A field study of the nursing services understood by the non-nurse members of three health councils.

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Boston University

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A FIELD STUDY OF THE NURSING SERVICES UNDERSTOOD
BY THE NON-NURSE MEMBERS OF THREE HEALTH COUNCILS

by

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Second Reader: Lucille Sommermeyer
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CHAPTER I  INTRODUCTION

Nurses can no longer isolate themselves as a group from other professions. In order to achieve success in their programs, which are directed toward improved patient care, nurses are becoming cognizant of the need for working closely with the other professions such as medicine, social work and teaching. This is especially true of public health nurses who for many years have encouraged the participation of others in their activities. When working with other groups to achieve improved patient care, nurses have the responsibility of interpreting nursing and the services that nurses have to offer. A better understanding of the functions of the nurse should lead to wiser utilization of her services.

One way in which public health nursing has been interpreted to others is through the medium of the health council. However, the interpretation of the nursing services rendered by a public health agency does not necessarily mean that the nursing services are understood by the members of a health council. The study which follows is an attempt to determine whether the non-nurse members of the health council have an understanding of the nursing services of the public health nurse.
Statement of Problem:

What do the non-nurse members understand about the nursing services rendered by the public health agencies represented on the health council?

In the study of the initial problem, other questions were raised.

Sub-problems:
1. Were there differences between what the nurse members of the health council thought the non-nurse members understood and what they actually did understand?
2. What nursing services were not understood?
3. What did the public health nurse do to promote better understanding of the nursing services on the part of the non-nurse members?
4. What skills are needed by the public health nurse to aid in the communication of information relating to nursing services?

Purposes of Study:

The purposes of the study were:
1. To identify the nursing services which were rendered by the public health agencies and which were understood by the non-nurse members of the health council.
2. To determine how effective the public health nurse was in promoting the understanding of the nursing services by the non-nurse members of the health council.
3. To determine what skills are needed by the public health nurse for the job of communication and interpretation. Since public health nurses have become increasingly active in health councils, it was felt that such a study was important.

Scope and Limitations:

The study was conducted in a large eastern city where the city health department has sponsored the development of seven health councils within the focus of the district health units. Nursing supervisors from both the health department and the voluntary public health nursing agency have taken an active part in the work of the health councils. The supervisors were requested to participate in the study because of their regular attendance at the council meetings. This fact adds a limitation to the study since no attempt has been made to obtain the opinion of other nurses participating in the health council meetings.*

Another limitation of the study was the fact that the sample was restricted as to locale. What may be a problem in the community in which the study was done may not be a problem in another community. In addition, the sample did not permit generalizations because the participants were not chosen at random.

* Staff nurses attend the health council meetings when time permits.
According to Garrett, a random sample is one in which "every individual...in the population...has the same chance of being chosen for the sample; (and)...the selection of one individual...in no way influences the choice of another". It has already been explained that the nursing supervisors and/or their assistants who regularly attended the health council meetings were chosen to participate in the study. The non-nurse members were chosen because of willingness to answer the questionnaire. The individuals who comprised the sample were selected on that basis and therefore the sample was not a randomly chosen one. Because the sample was not chosen at random, generalizations could not be made; they may not apply to the rest of the population.

Another limitation lay in the fact that the individuals whose replies were considered in the study were persons who were members of related professions. They were not lay persons in the strict sense of the word.

Basic Assumptions:

For the purpose of conducting the study certain basic assumptions were made:

1. That there is need for better communications between the public health nurse and the non-nurse members of the health council;

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2. That the public health nurse, as a member of the health team, has a responsibility for communication and interpretation of the nursing services offered by the public health agency which she represents;

3. That the health council offers an opportunity for such communication;

4. That the public health nurse requires skills to aid in communication and interpretation.

The above mentioned assumptions were well supported in the literature. Further elaboration follows in the survey of the literature.

Definitions of the Terminology:

2 Gunn and Platt have said that a health council may be called by any name, but essentially it is a group of people joined together in a common concern about health problems which seem to justify common effort and attack. This kind of group is not concerned with a specific disease. Others see the health council also as a coordinating body of the various social and health agencies within the community. For the

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purpose of this study, the health councils are to be considered as a combination of the above two definitions.

In this study, the following terminology was used:

The term "nurse" refers to the public health nurse.

The term "health agency" refers to a public health or a public health nursing agency.

"Nurse members", as it was applied to the health council situation, was limited to the district supervisor of public health nursing in both the health department and the visiting nurse association.

"Non-nurse members", was used to refer to the other members of the health council who were representatives of the various agencies comprising the membership of the council, but who were not nurses.

"Communication" as it was applied to the present study, was used to signify the transmission of information and interpretation of the kinds of nursing services offered by the two public health agencies participating in the study.

