of 1.6 or less were described as "least important." However, the findings in the present

Table 3. Rank Order of Nursing Activities Rated Above a "Mean Importance Score" of 2.6 by Nurses

Item No. of CHNAT	Category*	Mean Score	Abbreviated Item
17	C	3.32	Explain more fully what M.D. has said
20	C	3.32	Inquire about medical treatments and R_X
1	C	3.12	Confer with other health professionals
3	D	3.08	Act as the client's advocate
8	B	3.08	Talk about a medically-prescribed diet
19	A	3.08	Physically examine the client
2	A	3.04	Talk with a client about how body works
6	B	3.00	Aware of and talk about feelings
9	C	2.96	Suggest the client see his doctor
12	B	2.95	Praise the client for good practices
13	D	2.87	Are aware of the client's financial status
4	B	2.79	ID symptoms of anxiety or depression
10	D	2.64	Encourage client to talk about family

*A = physical care
B = psychological care
C = medical care related
D = sociological care

Table 4. Rank Order of Nursing Activities Rated Above a "Mean Importance Score" of 2.6 by Clients

Item No of CHNAT	Category*	Mean Score	Abbreviated Item
20	C	3.28	Inquires about medically prescribed R_X
1	C	3.20	Confers with other health professionals
19	A	3.04	Physically examines you
4	B	3.04	ID's symptoms of anxiety or depression
17	C	3.00	Explains doctor more fully
8	B	3.00	Talks about medically prescribed diet
13	D	2.96	Is aware of financial status
9	C	2.95	Suggests you see doctor
3	D	2.76	Acts as your advocate
6	B	2.72	Is aware of verbal and nonverbal feelings
2	A	2.64	Talks with you about how body works

*A = physical care

B = psychological care

C = medical care related

D = sociological care

Table 5. Rank Order of Nursing Activities Rated Below a "Mean Importance Score" of 2.6 by Nurses

Item No. on CHNAT	Category*	Mean Score	Abbreviated Item
7	A	2.48	Discuss "basic four" eating habits
18	A	2.44	Show a client how to do physical activity
15	B	2.44	Help client value habits
16	A	2.36	Plan in making home hazard free
5	C	2.28	Talk about medically-prescribed diet
14	D	1.84	Give client information about groups
11	D	1.56	Discuss child spacing and family planning

*A = physical care

B = psychological care

C = medical care related

D = sociological care

Table 6. Rank Order of Nursing Activities Rated Below a "Mean Importance Score" of 2.6 by Clients

Item No. on CHNAT	Category*	Mean Score	Abbreviated Item
7	A	2.52	Nurse discusses the "basic four"
5	C	2.36	Nurse talks about a special diet
10	D	2.32	Nurse encourages you to talk about family
12	B	2.32	Nurse praises for good health practices
15	B	2.32	Nurse helps you value good health habits
18	A	2.32	Nurse you how to do physical activity
16	A	2.12	Nurse plans with you to make home safe
14	D	1.84	Nurse gives you information about groups
11	D	1.76	Nurse discusses child spacing and family planning

*A = physical care

B = psychological care

C = medical care related

D = sociological care

study are not indicative of classifying items in such a way. Only one item was rated with a "mean importance score" of less than 1.6.

Tables 7 and 8 display the percentages of items by category rated above and below a "mean importance score" of 2.6. Two Category A items (physical care) were found to have a "mean importance score" that represented 15% of items being rated more than medium importance. Both Category B (psychological care) and Category C (medical care related) items appeared 4 times (31% of all items) in the more than medium importance or above 2.6 mean score ranking. Sociological care items (Category D) appeared 3 or 23% of all items in the more than medium importance ranking.

Summary

Two major null hypotheses were used to guide the collection, tabulation and analysis of data obtained from responses given to the CHNAT. Since the study is a partial replication of White's 1972 study, that study was also used as a guide for presentation of and analysis of data. However, a second major hypothesis and minor hypotheses allowed further refinement.

