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
Montana State University
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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

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

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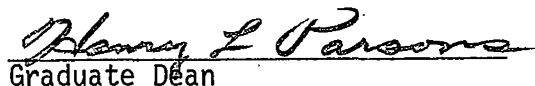
Approved:

Chairperson, Graduate Committee

Head, Major Department


Graduate Dean

MONTANA STATE UNIVERSITY
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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.

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

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.