Summary of Methodology:

Two open-end questionnaires were used to collect the data required for the study of the problem. One questionnaire was given to the public health nursing supervisors who regularly attended the health council meetings and participated in the activities. The second questionnaire, essentially the same as the first with somewhat different wording, was
presented to the non-nurse members of the health council who were willing to participate in the study. Twenty-five questionnaires were given to nurses and fifty to non-nurse members.

Overview of Presentation:

In Chapter II is a survey of the literature and the philosophy. The methodology is given in detail in Chapter III and is followed by the presentation and interpretation of the data in Chapter IV. The final chapter includes a summary, the conclusions drawn from the study and the recommendations for further study.
CHAPTER II THEORETICAL FRAMEWORK

Survey of the Literature:

By definition, the health council has brought together representatives of the following kinds of agencies within the community: the health department, the juvenile court, the schools, the welfare department, the family service, the women's clubs, the church and religious organizations, the youth serving agencies such as the YWCA, the chambers of commerce, the fraternal organizations and other interested citizens. From this list of possible participating groups, it is easy to see that the health council can be a medium of communication from the health department and/or the nurse to the community and vice versa. Gunn and Platt have substantiated this by calling the health council one of the most valuable and powerful forces in the community for the cultivation of the public's understanding of its health problems.

Referring again to the definition of a health council as accepted for use in the present study, health promotion can be considered as a legitimate function of a health council. It follows in logical sequence that along with the dissemination

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of health education information goes information regarding the services offered by the member agencies of a health council. Such inter-communication can lead to better understanding and wiser utilization of these services. Cleere declared that one of the principal objectives for a health council is the education of members regarding programs and policies of member agencies.

Public health nurses, as members of the health team, have a full share in the responsibility of communicating and interpreting information about nursing services available from the health agency. "Every public health nurse an interpreter" is the way in which Wensley portrays the role of the public health nurse in the public relations aspects of nursing. The health council has been one area in which public health nurses have participated to an ever greater extent, both in the initiation of health councils and in the giving of continued leadership and guidance. A report by the National Health Council in 1952, following a two year survey, revealed that there were thirty-four state health councils and 1200 local councils in the United States. One out of every four counties had a health council at that time. New councils are being

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5 National Health Council Reporter, April, 1952.
established as existing programs expand and new programs are initiated. The health council can even be responsible for bringing health services to a community which has been without them.

Communication has been a problem that has been very much with us. The many studies in the field of psychology and human relations have brought this fact to a conscious level. Haire has stated one of the major problems involved in communication rather effectively:

"One of the easiest mistakes to make in the practice of communications is to feel that because we heard ourselves say something, the other person necessarily has heard us say it too, and moreover, has heard much the same thing that we heard ourselves say."

Haire's statement has considerable bearing on the present study.

The literature contained much that was relevant to the organization, function, membership and effect of health councils, but there was relatively little about the public health nurse and her relationship to the council.

Philosophy:

Public health nurses have been engaged in a wide variety of activities. Over the years, as the need has arisen for additional types of nursing service, these have been included in the public health nursing program. The nursing services are sometimes not known or are not understood by persons in related

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fields of social service. Attempts have been made to improve public relations between public health agencies and social agencies so that the latter will be aware of available nursing services. The communication of information has been a prerequisite for motivation. In this instance communication of information about services carried on by public health nurses is necessary before the services can be used wisely and to their fullest extent.

Communication of information can be accomplished in many ways. The public health nurse herself has been perhaps one of the best mediums of communication. In her daily work, she has met many people and has had many opportunities to interpret services, but the health council, with its aggregate of representatives from a wide variety of social agencies, has offered another kind of opportunity to reach people. The nurse representative on the council has information concerning the services which the public health nurses in her agency are prepared to give to the community. It becomes the responsibility of the nurse representative to get across to the other members of the health council information of this kind. The effectiveness of the individual nurse in communicating information may make a difference in the understanding achieved by the other members. The nurses probably have not taken full advantage of the opportunity which the health

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council has offered.

Undoubtedly there will be some difference between the councils in relation to how much is known and understood by the non-nurse members of the councils. The nursing services which involve direct patient care are perhaps the best and most widely understood while those intangible services such as teaching, consultation, and guidance lie at the opposite end of the continuum.

As mentioned earlier, the assumption has been made that skills which aid communication are required by the public health nurse to convey information to other members of the health council. The skills may include a sound foundation in public health nursing, public speaking ability, knowledge of group processes, and human relations. The nurses themselves are capable of analyzing and evaluating their own achievement of these skills. Rogers, in speaking about students and self-evaluation has this to say:

"...You can trust him to desire to learn in every way which will maintain or enhance self; you can trust him to make use of resources which will serve this end; you can trust him to evaluate himself in ways which will make for self-progress; you can trust him to grow, provided the atmosphere for growth is available to him."