The findings from the analysis of data are summarized and discussed in Chapter 5.

Table 7. Percentage of Items by Category Receiving a "Mean Importance Score" of 2.6 or Above by Nurses and Clients

	Percentage	
	Nurse	Client
Category A Physical care	15	18
Category B Psychological care	31	37
Category C Medical care related	31	37
Category D Sociological care	23	18

Table 8. Percentage of Items by Category Receiving a "Mean Importance Score" of 2.6 or Less by Nurses and Clients

	Percentage	
	Nurse	Client
Category A Physical care	43	34
Category B Psychological care	14	22
Category C Medical care related	14	11
Category D Sociological care	29	33

CHAPTER 5

SUMMARY, FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

Summary

The problem considered in the study was, were there significant differences between community health nurse-client importance ratings of selected nursing activities? The problem was further subdivided into differences between client and nurse ratings in relation to selected physical, psychological, medical care related and sociological needs met through community health nursing activities.

The questions investigated were:

1. Are there differences in the degree of importance community health nurses attribute to categories of selected nursing activities?

2. Are there differences in the degree of importance community health clients attribute to categories of selected nursing activities?

3. Are there differences when community health nurses' ratings are compared to clients' ratings?

The first major null hypothesis corresponds to the first two questions. The second major null hypothesis corresponds to the third question. To further refine data analysis, minor null hypotheses were generated for each major null hypothesis.

Findings

The first major null hypothesis stated that there were no differences among categorized groups of activities in the degree of

importance attributed to them by clients and/or nurses. This was further divided to allow six associations between category "mean importance scores" to be tested for significance by the two-tailed t test (see Table 1, p. 37). The first major null hypothesis was accepted.

By ranking the category "mean importance scores," it was determined that both nurses and clients rated medical care related activities as most important. Psychological care activities were ranked second with physical care activities third and sociological care activities fourth.

In the previous chapter, statistical computations were reported in terms of six associations for client and nurse category "mean importance scores." The associations were determined by the six minor null hypotheses related to the first major null hypothesis. These are as follows:

1. There is no difference in the degree of importance attributed to physical care activities as rated by clients and/or nurses when compared with psychological care activities.

2. There is no difference in the degree of importance attributed to physical care activities as rated by clients and/or nurses when compared with medical care activities.

3. There is no difference in the degree of importance attributed to physical care activities as rated by clients and/or nurses when compared with sociological care activities.

4. There is no difference in the degree of importance attributed to psychological care activities as rated by clients and/or nurses when compared with medical care activities.

5. There is no difference in the degree of importance attributed to psychological care activities as rated by clients and/or nurses when compared with sociological care related activities.

6. There is no difference in the degree of importance attributed to medical care activities as rated by clients and/or nurses when compared to sociological activities.

For clients the associations were determined significant in minor hypotheses #2, #5 and #6. Analysis of nurses' ratings by application of the t test to category "mean importance scores" determined significant differences in minor hypotheses #5 and #6.

In client associations, significant differences were found between activities descriptive of: (1) physical care ratings being lower than psychological care ratings; (2) psychological care ratings being rated higher than sociological care ratings; and (3) medical care related activities being rated higher than sociological care activities. Significant differences in the associations when considering activities as rated by nurses are the same as #2 and #3 listed above for clients.

The six association analyses determined that there was no significant difference in the ratings of the two highest ranked items when categories were considered by "mean importance scores"; those two

categories being medical care related and psychological care activities. Likewise, there were no significant differences between the ratings of the two lowest ranked categories--physical care and sociological care--in either nurses' or clients' ratings.

The second major null hypothesis stating that there is no significant difference between the degree of importance community health nurses attribute to selected activities when compared to the level of importance clients attribute to the same categories of activities was tested and accepted. No significant differences were found in associations between the minor hypotheses utilized for operationalizing testing procedures of the second hypothesis (see Table 2, p. 39.).