Certainly what Rogers has said of students can be applied to nurses. Regarding the statement of making use of resources to

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enhance self, non-nurse members of the health council can be included as such a resource. In this respect, both the nurse and non-nurse members of a health council have much to offer in the way of criticism and recommendations for bringing about improvement in the understanding of nursing services and also in determining the skills that are needed for communication.

To study the problem certain hypotheses have been developed. They are:

1. That there is some variation between what the nurse thinks she has been successful in communicating to the other members of the health council regarding nursing services and to what extent she has actually succeeded.

2. That the nurse members of the health council are lacking in some of the skills needed to communicate information to the non-nurse members of the health council.
CHAPTER III  METHODOLOGY

Setting in which the Problem was Investigated:

The study was conducted in a large eastern city. The health department has been the agency responsible for the organization of small local health councils in seven of the districts under its jurisdiction.

The investigator chose to include the data from three of the health councils contacted in this study. The three councils were chosen because replies to questionnaires were received from nurses of both the official and the voluntary public health agency representatives and from at least three non-nurse members of each council. The remaining replies were scattered over the four other councils and were too few to be considered of any value.

Each health council studied was a formal organization; that is to say, it had a constitution and by-laws, had election of officers, and held regular meetings. The membership included representatives of the various branches of the health department including the public health nursing division, the visiting nurse association, the department of welfare, the family service, the YMCA, the churches and religious groups, et cetera. Invitations have been extended to all other

* The following information was obtained from interviews and unpublished progress notes kept by the health department.
interested citizens within the community. The more extended type of participation which included lay membership has not yet been fully developed. It is only fair, however, to add that two of the three health councils were newly organized at the time the study was made. The membership of each of the health councils studied appears in Appendix A.

The activities of the three health councils studied have been varied. The first council, during the past year, has been engaged in the following activities: a neighborhood clean-up campaign; a planned recreation program for the children of the community; establishment of better working relationships between the agencies represented on the health council; and the interpretation of the policies of the member agencies. The second council listed among its accomplishments: the establishment of a citizens planning organization; a youth recreation program; and an exchange of information regarding the programs of the member agencies. The third council has directed its efforts toward health education of the health council members in relation to heart disease and tuberculosis. The programs have included talks and the showing of slides and movies to promote interest in and understanding of the above mentioned health problems.

Development of the Tool:

To study the problem the investigator needed information concerning the kinds of nursing services which were understood
by the non-nurse members of the health council. Information relative to what the nurses did to promote understanding was also needed, as well as what could be done by the nurses to bring about greater understanding on the part of non-nurse members. The investigator was interested also in the skills needed by the nurses to aid in the communication of information. It was felt that both the nurse and non-nurse members of the health council were able to contribute these kinds of information.

The investigator chose to use an open-end questionnaire as the tool to collect the data because it allowed the participants more freedom in answering. It was felt that with a check list type of questionnaire there might be a tendency to check off items of which the participants may or may not have an understanding. The questionnaire was also used because of the limited amount of time which could be devoted to the study.

The questionnaire was developed around the kinds of information needed. Two similar questionnaires with slightly different wording were prepared; one questionnaire for the nurse members of the health council and another questionnaire for the non-nurse members. It was felt that this kind of a questionnaire would reveal the thinking of the individual participants as well as similarities and differences of opinion between the two groups.

* A copy of both questionnaires has been included in Appendix B.
In addition to these questions, the nurses were asked to list the groups represented by the membership in the health council to which they belonged and to state whether or not they had served or were serving as an officer of the council at the present time.

Since the health councils were sponsored by the health department it was deemed advisable to have the questionnaires for the non-nurse members of the council distributed by the health department nurse representative. The questionnaires were given to the non-nurse members who were willing to participate in the study. Nurses from the health department and from the visiting nurse association were members of the same councils. The public health nursing supervisors from both agencies were requested to participate in the study. A total of twenty-five questionnaires were mailed to the nursing director of the health department and to the nursing director of the visiting nurse association to be distributed among the nurse members. Fifty questionnaires were distributed among the non-nurse members of the seven health councils. Responses were received from nine nurse members or thirty-six percent of the nurse members and from twelve non-nurse members or twenty-four percent of the non-nurse members contacted.

Conferences were held with the nursing directors of the two agencies to obtain background data about the health councils and to determine whether or not it would be feasible to investigate the problem.
CHAPTER IV PRESENTATION AND INTERPRETATION OF DATA

In presenting the data, the health councils studied were called Council Numbers One, Two, and Three. The data from the three councils were considered as a whole. However, the tabulations were broken down to show the responses from both nurse and non-nurse members of each council.

The data relative to nursing services which were understood by the non-nurse members of the health councils were presented as follows: in the first column the nursing services were listed and in the adjacent columns the numbers of individuals indicating a particular category were given for each of the three councils. The total number of individuals from the three health councils indicating replies in each category and the percentage of the total number of participants they represented was given. The same method was used to present the data relating to nursing services not understood, methods used by the nurses to bring about understanding, methods that could be used to promote understanding, skills needed by the nurse, skills in which the nurses were more proficient, and skills in which the nurses were less proficient.

The portion of the data that concerned the reasons for understanding and the reasons for not understanding have not been included in the study. In reviewing the data it was
found to be a duplication of the section concerned with methods. Another factor involved in the decision not to include that portion of the data was the fact that only the nurses had been asked to answer the question about reasons for not understanding. Since the non-nurse members had been asked to state their opinions on all the other questions, it did not seem quite fair to exclude them on one portion of the questionnaire. For those reasons the data were not included.

Responses from Council Number One included two nurse members, representatives of both the health department and the visiting nurse association and four non-nurse members. The non-nurse members were representatives of the health department, family service, a nursery school, and a settlement house.

Responses from Council Number Two included two nurse members, representing both public health agencies and three non-nurse members. The non-nurse members included representatives from the family service, a public school and a settlement house.

The responses from Council Number Three included two nurse members, representing both public health agencies, and three non-nurse members. The non-nurse members included representatives from a settlement house, a religious charitable organization and a social worker.

The data concerning the nursing services that were understood by the non-nurse members of the health council, as indicated by both the nurse and non-nurse members, have been presented in Table 1.
## TABLE 1  NURSING SERVICES THAT WERE UNDERSTOOD BY THE NON-NURSE MEMBERS OF THE HEALTH COUNCIL*

<table>
<thead>
<tr>
<th>NURSING SERVICES</th>
<th>COUNCIL NUMBER ONE</th>
<th>COUNCIL NUMBER TWO</th>
<th>COUNCIL NUMBER THREE</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (3)</td>
</tr>
<tr>
<td>1. Immunizations</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>2. School health</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Physical therapy</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4. Health teaching and guidance</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5. Clinics and well baby conferences</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>6. Health supervision of pre-school child</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Bedside care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>8. Communicable Disease control</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Antepartum and postpartum care</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10. Giving treatments</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11. Most health dept. services</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12. Most VNA services</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that these services were understood by the non-nurse members.
Items six through twelve showed too small a difference to be significant. Items one through five, however, did reveal significant differences. The range of differences went from twenty-three percent on item two to fifty-three percent on item one. Items one through five included the immunization program, the school health program, physical therapy, health teaching and guidance, and clinics.

With the exception of physical therapy, the nurse members were more conservative in their estimate of the nursing services that were understood by the non-nurse members than was the latter group. The reverse was true of physical therapy. Physical therapy was a fairly new service and had been an area which has received a great deal of attention. The nurse members may have felt that because of the greater attention it had received, the service was better understood. Physical therapy, however, was a service offered only by the voluntary agency and on a limited basis, which may account for the small percentage of non-nurses who listed the service among those understood.

The immunization program was a long established program. It seems logical to expect a large percentage of the non-nurse members to know about it and understand it. Most of the nurses felt that the immunization program was not understood. Perhaps because they felt that although many people were aware of immunization and its role in communicable disease control, many individuals may not have been fully aware of the types of immunizations that were given.
Health teaching and guidance have been an area that nurses have traditionally felt was not understood. Therefore, one would expect to find a small percentage of nurses replying in a positive way. The non-nurse members, however, did not support the view of the nurse members. This may be an area in which the nurses have had a protective attitude; that is to say, they have felt misunderstood in one of the most vital phases of their work and have developed an attitude of protection toward that phase of work, guarding it jealously.

The school health program has included health teaching and guidance to a considerable degree. Both nurse members and non-nurse members may have included it under item four rather than listing it separately. In view of the fact that schools are represented on all three councils it seems logical that there should be more evidence of understanding of the school health program in the views of both groups.

A similar situation may have occurred in regard to the clinics. The nurses, thinking largely in terms of the health teaching associated with clinic services, may have included this item with health teaching or may have placed it in such areas as immunizations, health supervision of the pre-school age child, or antepartum and postpartum supervision.

Considering items one through five, there may have been either an under-estimation on the part of the nurse members or an over-estimation on the part of the non-nurse members. However, in relation to the major portion of the items (six through
twelve) there was considerable agreement. If under or over-
estimation had occurred, one would expect it to have been
carried through on all items. Is there anything peculiar to
the services which would have caused so great a disparity be-
tween the responses of nurse and non-nurse members? All of the
services involve health teaching with the prevention of illness
as the ultimate goal. This is true, however, of all phases of
public health nursing. As has already been suggested, the
nurses may have a protective attitude in relation to the health
teaching aspects of their work. The non-nurse members, on the
other hand, show evidence of understanding a wide variety of
services including health teaching. It would seem that the
nurses have not given the non-nurse members credit for knowing
as much as they actually do know.