Discussion of Findings

Nursing is described as being composed of independent and dependent functions. The dependent functions are delegated by the physician and related to medical care initiated regimes. These regimes are nearly always oriented toward effecting cure. Independent nurse functions are more preventative in nature and deal with meeting persons' psychologically-derived needs. These definitions were applied to the community health nurse-client activities rated within the present study. Since the community health nurse is dealing with a person residing within the society rather than in an institutional setting, meeting sociological needs related to his health status also becomes a function of her role. While this sociological role was

rated lower than the other categories, it still received mean ratings above medium importance.

The three categories of community health nursing activities defined as physical care, psychological care and sociological care in the study contain items descriptive of independent nurse functions. It is interesting to note that both nurses and clients in the study sample rated all three of these categories with less importance than dependent functions.

While community health nurse educators and authorities emphasize the autonomy enjoyed by community health nurses, the findings of data in this study sample do not verify that the client or the nurse herself view the nurse's role as being highly independent.

Freeman (1970) believed that clients do not perceive non-tangible supportive acts as valuable as nursing activites directed toward providing personal care to the sick. This statement by Freeman was not verified by findings of the data collected in the present study. While ranking of "mean importance scores" for categories showed medical care related activities ranked highest, there was no significant difference in the mean score for the psychological care category when the two were compared.

Freeman also discusses the role of the nurse as being a "willing advocate." While the study items do not lend themselves well to a comparison of the definition of that role, it is of interest to note that

nurses rated the item in the study describing the nurse as the clients' advocate with a mean score of 3.08 while clients rated the same item with a mean score of 2.76.

Freeman's assertion that the community health nurse is expected to be a "sensitized observer" seems to be confirmed by the study sample ratings. Items describing the nurse physically examining the client, being aware of feelings and identifying symptoms of anxiety or depression were all rated with a mean score above the medium importance rating by all respondents.

While some differences were found between the degree of importance nurses and clients attributed to defined categories of care, no significant difference was found when the t test was applied to paired nurses' and clients' ratings of the same categories of activities. It is a possibility that the differences found between ratings of categories is a result of study mechanics. This is discussed with recommendations for elimination of this possibility in the Conclusions and Recommendations.

Study results indicated a high degree of agreement between clients and nurses regarding the same nursing activities in the study samples. However, as is discussed in the Conclusions, these findings are not generalizable to a larger population.

Conclusions and Recommendations

Both internal and external validity factors affect drawing conclusions other than those considered in the discussion of the findings relative to the study sample populations. It is recommended that the present study and its results be utilized for conducting a more rigorous replication. The following recommendations are made to facilitate such a replication.

Some elements of the design of the data collection instrument limit conclusions that can be drawn and inferred from the present study. While examples of specific activities in the CHNAT items may have clarified them, it is also possible that respondents' ratings were influenced by the examples rather than the actual intent of the item. A recommendation is made to further develop the tool so that all exam-examples in items can be eliminated. Specifically, CHNAT items #9, 14, 15, 18 and 19 require further further scrutiny. This recommendation originates from review of material related to development of questionnaire items as well as pretest clients' comments on the reaction sheet distributed with the CHNAT.

Personal distribution of the tool to respondents allowed the researcher to observe respondent behaviors that further verified this internal validity concern.

Other recommendations for elimination of factors affecting internal validity are as follows:

A. More extensive literature content analysis to identify unique community nurse activities advocated as essential to an effective nurse-client relationship should be done.

1. These activities could then be assigned to categories identified and defined from the literature review.
2. A statistical weighting procedure could be used to determine if the categories are equally-weighted as divisions of nursing care advocated to be meaningful in an effective community nurse-client relationship. This would allow a more valid interpretation of the significance of the ratings assigned to categories. The assignment of equal numbers of activities to each category, as was done in the present study, gives the appearance that all categories are judged to be equal in weight relative to their priorities for an effective relationship to occur.