Item six, health supervision of the pre-school age child,
was listed by only one non-nurse member. Pre-school age
children have been thought of as one of the groups most
neglected by modern public health programs. The public has been
subjected to a great deal of health education material concern-
ing the importance of medical supervision during the first year
of life and the improvement of school health programs has
accounted for the children age six and over.

Item eight, communicable disease control, has been an area
in which the public has tended to become apathetic. Communi-
cable diseases in the past accounted for a large percentage of
deaths annually, but improved methods of diagnosis and treat-
ment have resulted in their no longer being one of the leading causes of death. Table 1 showed that none of the nurse members listed item six and only one listed item eight.

The data concerning the nursing services that were not understood by the non-nurse members of the health council, as indicated by both the nurse and non-nurse members, have been presented in Table 2.

Items one, two, and seven revealed differences between responses from nurse and non-nurse members of fifty, thirty, and eighty percent respectively. The remaining items did not show enough disparity to be significant.

On item one, health teaching and guidance, fifty percent of the nursing group listed it as one of the services which they felt was not understood by the non-nurse members. None of the non-nurse members listed it. In view of the previous discussion, the data are not surprising. Only thirty-three percent of the nurse members listed health teaching as one of the nursing services that was understood by non-nurse members in contrast to eighty percent of the latter group.

In recent years there has been a trend toward the combining of services of the official and voluntary public health agencies in the United States because of the duplication of services where both existed. Such thinking may have been responsible for the fact that fifty percent of the nurses felt that the differences between services of the two health agencies, because of their similarities, were not clear to the
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<tr>
<th>NURSING SERVICES</th>
<th>COUNCIL NUMBER ONE</th>
<th>COUNCIL NUMBER TWO</th>
<th>COUNCIL NUMBER THREE</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Members (2)</td>
<td>Non-Nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-Nurse Members (3)</td>
</tr>
<tr>
<td>1. Health teaching and guidance</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Differences between services offered by the official and voluntary agency</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Polio nursing</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Availability of services</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Health supervision of the pre-school child</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Rehabilitation</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. None</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that these services were not understood by the non-nurse members.
non-nurse members.

Eighty percent of the non-nurse members felt that there were no services which they did not understand. Did the non-nurse members actually mean that there were no services they did not understand or that there were no services of which they had knowledge that they did not understand? Considering the wide variety of services listed as being understood by the non-nurse members it would seem that the former was true.

Item four, availability of services, was listed by one non-nurse member who also commented that he was a new member of the health council.

The data concerning the methods that were used by the nurses to bring about understanding of nursing services on the part of the non-nurse members have been presented in Table 3. Both the nurse members and the non-nurse members have indicated their observations relating to the question.

Table 3 revealed two areas in which there was considerable disparity between the nurse and non-nurse members. Sixty-seven percent of the nurse members felt that discussion other than in the health council meeting was the method that accomplished the most in the way of bringing about understanding of nursing services on the part of the non-nurse members. Forty percent of the non-nurse members agreed. On the other hand, seventy percent of the non-nurse members felt that talks given by the nurses at the health council meetings were responsible for the understanding they had achieved. Only thirty-
### TABLE 3 METHODS USED BY THE NURSES TO BRING ABOUT UNDERSTANDING OF NURSING SERVICES*

<table>
<thead>
<tr>
<th>METHODS</th>
<th>COUNCIL NUMBER ONE</th>
<th>COUNCIL NUMBER TWO</th>
<th>COUNCIL NUMBER THREE</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (3)</td>
</tr>
<tr>
<td>1. Discussion other than in health council meetings</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2. Talks given at health council meetings by the nurse</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>3. Panel discussion</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Literature distributed by the health agencies</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Reports concerning agency policies and programs</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>6. Actual giving of services by the nurse**</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that these were the methods used by the nurses which resulted in understanding being achieved by the non-nurse members.

** Item six refers to instances in which the non-nurse members have observed the public health nurses at work in a clinic situation or in a conference.
three percent of the nurses felt that this was an effective method.

Several methods of bringing about understanding are listed in Table 3 by both groups. Some are related to health council meetings and others are not, but all of the methods cited seem to have had a positive effect to some degree on the non-nurse members. Two of the three health councils have included in their programs the explanation of the policies and programs of the member agencies. It was strange that the nurse members did not consider the opportunity to explain their services to be of more value. The comments included on some of the questionnaires added clarity. One nurse stated that in the council of which she was a member, only one of the nurses had had a chance to talk to the group. The same nurse felt that these talks could be used to great advantage, but the nurse member who had had the opportunity failed to list it as a method by which understanding could be brought about.

It seemed that the non-nurse members were in agreement that talks by the nurses were very helpful. The nurse members seemed to feel that opportunities other than those offered through a health council were the most helpful.