B. Activity rating responses could be defined in more specific terms than degrees of importance. Respondents could be asked to rate the item's as essential or not essential to meeting the specific client's needs.

The design and methods used in the study restrict the external validity of the study.

After refinement of the data collection instrument, a much

larger sample of community health nurses and clients should be drawn to eliminate bias that is always inherent in clinical research. Descriptive research regarding variables affected by as many extraneous factors as are present in the nurse-client relationship require an extremely large number of sampling units. The selection of large random samples of community health nurses and clients as respondents would make further conclusions possible, leading to valid inferences.

The t test for testing significance of associations between data results is appropriate with paired data. However, use of more sophisticated statistical procedures such as analysis of variance would lend much support to data analysis of the proposed replication study.

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APPENDIX A

Montana State University
SCHOOL OF NURSING
Bozeman, Montana 59715 Tel. 406-994-0211

August 11, 1977

Dear Community Health Nursing Practitioner:

I am a graduate student in Community Health Nursing at Montana State University School of Nursing. I am writing to ask your assistance in establishing the degree of validity in questions I am proposing to use in a research study. The questions are mainly based upon a review of Community Health Nursing literature. I have attempted to include questions that are inclusive of most Community Health Nursing activities advocated by authors and basically applicable to any age client.

Since the items have been constructed mainly from literature review, I need a critique of them by expert Community Health Nursing practitioners relative to the questions' degree of approximation to actual daily practice. As a daily practitioner of Community Health Nursing, you are such an expert. Since Community Health Nursing is a specialty, we need research efforts directed at validating our unique practices. I hope that you will assist me in this effort.

Some hospital studies have been done where patients and nurses each rated the level of importance they hold for certain nursing acts that may have occurred during their professional relationship. (See White, Marguerite B., "Importance of Selected Nursing Activities," Nursing Research, January-February, 1972, pp. 4-13). Studies of this type allow nursing practitioners to better predict how various interventions they may initiate will be received by some clients. A prediction of this kind allows the nurse to individualize her care and use her skills to the best advantage.

Since a study of this type has not been done in the Community Health Nursing setting, I would like to conduct one. The questions I have composed to be presented to nurse-client pairs for rating as to level of importance are on the following pages.

I am asking your assistance in three areas: First, on the attached listing of nursing activities, judge each item as to how closely it approximates nursing interventions initiated daily in Community Health Nursing practice. The instructions are at the top of the Community Health Nursing Activities Tool. At the end of the questions to be rated, you will find a space where you can comment or add items that you believe should be included. This is the second thing I am asking you to do. The third matter I would like you to comment on is whether or not you feel the items as stated are acceptable and understandable to the majority of clients you work with. If you have comments related to this, please place them in the margin area.

Your cooperation is sincerely appreciated. Please return the questions with your comments in the self-addressed, stamped envelope provided.

Yours truly,

Judy Gedrose, R.N., B.S.N.
29 Glacier Court
Bozeman, Montana 59715

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Judy Gedrose is currently registered as a full time student in the Master of Nursing Program. Any assistance and cooperation you can give her will be appreciated.

Anna M. Shannon, R.N., D.N.S.

COMMUNITY HEALTH NURSING

ACTIVITIES TOOL

Instructions: Judge each item as to how closely it approximates interventions you initiate daily in your community health nursing practice. Mark an X on the scale to indicate your judgment. Comments relative to the understandability and construction of the item can be made in the margins. A space for addition of items you feel are pertinent is provided at the end of the items to be judged.

Physical Care Aspects of Community Health Nursing Practice:

1. The nurse physically examines the client or a family member to see a rash, take blood pressure, check the movement in a painful limb.

Closely ... Not
Approximating ... Closely

2. The nurse shows a client how to do a physical activity such as bathing a new baby, applying a salve, changing a dressing, or adjusting a brace.