* The views of the nurses may be a reaction to a belief held by many that the nursing profession has become "meeting happy"; that is to say, a great deal of the nursing supervisors' time is spent attending meetings all of which may not be worthwhile in terms of tangible accomplishments in comparison to the amount of time spent.
<table>
<thead>
<tr>
<th>METHODS</th>
<th>COUNCIL NUMBER ONE</th>
<th>COUNCIL NUMBER TWO</th>
<th>COUNCIL NUMBER THREE</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (3)</td>
</tr>
<tr>
<td>Number</td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>1. Discussion groups</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Better planning of health council programs to allow for interpretation of services</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3. Reports regarding services</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Increased professional contact other than at health council meetings</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Orientation of new members</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. No suggestions</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that these were the methods that could be used by the nurses which would promote better understanding on the part of non-nurse members.
In Table 4 the data related to the methods that could be used by the nurses to promote better understanding have been presented. Both the nurse and the non-nurse members have indicated their thinking concerning the question.

Three items in Table 4 presented a significant difference. They were items one, two, and seven. The percentage of difference ranged from thirty on item two to fifty on item seven. Thirty-three percent of the nurse members listed discussion groups as a method that could be used to promote better understanding of nursing services on the part of the non-nurse members. Fifty percent of the nurse members felt that better planning of council programs to allow for the interpretation of services could be used to promote better understanding. In view of the data shown in Table 3, the nurse members seem to have felt that perhaps they could have used the health council meeting to better advantage had they been given the opportunity. The methods the nurse members propose to promote better understanding suggest that better planning of programs and better utilization of time would prove worthwhile. The nurse members, however, must be responsible for making their own opportunities to interpret services as do the representatives of other agencies on the council. The fact that two of the three councils are relatively new must be taken into consideration also.

Item seven showed that fifty percent of the non-nurse members had no suggestions to offer in relation to what the nurses could do to promote better understanding. The non-nurse
members appeared to have been satisfied with things as they were. Reviewing the number of nursing services the group listed as being understood, it seemed that the nurse members had made good use of the opportunities they had been given. Some of the comments accompanying the questionnaires seemed to imply that the non-nurse members felt the need to justify the actions of the nurse members concerning methods the nurses used and methods that could be used to promote understanding.

The data concerning the skills needed by the nurses to aid in communication, as indicated by both the nurse and the non-nurse members, have been presented in Table 5.

Table 5 showed a disparity between the responses from nurse and non-nurse members on the first five items ranging from thirty percent on item two to sixty-seven percent on item one. The nurse members, to a large degree, seemed to think that skill in the following areas was needed by nurses: knowledge of group processes, knowledge of agency policies and programs, public speaking, and human relations. The non-nurse members agreed, but in a much smaller percentage, in all areas except knowledge of group processes. Public speaking, human relations, and knowledge of group processes have been skills in which many nurses have thought they were lacking. The latter two are areas which have been subjected to concentrated research in recent years.

Most of the non-nurse members centered their attention on items four, five, and six—human relations, awareness of com-
<table>
<thead>
<tr>
<th>SKILLS</th>
<th>COUNCIL NUMBER ONE</th>
<th>COUNCIL NUMBER TWO</th>
<th>COUNCIL NUMBER THREE</th>
<th>TOTALS</th>
</tr>
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<td>Nurse Members (2)</td>
<td>Non-nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (3)</td>
</tr>
<tr>
<td>Knowledge of group processes</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Thorough knowledge of agency policies and programs</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Public speaking ability</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Human relations</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Awareness of needs of community</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Good foundation in public health nursing techniques and skills</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Public relations</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Teaching ability</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that these were the skills needed by the nurse members.
munity needs, and a good foundation in public health nursing techniques and skills. Awareness of community needs seemed indicative of thinking that took into consideration the necessity of readiness on the part of an individual before learning can take place.

The above data were interesting in that in spite of considerable differences there was evidence that both nurse and non-nurse members were thinking together on the kinds of skills needed by the nurses to aid in communication. It must be remembered, however, that the individuals who participated in the study were people with a better than average education and no small amount of experience in their backgrounds. There also appeared to be a recognition on the part of both groups of the need for many skills.

The data concerning the skills in which the nurses were felt to be more proficient, as indicated by the nurse and non-nurse members, have been presented in Table 6. Table 7 included the data relating to skills in which the nurses were felt to be less proficient.