Closely ... Not
Approximating ... Closely

3. The nurse talks with a client about how he can make his home safer for him and other family members.

Closely ... Not
Approximating ... Closely

4. The Nurse discusses nutrition with a client regarding the "basic four foods" and healthful eating habits.

Closely ... Not
Approximating ... Closely

5. The nurse talks with a client about how his or his child's body works in good health or in relation to a specific disease.

Closely ... Not
Approximating ... Closely

Psychological Aspects of Community Health Nursing Practice:

1. The nurse praises the client for good health practices he is already using.

Closely ... Not
Approximating ... Closely

2. The nurse encourages the client to talk about his feelings concerning his life and the state of his health.

Closely ——— Not
Approximating ——— Closely

3. The nurse tries to determine the client's usual living pattern by discussing this with him and helps him make adjustments if they are necessary for his health.

Closely ——— Not
Approximating ——— Closely

4. The nurse helps the client see how good health practices will be helpful in his life now and in the future.

Closely ——— Not
Approximating ——— Closely

5. The nurse lets the client know, through speech and actions, that she really understands how the client feels about his life and health.

Closely ——— Not
Approximating ——— Closely

Medical Care Related Aspects of Community Health Nursing:

1. The nurse explains more fully something the client's doctor has told him about his health.

Closely ——— Not
Approximating ——— Closely

2. The nurse inquires about the medicines the client is taking or other treatments he is practicing at home to see if they are acting in the expected way.

Closely ——— Not
Approximating ——— Closely

3. The nurse talks with the client about a special diet the doctor has prescribed for him.

Closely ——— Not
Approximating ——— Closely

4. The nurse suggests the client see his doctor about a health problem or for preventative measures such as immunizations or a yearly check-up.

Closely ——— Not
Approximating ——— Closely

5. The nurse suggests the client discuss referral to another health professional such as a mental health worker or a social worker with his doctor.

Closely ——— Not
Approximating ——— Closely

Social Care Aspects of Community Health Nursing Practice:

1. The nurse discusses child spacing and family planning with the client.

Closely ——— Not
Approximating ——— Closely

2. The nurse gives the client information about groups he might join, such as Weight Watchers, Alcoholics Anonymous, Preparation for Childhood or a personal growth group.

Closely ——— Not
Approximating ——— Closely

3. The nurse encourages the client to talk about how he gets along with other family members and friends.

Closely ——— Not
Approximating ——— Closely

4. The nurse discusses the financial implication of the client's health care with him.

Closely ——— Not
Approximating ——— Closely

5. The nurse discusses his living arrangements with the client and how this might affect his health.

Closely ——— Not
Approximating ——— Closely

Additional items and comments: (Use reverse of this sheet if needed)

Total length of employment as a Community Health Nurse _____

APPENDIX B

Montana State University

Bozeman, Montana 59715 Tel. 406-994-0211

September 11, 1977

Dear Community Health Nursing Practitioner:

I am a graduate student in Community Health Nursing at Montana State University School of Nursing. I am writing to ask your assistance in establishing the degree of validity in items I am proposing to use in a research study. I am also asking your help in judging the correctness of placement of the questions within four (4) major categories descriptive of Community Health Nursing activities. The task takes approximately 15 minutes.

Since the items have been constructed mainly from literature review, I need a critique of them by expert Community Health Nursing Practicitioners, such as you. Being a daily practitioner, you are an expert regarding how closely the items I have constructed actually approximate your daily practice.

Some hospital studies have been done where patients and nurses each rated the level of importance they hold for certain nursing acts that may have occurred during their professional relationship. Studies of this type allow nursing practitioners to better predict how various interventions they may initiate will be received by some clients. The uniqueness of Community Health Nursing practice precludes direct transfer of hospital based nursing research studies to the community setting. Therefore, I would like to conduct a similar study within a Community Health Nursing agency utilizing items within the questionnaire descriptive of Community Health Nursing activities. The items you are being asked to judge are a basis for development of the questionnaire to be used when both nurses and clients will be asked to rate the importance of activities that may have occurred.