In Table 6 there were only two items which revealed any real disparity between the nurse and the non-nurse members. These were items one, with a difference in percentage of forty, and item eight with a difference of thirty percent. The majority of nurses seemed to feel that they were more proficient in such areas as knowledge of agency policies, human relations, and nursing techniques. Some of the non-nurse members
## TABLE 6 SKILLS IN WHICH THE NURSES WERE MORE PROFICIENT*

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>Council Number One</th>
<th>Council Number Two</th>
<th>Council Number Three</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (3)</td>
</tr>
<tr>
<td>1. Knowledge of agency policies and programs</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. Human relations</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Good foundation in public health nursing techniques and skills</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Knowledge of group processes</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Awareness of needs of community</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6. Public relations</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>7. Public speaking ability</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. All of above mentioned areas</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that the nurses had achieved a great degree of skill in these areas.
### Table 7: Skills in Which the Nurses Were Less Proficient*

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>COUNCIL NUMBER ONE</th>
<th>COUNCIL NUMBER TWO</th>
<th>COUNCIL NUMBER THREE</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (4)</td>
<td>Nurse Members (2)</td>
<td>Non-nurse Members (3)</td>
</tr>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>1. Knowledge of group</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>processes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Public speaking ability</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Human relations</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. None</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* The numbers in all columns except the totals refer to the numbers of individuals in each category which indicated that they felt that the nurses had achieved a lesser degree of skill in these areas.
supported the opinion of the nurses in all of the above areas. Thirty percent of the non-nurse members specifically stated that they felt the nurses were more proficient in all the skills mentioned. Several other non-nurse members implied the same feeling in their comments by praising the nurses rather highly.

It was suggested previously by the data appearing in Table 4 that the non-nurse members seemed to feel the need to justify the actions of the nurses. The protective attitude of the non-nurse members appeared even more strongly in the data relating to skills. Table 7 revealed that all the non-nurse members were of the opinion that there was no area in which the nurses were less proficient. Perhaps the investigator was not emphatic enough in explaining that the participants would in no way be identified with the study and that the investigator had no association with either of the health agencies involved.

The nurse members were more critical in that they tended to list fewer skills in which they considered themselves to be more proficient and also listed three areas in which they felt they were less proficient.

By reviewing the first part of the data relating to the nursing services understood by the non-nurse members of the three health councils, there was undoubtedly some evidence to substantiate the views of the non-nurse members regarding the

* The nurse members appeared to be hypercritical of themselves. Perhaps they felt a need to be "perfect" in all respects.
matter of skills. The non-nurse members were able to identify many of the nursing services rendered by the public health agencies. There was also evidence to support the fact that the nurses contributed much to the understanding the non-nurse members had achieved.
CHAPTER V SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary:

The problem involved in the present study was to determine what the non-nurse members of the health council understood concerning the nursing services rendered by the public health agency. There were several related problems; namely, what nursing services were not understood, what the nurses could do to promote better understanding, and the skills needed by the nurse to aid in the communication of information. The investigator used an open-end questionnaire to collect the data. Three health councils were studied from which six nurse members and ten non-nurse members participated. The nurse members represented both the official and voluntary public health agencies in the community where the study was done. The non-nurse members were representatives of various social agencies within the same community that had membership in the health councils.

It was the feeling of the investigator that there would be a difference between what the nurse members thought the non-nurse members understood about nursing services and what the latter group did understand. It seemed to the investigator that the non-nurse members would have less understanding than the nurses would credit them with having. From the readings and the previous experience of the investigator it seemed that
the non-nurse members would show more understanding of those nursing services which entailed direct patient care. It was also felt that the lack of understanding would be due, in a large proportion, to the nurse's lack of skills which aid in communication.

Conclusions:

The data, although rather limited, do not seem to substantiate the hypotheses set forth at the beginning of the study. It has already been stated that generalizations can not be made because the participants were not selected at random and because of the limited scope of the study. However, certain conclusions were drawn from the study of the three health councils:

1. The non-nurse members of the health council display an understanding of many of the nursing services rendered by the two public health agencies.

2. The nursing services which were understood by the non-nurse members included all phases of public health nursing—understanding was not limited to those nursing services involving direct patient care.

3. The nurse members of the health council seemed to be conservative in their estimate of the nursing services they believed to be understood by the non-nurse members.

4. Both the nurse and non-nurse members agreed that there were many ways in which understanding of nursing services
had been obtained, not all of which were received through the medium of the health council.

5. The nurse members seemed to feel that opportunities the non-nurse members had other than those offered by the health council meetings had been responsible for their understanding of the public health nursing services.

6. The non-nurse members were of the opinion that the health council, as a medium of communication, had been responsible for most of their understanding and that the nurses had contributed a great deal.

7. Both the nurse and non-nurse members seemed to feel the need for many skills to aid in the communication of information relating to nursing services.

8. The non-nurse members agreed that the nurses were competent in all the necessary skills.

9. The nurse members were more critical of themselves, that is, they tended to list fewer areas in which they felt they were proficient and mentioned several areas in which they considered themselves to be less proficient.