Analysis of the data received through the questionnaire will be done by grouping various items into four (4) major categories descriptive of Community Health Nursing activities. The categories are: Physical Care Related Aspects, Psychological Care Related Aspects, Medical Care Related Aspects and Sociological Care Related Aspects. I have placed the items within the categories I feel are most descriptive of their major intent. I am asking you to conduct a task similar to a Q-Sort to determine the validity of my placement of the items within the categories.

Enclosed you will find a packet containing the materials to perform the judging of the items as to how closely they approximate your daily practice and to perform the task similar to a Q-Sort for establishing the placement of the items in the four main categories. The instructions are on the front of this packet.

We, as Community Health Nursing Practitioners, need research that is apropos to our unique practices. Your time in helping me accomplish this is greatly appreciated.

Yours truly,
Judy Gedrose
Judy Gedrose, R.N., B.S.N.

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Judy Gedrose is currently registered as a full-time student in the Master of Nursing program. Any assistance and cooperation you can give her will be appreciated.

Anna M. Shannon
Anna M. Shannon, R.N., D.N.S.

COMMUNITY HEALTH NURSING
ACTIVITIES TOOL

PACKET

INSTRUCTIONS: Within this packet you will find twenty-three (23) item slips. Each one carries a statement descriptive of a Community Health Nursing activity. You will also find four (4) yellow envelopes. On each envelope you will see the definition of one of the four (4) major categories I have selected as being illustrative of Community Health Nursing.

To conduct the task, please follow these steps:

1. Lay out the four (4) envelopes on a flat surface in front of you.
2. Remove the staple holding the twenty-three (23) item slips so you can consider each separately.
3. Judge each item as to how closely it approximates interventions you initiate daily in your Community Health Nursing practice.
4. Mark an X on the four-point scale below the item to indicate your judgment of each item from Closely Approximating to Not Closely.
5. Place the item slip within one (1) of the four (4) envelopes provided to indicate your judgment of which major category of Community Health Nursing practice the item illustrates.
6. Repeat this process for all twenty-three (23) items.

When you have completed the judging of the items and placed them all within a category envelope, insert them in the stamped, self-addressed envelope provided and return them by mail to me. Thank you!

CATEGORY DEFINITIONS APPEARING ON ENVELOPES
FOR SORTING PROCEDURE #1 BY EXPERT JUDGE GROUP #2

PHYSICAL CARE RELATED ASPECTS: The items within this category depict interventions that are nurse-initiated to facilitate the client meeting his basic physiological and safety needs.

PSYCHOLOGICAL CARE RELATED ASPECTS: This category includes items descriptive of nursing interventions that are initiated in an effort to promote individual client growth. These are usually intangible and occur as a communication process between nurse and client relative to emotions, values and goals.

MEDICAL CARE RELATED ASPECTS: This category includes items relative to interventions usually initiated by or related to other health professionals.

SOCIOLOGICAL CARE RELATED ASPECTS: This category contains items depicting interaction process interventions concerning the client's relationships with others and his life as a social being.

The nurse is aware of the client's financial status and attempts to help the client receive his health care in the most cost efficient manner.

Closely Approximating 1 2 3 4 Not Closely

The nurse shows a client how to do a physical activity such as bathing a new baby, applying a salve, changing a dressing or adjusting a brace.

Closely Approximating 1 2 3 4 Not Closely

The nurse suggests the client see his doctor about a health problem or for preventative measures such as immunization or a yearly check-up.

Closely Approximating 1 2 3 4 Not Closely

The nurse gives the client information about groups he might join, such as Weight Watchers, Alcoholics Anonymous, Preparation for Childbearing or a personal growth group.

Closely Approximating 1 2 3 4 Not Closely

The nurse talks with a client about how his or his child's body works in good health or in relation to a specific disease.

Closely Approximating 1 2 3 4 Not Closely

The nurse explains more fully something the client's doctor has told him about his health.

Closely Approximating 1 2 3 4 Not Closely