Recommendations:

In reviewing the data, the investigator was impressed by the fact that the public health nurses seemed to lack confidence in their abilities to interpret nursing services to the members of the health council. It seems strange when one considers that from the very beginning public health nursing
has been largely dependent upon lay participation for much of the success of its nursing programs. It would seem that in working with lay groups there must have been a need for interpreting nursing services to create interest in and enlist the aid of lay persons. Perhaps the lack of confidence of the nurses is a carry-over from the days when nurses were expected, indeed forced, to sit back and let others take the lead. Such is no longer the case and the nurses themselves realize this as well as others. It is for this reason that the investigator strongly recommends that nurses, and particularly public health nurses, be encouraged to avail themselves of opportunities to work with groups. The health council offers one such opportunity. By using these opportunities, the nurses can not only increase their skills in interpreting nursing services to persons outside the profession, but can also gain confidence in their abilities.

Recommendations for Further Study:

The investigator has been of the opinion that the problem involved in this study is of sufficient importance to warrant further investigation. Further investigation would, however, require the development of a more refined tool to collect the data. It would require an investigation of much larger scope for the purpose of determining whether the same results could be obtained from other health councils.

The communication of information relating to nursing
services is only one phase of the nurse's role in working with health councils. Further study of her relationship with the members of the health council and her responsibilities may prove helpful to the nursing profession by revealing additional areas in which the public health nurse is functioning and the education and experience required for these functions.

The present study has been one sided in that it has dealt with only the problem of the nurse interpreting the nursing services to the members of the health councils. It would be interesting to see what effect the influence of the non-nurse members of the health council has on changes and modifications in the public health nursing programs. Does this influence result in improved nursing service to the community? Does it bring about better utilization of the nursing services.

Another problem called to mind by the study is similar to the above. It is the problem of the transfer of information from the supervisor of public health nursing to the staff nurses who are under her guidance. Are the staff nurses made aware of and kept up-to-date on the problems, discussions, and activities of the health councils? In what ways can the staff nurses benefit from the supervisor's association with the health council? These suggestions for future study may be of help in bringing about greater insight into the rather fascinating field of health councils.
BOOKS


PERIODICALS AND PAMPHLETS


2. Chayer, Mary Ella, "The Interpretive Function of the Nurse in the School", *Nursing Outlook* 1:681-682,
December, 1953.


MEMBERSHIP OF THE THREE HEALTH COUNCILS

COUNCIL NUMBER ONE:

1. The Department of Health
2. The Visiting Nurse Association
3. The Department of Welfare
4. The Family Service
5. Social Council
6. Catholic Charitable Association
7. Society for the Prevention of Cruelty to Children
8. Public School Teachers
9. Settlement House Workers
10. A minister

COUNCIL NUMBER TWO:

1. Public School Teachers
2. Settlement House Workers
3. The Department of Welfare
4. The Department of Health
5. The Visiting Nurse Association
6. Jewish Family Service
7. The Family Service
9. Mothers in the Community

COUNCIL NUMBER THREE:

1. The Visiting Nurse Association
2. The Department of Health
3. The Department of Welfare
4. Nursery Schools
5. Settlement House Workers
6. The Family Service
7. Citizens of the Community
QUESTIONNAIRE FOR NURSES

1. List the nursing services (bedside care of the sick, immunizations, clinics, health teaching, etc.) given by your agency which you feel are understood by the non-nurse members of the Health Council. In the adjacent column state why you think these services are understood. In addition, indicate what you think the nurse working with the Health Council did to bring about this understanding.

   Nursing services | Why they are understood | What did the nurse do to bring this about

2. List the nursing services given by your agency which you feel are not understood by the non-nurse members of the Health Council. Indicate why you think these services are not understood and state what you think the nurse working with the Health Council could do to promote better understanding.

   Nursing services | Why they are not understood | What could the nurse do to promote understanding

3. What skills do you feel are needed by the nurse for the job of communication and interpretation?
4. In which of the above skills do you feel that you are more proficient? And less proficient?

   More proficient    Less proficient

5. Please list the kinds of agencies and other persons who are represented on the council of which you are a member?

6. Are you an officer of the council?    YES     NO
   Have you been an officer in the past?    YES     NO

REMARKS.
QUESTIONNAIRE FOR NON-NURSES

1. List the nursing services (bedside care of the sick, immunizations, clinics, health teaching, etc.) given by the public health nurses which you understand. In the adjacent column state why you understand these services. In addition, indicate what you think the nurse working with the Health Council did to bring about this understanding.

<table>
<thead>
<tr>
<th>Nursing services understood</th>
<th>Why you understand them</th>
<th>What did the nurse do to bring about understanding</th>
</tr>
</thead>
</table>

2. List the nursing services given by the public health nurses which you do not understand. Indicate what you think the nurse working with the Health Council could do to promote understanding on your part?

<table>
<thead>
<tr>
<th>Nursing services not understood</th>
<th>What could the nurse do to promote understanding</th>
</tr>
</thead>
</table>

3. What skills do you feel the nurse needs for this job of communication and interpretation?
4. In which of the above skills do you feel the nurse is more proficient? And less proficient?

More proficient  Less proficient

REMARKS: