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# Understanding of responsibilities: Board members of voluntary associations

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UNDERSTANDING OF RESPONSIBILITIES:  
BOARD MEMBERS OF VOLUNTARY ASSOCIATIONS

BY

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## CHAPTER I

### INTRODUCTION

The first district nursing service was founded in 1859, in Liverpool, England, by William Rathbone. The purpose was to give nursing care to the sick poor in their own homes. Mary S. Gardner says that, although he was not the first pioneer, Mr. Rathbone is considered to be the founder of modern public health nursing.<sup>1</sup>

In the United States, the first visiting nurse service was started and supported by citizen groups connected with churches or social organizations. These founders frequently contributed money from their own funds or solicited money from their wealthy friends in order to finance the nursing service. Bed-side care to the sick poor in their own homes was the primary function of the visiting nurse service with emphasis on the alleviation of sickness rather than on the cause and prevention of disease. Gradually, as scientific knowledge and technics became available, public health nursing services were expanded

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<sup>1</sup>Mary S. Gardner, Public Health Nursing (New York: The Macmillan Company, 1936), p. 14.

into the area of prevention and health instruction.

Programs of visiting nursing associations today include nursing care to the sick in their homes as part of a family health service. Public health nursing services are available to all people in a community, regardless of their ability to pay for the services. Public health nursing agencies are usually financed through fees from patients, appropriations from United Funds, through contractual agreements with insurance companies or industrial organizations, through official appropriations and through private contributions.

Members of boards of directors of visiting nursing associations have administrative responsibility for determining policies, for financing and for planning. The nursing director is selected by the board of directors and is responsible to them. The professional staff works under the direction of the nursing director. Boards of directors act as an interpretive body, promoting understanding within the community of the aims of the agency. When a board member interprets the program of the agency, he speaks not only for the agency but also for the community of which he is a part.

In order to speak for public health nursing, board members of voluntary nursing associations need to be informed about public health nursing and their responsibilities as board

members. If board members are to manage their agencies efficiently, they must know what their functions are, what an adequate service is, and how the services of their agency correlate with those of other health and welfare organizations in their own community.

#### Statement of Problem

What information and understanding do individual board members of voluntary nursing associations have about their responsibilities as members of boards of directors?

#### Justification of the Problem

The writer, through her experience in various public health nursing positions, had observed that board members varied in the amount of knowledge they had regarding their responsibilities as members of boards of visiting nursing associations. Data elicited from board members about their functions and about the areas in which they lacked information could provide public health nursing administrators with a more effective guide for keeping board members informed about public health nursing.

#### Scope and Limitations

This study was conducted in four voluntary nursing associations in Rhode Island. Forty-five board members and

four nursing directors participated. Each agency employed between five and seven staff nurses and served a population of between 40,000 to 50,000 persons; each had a similar administrative pattern and the nursing director assumed the responsibilities of administration, teaching, and supervision. Because of the limited sample, conclusions can be applied only to the board members of the four voluntary nursing agencies studied and generalizations cannot be justifiably made beyond this group.

#### Preview of Methodology

The writer attended a board meeting of each of the visiting nursing associations and explained the study. Each board member present was then given a questionnaire to be filled out. The average length of time required to answer the questionnaire was thirty minutes. At the same time the nursing director of each organization answered a questionnaire consisting of questions similar to those asked of board members. Additional information was obtained from the clerical staff of the agency concerning the date that the agency was founded, the number of board members, the purposes of the agency, and the service program for 1961.

### Sequence of Presentation

Chapter II includes a review of the literature and the statement of hypothesis.

Chapter III presents the description and selection of the sample and the methodology used to secure the data.

Chapter IV consists of a presentation and analysis of the data.

Chapter V includes the summary, conclusions, and the recommendations.

## CHAPTER II

### THEORETICAL FRAMEWORK OF THE STUDY

#### Review of Literature

A review of available literature did not reveal any reports of studies relating to the information and understanding that boards of directors have about their functions and responsibilities. However, much has been written about the functions of board members, their responsibilities, and their contributions to the development and expansion of voluntary nursing associations.

Today, perhaps more than ever before, there is increasing emphasis on the important role of citizens in guiding and supporting public health nursing. Public health nursing administrators need to be aware that public health nursing programs must be a joint responsibility of professional people and of informed and active citizens.<sup>1</sup> Hubbard sums it up by saying, that if the voluntary nursing association's attitude is one of inquiry, searching for new ways of usefulness, and anticipating

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<sup>1</sup>Ruth B. Freeman, Public Health Nursing Practice (Philadelphia: W. B. Saunders Company, 1951), p. 198.

change as desirable, then the voluntary nursing associations are fortunate to have citizens who have voluntarily chosen to make their contribution to their communities in the field of health as members of boards of directors.<sup>2</sup>

In 1945, Gunn and Platt surveyed the function of 569 voluntary agencies and 143 official agencies. Over 1,100 personal interviews were conducted in sixty-five cities from Maine to California and from Washington to Georgia over a two year period. Findings of this survey showed that knowledge of the agency's program was often limited to two or three board members whose long term of office put them in a position of influence. They pointed out that the most progressive agencies usually reflect the joint thinking of board and executive director both of whom are alert and informed. Another finding of this study relating to board members was that:

There are few boards of directors of voluntary health agencies that would not benefit by strengthening the quality of their membership; awareness and execution of duties; critical evaluation of policies and performance; stimulation, recognition and moral support of the staff; and use of adequate criteria for selection and evaluation of the executive.<sup>3</sup>

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<sup>2</sup>Ruth W. Hubbard, "Role of the Voluntary Nursing Agency," Public Health Nursing, XL (January, 1948), p. 8.

<sup>3</sup>Selska Gunn and Philip Platt, Voluntary Health Agencies (New York: Ronald Press Company, 1945), p. 119.

In 1959, an agency's self survey questionnaire was compiled by the Public Health Nursing Study Committee of the Health Division of the Rhode Island Council of Community Services.<sup>4</sup> This questionnaire was answered jointly by the nursing director and the members of the board of directors of twenty-one voluntary nursing agencies. The questions pertained mostly to nursing services but some were directed toward board composition and activities. The findings were that there were variations in the degree and amount of board involvement. Some boards of directors met once a year and in other instances the nursing committee appeared to act for the board. This report suggested that more consideration should be given to keeping board members better informed so that a larger group of knowledgeable people could be utilized as spokesmen for their various agencies.

In order to use the strength that boards of directors give to voluntary nursing associations much depends on the selection of board members. Thaxter stated:

Good board administration begins with the choice, education and use of board members. Membership on boards is extended to too few people--the qualifications as well as the

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<sup>4</sup>Rhode Island Council of Community Services, Self Survey of Public Health Nursing (Providence, 1960), p. 3.

interests of board members must be considered.<sup>5</sup>

Throughout the literature it was stated that boards of directors should represent the whole community to secure public understanding and a wide use of the service to all groups. The findings of a survey in 1934 conducted by the National Organization for Public Health Nursing stated:

These boards often represent a rather narrowly limited social group and more often than not are composed only of women. Also, there is a distinct tendency to stationary board membership and officers, little allowance being made for rotation of officers and membership and while in the main the criteria for governing boards are being met most satisfactorily, there is a distinct need for more emphasis on a wider representation.<sup>6</sup>

Selection of board members to include broad membership of many people with many skills is important, but this does not necessarily imply that an adequate nursing service to a community will result. Attendance at board meetings is one way of learning about the nursing service but to be really informed a board member needs to be educated regarding his functions. In "Guides for Community Participation in Public Health Nursing," it was pointed out that board members would like to see the community nursing service carried out efficiently and economically.

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<sup>5</sup>Mrs. Langdon T. Thaxter, "The Board as Administrator," Public Health Nursing, XI (May, 1948), 251.

<sup>6</sup>National Organization for Public Health Nursing, Survey of Public Health Nursing, (New York: The Commonwealth Fund, 1934), p. 15.

They need accurate up-to-date information about their own community, how public health nursing can contribute to it, and how their own agency can be improved. A layman needs to know a great deal about public health nursing and about health and welfare generally in order to make a maximum contribution to the program.<sup>7</sup> Wensley pointed out the importance of the selection of capable people as board members but she also stated that: "committee and board members cannot be effective interpreters until they are thoroughly familiar with their agency's program and problems. Otherwise what can they interpret?"<sup>8</sup>

Education of board members should start as soon as they accept membership on the board. The success of a working relationship between the professional nurse and the citizen depends to a great degree on the leadership of the public health nursing director, or, in a smaller agency, of the supervisor or the staff nurse. Belin emphasized this by stating:

...the real responsibility for making board members want to educate themselves lies with the executive director...because of her position, the executive director has an unparalleled opportunity by the bits she feeds them, to tantalize board members to learn further. She infuses them with a desire to know more about their agency's relations with other organizations in their community, and of the lacks

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<sup>7</sup>"Guides for Community Participation in Public Health Nursing," Public Health Nursing, XL (April, 1948), 205.

<sup>8</sup>Edith Wensley, Building Sound Public Relations (New York: National Organization for Public Health Nursing, 1949), p. 35.

and duplication in the overall health planning.<sup>9</sup>

Wensley clearly defined areas with which every board member should be familiar: first, his agency, the services, the personnel, some of the details of the day to day operation, the support, and the problems of giving service; next, he should know the total field of public health nursing, including the history, philosophy and program. In addition he should know his community and what the citizens want in regard to a health program.<sup>10</sup>

Wensley stated that this education can be accomplished in many ways, such as informal conferences with the president and with the nursing director; visits with the nurse in the homes; service on a committee; and, in reading books, leaflets, and articles. Whether new members should be required to take a training course would depend on each agency and the time new members have at their disposal. Some kind of orientation is certainly desirable and should be made available to all new members who intend to live up to their responsibilities and

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<sup>9</sup>Constance Reynolds Belin, "The \$64 Question: How to Stimulate Board Members to Keep Informed," Public Health Nursing, XLIV (January, 1952), 5.

<sup>10</sup>Edith Wensley, The Community and Public Health Nursing (New York: The Macmillan Company, 1950), pp. 171-172.

want the satisfaction of doing a good job.<sup>11</sup>

The nursing director and the board members need to plan together on the informational programs best suited to their individual needs. Mayo pointed out that:

Citizen participation is essential to the proper direction, development, and extension of every health and welfare service in every community in the land. It is essential because these services belong to the people, not to the professions that administer them. It is essential because citizens must understand services and needs before they can be expected to support them.<sup>12</sup>

Public health nursing cannot remain static; new objectives and new emphases arise as research progresses and health problems in the community change. Ferris pointed out that the shortage of well prepared public health nurses, the ever growing demands for nursing service, the aging population and the increasing case load of chronic illness are the major areas of concern.<sup>13</sup>

There is a growing recognition that the community has a voice in determining what health services should be provided by

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<sup>11</sup>Ibid., pp. 172-173.

<sup>12</sup>Leonard W. Mayo, "Organizing the Community for Nursing Service," Public Health Nursing, XL (October, 1948), 493.

<sup>13</sup>Milton Ferris, "The Changing Face of Public Health," Journal of Public Health, XLIX (September, 1959), 1114.

an agency.<sup>14</sup> If voluntary nursing associations have well selected, well prepared and representative people as members of their board of directors, what better way is there to give a community a voice in health programs which directly affect all of the people?

#### Statement of Hypothesis

Board members are more informed about the broad scope of public health nursing than they are about their specific responsibilities as board members.

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<sup>14</sup>National League for Nursing, Public Health Nursing Achievements and Goals (New York: 1957), p. 2.

## CHAPTER III

### METHODOLOGY

#### Selection and Description of the Sample

This study was conducted in four voluntary nursing associations in Rhode Island. Each agency employed from five to seven nurses; each agency served a population of between 40,000 to 50,000 persons; each had a similar administrative pattern; and in each agency the nursing director assumed responsibility for administration, teaching, and supervision. Bedside care to patients in their homes constituted the major part of the program; in addition, adult health supervision including a maternity program, and child health conferences were provided in the four agencies. Three of the agencies provided a program for the prevention and control of tuberculosis including chest x-ray clinics. One agency provided an industrial nursing program to a local industry; and one agency provided a school health program in a small district in an adjacent area. The methods of financing the programs were similar in all agencies. United Funds, contributions, tax funds, and patient fees were the main sources of revenue.

All agencies had citizen boards of directors, the number of members ranging from ten to twenty-seven. One agency had a

rotating board of directors with limitations on the length of service. One agency had ex-officio members representing the Department of Social Welfare and the local Health Department. Forty-five board members and four nursing directors attended the meetings at which the questionnaire was administered and participated in the study.

Twenty-seven of the board members were male, eighteen were female, and twenty-seven had a least one academic degree. Occupations of the board members were lawyers, housewives, clergymen, bankers, engineers, newspaper reporters, nutritionists, and welfare workers.

In the four agencies studied the preparation of the nursing director varied. Two had master's degrees, one in public health administration, the other in health education with no experience in public health nursing. One nursing director had a bachelor's degree in supervision in public health nursing and was completing the program for a master's degree in administration. The fourth nursing director was a registered nurse with long experience in public health nursing.

#### Tools Used to Collect Data

Three questionnaires were used in this study, one for board members, the second for nursing directors, and the third for clerical staff. They were based on board member's functions as

outlined by Wensley.<sup>1</sup> The first, directed to board members included twenty-four questions about the agency. The remaining questions pertained to educational background, occupation, and length of service as board members.<sup>2</sup> A second questionnaire consisting of fifteen of the twenty-four questions directed to board members comprised the nursing director's questionnaire.<sup>3</sup> These related to the agency and agency programs. The third questionnaire which was administered to the clerical staff consisted of questions which were not included in either the board of directors or nursing director's questionnaire.<sup>4</sup>

The board member's questionnaire was administered to three board members who were not participants in the study. As a result, two questions concerned with orientation of new nurses and in-service education were reworded. Because the questionnaire proved to be too long, several questions were reconstructed so they could be answered by a check mark. The revised questionnaire was administered to two additional board members who were not participants in the study. Neither of these two board members had any difficulty in understanding or answering the

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<sup>1</sup>Wensley, op. cit., p. 160.

<sup>2</sup>Appendix A.

<sup>3</sup>Appendix B.

<sup>4</sup>Appendix C.

questions and no further changes were made. Since the nursing director's questions were taken from the questionnaire which had been pretested on board members, and the clerical questionnaire consisted of questions of when the agency was founded, and incorporated, and copies of personnel policies and by-laws, it was felt that further testing was unnecessary.

#### Procurement of Data

The nursing directors of the voluntary agencies were contacted by telephone. The purpose and plan of the study was explained. Each nursing director was asked what method she would prefer the writer to use in approaching the president of the agency for permission to attend one of their meetings for the purpose of administering the questionnaire to board members. Two nursing directors preferred to make the arrangements with their presidents, and two others preferred that a letter be mailed to the president of the agency.<sup>5</sup>

The writer attended a regularly scheduled board meeting of each agency. The purpose of the study was explained at these meetings and the board members were asked for their assistance. In order to insure a spontaneous response to the questionnaire no prior preparation of board members was given. Board members

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<sup>5</sup>Appendix D.

and nursing directors willingly participated in the detailed routine of filling out the questionnaire. An agency's questionnaire was left with the nursing director to be filled out at the convenience of the clerical staff. The length of time required to answer the board member's questionnaire was approximately thirty minutes.

## CHAPTER IV

### FINDINGS

#### Presentation and Discussion of Data

As there are various methods of orientation for board members, the respondents were first asked how they learned about the work of their agency. Of the forty-five board members who answered the questionnaire, thirty-four said they learned about the work of their agency by attending board and committee meetings; three, through publicity; two, by doing a public health nursing survey; two, from receiving nursing service from the agency; and one each by preparing a manual for board members, by association with the local health department and through an orientation meeting. One respondent indicated that she "grew up with it."

Wensley pointed out that attendance at board meetings is one way of learning about the nursing service but to be really informed in order to be "effective interpreters" board members need to be educated regarding their functions.<sup>1</sup> Board members will absorb information from meetings but it will take longer for them to become fully informed than if formal preparation

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<sup>1</sup>Wensley, op. cit., pp 171-172.

or orientation has been given. Of the forty-five participants, thirty-four said they learned about their agency by attending meetings after becoming board members; ten had some previous knowledge; and only one respondent said she had any planned orientation.

When asked how they thought new board members could learn about the work of their agency thirteen board members said, "by attending board meetings"; ten, "by formal orientation courses"; seven, "by talks with the nursing director and staff"; six, "by a manual for board members"; four, "by visiting with a nurse in a patient's home"; three, "by presentation of case histories"; and two, "by attending nursing committee meetings." Thirty-two, or 71.1 per cent thought there were better ways of orientation for new board members than through attending board meetings. Their answers suggested information they thought should be available to them through sources such as formal orientation, visits to patient's homes, and case histories. Apparently only a few of the board members received this kind of assistance, as their responses indicated that most of their knowledge regarding their agency had come from attending meetings.

The following responses were given when board members were asked how they kept abreast of trends affecting nursing and community needs: twenty said, "by hearing reports of the

nursing director and staff"; thirteen, "by membership in nursing organizations," eight, "by attending board and committee meetings"; three, "by nursing committee reports"; and one, commented that "they don't keep abreast of trends affecting nursing and community needs."

Thirteen, or 28.8 per cent of the board members answered that they kept abreast of nursing trends by belonging to nursing organizations. However, in answer to the direct question about membership in the Rhode Island League for Nursing, only six of the forty-five answered that they were members, while thirty-nine said they were not members. Of those who answered that they were members, four were agency members and two were individual members.

The participants were asked if they knew how they were selected to serve on the board of directors. Eighteen answered, "by a nominating committee"; sixteen, "by the board of directors"; eight, "by members at large," and one each "by the board and the president;" "by the board and the nursing director," and "by contributors to the United Fund." The policies of all four agencies stated that a nominating committee was appointed by the board of directors to select a slate of prospective board members to be elected at the agency's annual meeting. However, the responses of thirty-seven, or 82.2 per cent did

not reflect knowledge of this policy.

The participants were asked if it was customary to invite the citizens of their community to the annual meeting, or to any other meetings of their agency. All four agencies held annual meetings. The four nursing directors reported that health meetings of various kinds in addition to the annual meetings were held throughout the year, but that the public was not invited. Ten of the forty-five board members answered that no annual meeting was held by their agency. Sixteen board members reported that other meetings were held during the year to which the public was invited. Twenty-six, or 57.7 per cent of the board members were not familiar with the kinds of meetings that were held by their agency.

All of the board members were aware that their agency provided a bedside nursing program for the sick in their homes. The divergence in the answers came in the area of health supervision and specialized programs. In one agency, which provided an industrial nursing program, ten of the twenty-seven board members knew of this service. In another agency which provided a school health program, only one board member out of the fourteen knew that the agency provided this service.

Twenty-one, or 46.6 per cent of board members, and two of the four nursing directors thought the board was solely

responsible for determining policies. Fourteen board members thought the board and the nursing director were jointly responsible. Ten board members and two nursing directors thought the board had no responsibility for policy decision. In practice one of the main responsibilities of board members of voluntary nursing agencies is to make the broad policies governing the agency.

Eleven board members and one nursing director saw the execution of policies as a function of the board. This is contrary to the fact which is that the execution of policies of a visiting nursing agency is the responsibility of the nursing director.

Twenty board members thought the employment and discharge of the nursing staff was their responsibility and two nursing directors felt it was the function of the nursing committee. Further study needs to be done in this area to determine how the nursing director and the board members can work together to select and to replace personnel.

Thirty-four board members and three nursing directors saw the elimination of nursing services as the function of the board; ten board members and one nursing director saw it as the joint function of the board and nursing director; and one board member saw it as the function of the nursing committee.

Elimination of nursing services is ultimately a decision of the board whose function it is to determine policies. In arriving at this decision the board would be expected to reflect community opinion, and the nursing director would be the logical source of information about staff opinion and current public health nursing practices.

The American Nurses' Association in "Functions, Standards, and Qualifications for Public Health Nurses," recommends that a nursing director in a public health agency hold a master's degree from a program accredited by the National League for Nursing with a major in administration, supervision, or consultation.<sup>2</sup>

Because board members have responsibility for employing nursing directors one of the questions was related to the educational preparation and experience of a nursing director. The responses are indicated in Table 1.

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<sup>2</sup>American Nurses' Association, Public Health Section, Functions, Standards and Qualifications for Public Health Nurses, (New York: 1962), p 14.

TABLE 1

RESPONSES OF 45 BOARD MEMBERS REGARDING DESIRABLE  
EXPERIENCE AND EDUCATIONAL PREPARATION FOR A  
NURSING DIRECTOR

Education and Experience	Frequency
B. S. with special health education . . . . .	16
M. S. in public health nursing and five years experience . . . . .	12
Registered nurse . . . . .	6
Registered nurse with public health experience . . . . .	5
Registered nurse with public health education . . . . .	2
Not specified . . . . .	2
Experience in the field . . . . .	1
Experienced married nurse . . . . .	1

Sixteen board members thought the director should have a bachelor's degree; whereas, twelve thought she should have a master's degree. Six thought it was sufficient that she be a registered nurse; five added public health experience and two added public health education to the nursing background. One board member stated the director should have "ability in handling people" and another thought she was not qualified to answer this question because she herself was not a nurse.

The responses of board members relating to preparation of staff nurses are indicated in Table 2.

TABLE 2

RESPONSES OF 45 BOARD MEMBERS REGARDING DESIRABLE EXPERIENCES AND EDUCATIONAL PREPARATION FOR STAFF NURSES

Experience and Education	Frequency
Registered nurse . . . . .	21
Bachelor's degree . . . . .	12
Registered nurse with public health education . . . . .	7
Registered nurse with public health field work . . . . .	5

The replies indicated that thirty-three board members did not think that staff nurses needed to meet the American Nurses' Association's recommendations for beginning staff nurse positions in public health nursing which is the completion of a baccalaureate degree program approved by the National League for Nursing.<sup>3</sup>

Of the four agencies studied, one agency had a staff with five of its six nurses meeting the recommended standards for staff positions. The other three agencies were staffed with registered nurses who had no advanced education in public health nursing.

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<sup>3</sup>American Nurses' Association, op. cit., p 13.

Twenty-five board members thought the orientation of staff nurses to the work of the agency was carried out by the nursing director; seven, by an experienced nurse; six, by the director and senior nurse; two, by meeting with the board of directors; one, by staff meetings; and four said they "did not know how it was done."

Two of the nursing directors answered that the director oriented staff nurses, one added the field guide, and one said it was done by staff education. Because of the many differences of opinion, it would seem further study is warranted in this area.

Board members and nursing directors were asked if their agency had an in-service education program for their nurses. Thirty board members answered yes; nine, that they did not know; and six answered no. Two nursing directors answered yes and two answered no. The data did not establish definitely whether any or all, of the agencies did in fact have an in-service education program.

When board members were asked if they thought their personnel policies would attract the best prepared employees, thirty-eight answered yes and seven answered no. Three nursing directors answered yes and one answered no. In answer to another question the board of directors indicated that procure-

ment of adequately prepared staff was one of the most pressing problems facing their agency. Good personnel policies might be a method of attracting and retaining staff nurses.

A copy of personnel policies was requested from each agency. Data obtained from this source revealed that one of the four agencies provided the recommended minimum standards set by the Public Health Section of the Rhode Island State Nurses' Association.<sup>4</sup> Gunn and Platt called attention to the fact that boards of directors would benefit by "stimulation, recognition and moral support of the staff."<sup>5</sup> Adequate personnel policies might be one way in which board members could give recognition and moral support to the staff.

The respondents were asked if any other agency in their community employed public health nurses. Thirty-one board members answered no and fourteen answered yes. When asked what services they offered, seven stated the question was "not applicable"; six answered "a well baby clinic"; two, "a tuberculosis program and one stated "Xmas Seals."<sup>6</sup>

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<sup>4</sup>Rhode Island State Nurses' Association, Public Health Nurses' Section, Personnel Policies, Practices and Employment Standards, Rhode Island, 1962.

<sup>5</sup>Gunn and Platt, op. cit., p. 119.

<sup>6</sup>Based on sixteen answers. Twenty-nine board members did not answer the question.

One nursing director replied that her agency was "the only nursing service in the community." However, in all four communities public health nurses from other agencies carried a school health program. In addition, in two of the communities public health nurses from other agencies carried on a crippled children and rheumatic fever program, and one agency carried a tuberculosis program. Thirty-one board members did not have this information, as they said their agency was the only one carrying on any public health nursing programs in the community. Apparently the board members and one of the nursing directors did not associate the nursing activities of these community programs with functions of public health nurses. This is an area where the nursing director could take the leadership in interpreting public health nursing functions to board members.

The responses of board members regarding planning between different agencies is indicated in Table 3.

TABLE 3

RESPONSES OF 45 BOARD MEMBERS REGARDING THE PLANNING  
BETWEEN DIFFERENT AGENCIES IN THE COMMUNITY TO  
PREVENT DUPLICATION OF SERVICES

Amount of Planning	Frequency
None . . . . .	29
Some . . . . .	5
Not much . . . . .	3
Little . . . . .	2
Most of the nursing is done by our agency	1
Don't know . . . . .	5

In order for public health nursing services to be effective, it is important to coordinate the programs of the public health nursing agency with other agencies in the community for the total care of patients and families. Freeman states that the process of planning can be a strong force toward evaluating activities since it involves re-thinking alternative courses of action and assessment of need.<sup>7</sup> Twenty-nine members stated there was no planning between agencies, and the remaining sixteen thought there was some degree of planning.

Table 4 indicates the responses of board members about the ratio of public health nurses to population in their communities.

TABLE 4

RATIO OF PUBLIC HEALTH NURSES TO THE POPULATION  
OF THE COMMUNITY

Ratio	Responses of board members
1-10,000 . . . . .	19
1- 5,000 . . . . .	10
1- 8,000 . . . . .	9
1- 4,000 . . . . .	1
Don't know . . . . .	6

When asked if the ratio compared favorably with recommended standards, sixteen board members answered no; fifteen answered yes; and fourteen answered that they did not know.

<sup>7</sup> Ruth B. Freeman and Edward M. Holmes, Administration of Public Health Services, (Philadelphia: W. B. Saunders, 1961), p.173.

Freeman states that ratios of personnel to population is sometimes used as a measure of service needs. She estimates the need for one public health nurse to each 5,000 in a generalized program exclusive of bedside care, and one nurse for 2,000 to 3,000 for comprehensive care. These figures are averages and will be influenced by community needs.<sup>8</sup>

It would be important for board members to know the ratio of public health nurses to the population of their community and to use the recommended standards as a guide in knowing when the community ratio deviates. That it is important to know how the community conforms to recommended standards to determine adequacy of care provided as well as need for funds.

In answer to the question of whether programs were started, eliminated, or transferred during the past five years, eighteen, or 40 per cent, of board members knew what programs had been started by their agencies; thirty-seven, or 82.2 per cent, knew what programs had been eliminated; and thirty-nine, or 86.6 per cent, knew what had been transferred. Fewer board members knew what programs had been started. New programs, because of problems of staffing, duplication of services and finances, should warrant the greatest consideration of the board of

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<sup>8</sup>Freeman, op. cit., p. 159.

directors and nursing directors. These data demonstrate the need for nursing directors and board members to work closely together in planning for public health nursing services, whether the agency is contemplating starting a new nursing program, eliminating a program, or transferring a program to another agency.

In response to what they thought the problems were that faced their agencies, thirty-six board members thought the most pressing problem was financing; ten, securing qualified staff; ten, community interest; and six, the increased case load of aged persons.<sup>9</sup>

These are consistent with Ferris' findings who said that the shortage of well prepared public health nurses, the growing demands for nursing service, and the increasing case load of chronic illness were areas of concern to visiting nursing associations.<sup>10</sup>

Four nursing directors thought financing was the most important problem facing their agency; three, securing adequate staff; three, the increasing health needs of the population and two, avoiding duplication of services.<sup>11</sup>

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<sup>9</sup>Based on sixty-two responses because of multiple answers to questions.

<sup>10</sup>Ferris, op. cit., p. 1114.

<sup>11</sup>Based on twelve responses because of multiple answers to questions.

When board members were asked if they had served as an officer of the agency, twenty-three board members stated they had. When asked in what capacity they had served there seemed to be some confusion as to what was meant by an officer of the agency as their answers included such items as serving on a publicity committee, transportation, building and repairs, and so forth. Only ten of the forty-five board members had actually served as president, vice-president, secretary, or treasurer of their agencies.

## CHAPTER V

### SUMMARY

This study was conducted in four voluntary nursing associations in Rhode Island. The purpose of the study was to ascertain the amount of information board members had about their agencies and what understanding they had about their responsibilities as members of voluntary nursing associations. Data were obtained from forty-five board members and four nursing directors. A questionnaire was designed to collect the data. Questions for board members were designed to ascertain the amount of knowledge they had about their responsibilities as board members. Questions that pertained specifically to agency policies and programs constituted the nursing director's questionnaire.

When asked how they were oriented to their responsibilities as board members, thirty-three board members said they learned about the work of their agency by attending board meetings and twelve mentioned various other means. Thirty-two board members felt there were better methods of orientation and they suggested many sources of information they thought should be available to them. Twenty board members said they kept abreast of nursing by hearing reports and twenty-five kept abreast by membership in

nursing organizations and attending meetings. Thirty-seven of the board members did not know by what method they had been selected to serve on their boards and twenty-six did not know about meetings held by their agencies. All board members were aware that their agency provided a bedside nursing program for the sick in their homes. Divergence in the answers provided by the nursing director and those given by board members was apparent in the areas of health supervision and specialized programs. Both groups expressed differences of opinion in regard to the functions of board members and nursing directors in policy planning and execution of nursing service. Much that was normally considered board functions was credited to the nursing committee, and some functions which were normally considered those of the nursing director were assigned to either the nursing committee or to the board of directors.

The board members varied widely in their answers regarding educational preparation of a nursing director. Some thought she should have a master's degree; some, a bachelor's degree; some felt being a registered nurse was sufficient; and others stated a registered nurse with some further education. Board members again differed widely in their responses about the preparation for staff nurses. Being a registered nurse was deemed sufficient by some; some thought a bachelor's degree was necessary; others pre-

ferred a nurse with some experience or education. Most of the board members felt orientation of new staff nurses should be principally the function of the nursing director. Most of the board members thought their agency had an on-going in-service program. Thirty-eight board members and three nursing directors were satisfied with their personnel policies. Thirty-one board members and one nursing director thought their agency was the only one in the community carrying on public health nursing programs, yet, in all four communities public health nurses from other agencies were carrying out some public health nursing functions. Most board members stated there was no interagency planning going on to prevent duplication of services in the community. Approximately half of the forty-five board members thought the ratio of public health nurses to population in their community compared favorably with recommended standards.

Forty per cent of the board members knew what new programs had been started in their agencies, 82.2 per cent knew what programs had been eliminated; and, 86.6 per cent knew what programs had been transferred in the past five years from their respective agencies. Most board members and most nursing directors felt that finances were the most pressing problem facing their agency.

A synopsis of social data showed that the majority of board members were male, that 60 per cent had college or graduate

education, and 46.6 per cent had served five years or more on the board. Length of service of respondents ranged from several months to forty-two years. Seven were lawyers, four were housewives, and four were teachers. There was a miscellany of other occupations mostly from the upper economic level represented by board members. Ten of the forty-five board members had served as officers of their agencies.

The hypothesis of this study, that board members are not informed about their specific responsibilities as board members of voluntary nursing associations, was substantiated by the data.

#### CONCLUSIONS

Educational preparation and experience of the nursing director did not seem to be a factor in the degree to which board members were informed about their responsibilities, nor did the degree to which a nursing director was informed about the agency have any bearing on the amount of accurate knowledge the board members had. It would seem reasonable to expect that board members would be better informed in the agency in which the director and six of the seven staff members had adequate preparation for their positions. The data in the study did not substantiate this. It is possible that a nursing director cannot carry on a program of administration, supervision, and teaching and still find time to keep board members informed. Another possible

explanation might be a waning of citizen interest in sponsoring, supporting, and interpreting public health nursing services.

Length of time served on the board did not have any bearing on how well informed board members were about their responsibilities. Those who had served ten years or more on the board were those who assigned board functions to the nursing committee, and functions normally considered a nursing director's to either the nursing committee or the board.

The data substantiated that new board members did not know how they were selected or what was expected of them.

Level of education of the board members did not have any bearing on board members' knowledge of their agency.

#### RECOMMENDATIONS

On the basis of the findings of this study the writer recommends the following:

1. That a comparative study be undertaken to ascertain why board members of a voluntary nursing association are not better informed about their responsibilities.
2. That boards of directors and nursing directors investigate and utilize all methods available in an intensive program to inform both old and new board members of their functions and responsibilities.
3. That consideration be given to the inclusion on boards

of directors of people from all socioeconomic levels to broaden the base of community contact.

4. That some thought be given to limiting the length of service of board members to insure a vital growing group of informed lay participants.

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APPENDIX

APPENDIX A

I am a graduate student doing a study relating to board members. Members of voluntary nursing associations have many functions and I am interested in what you think about some of these functions. Your opinions are very important to the study. Your answers will be confidential and you will not be identified in any way in the study.

A.

1. There are many ways of orientating new board members to their responsibilities. Can you remember how you learned about the work of your agency?
  
2. In what ways do you think new board members could be informed about the work of a voluntary nursing association?
  
3. Agencies have many ways for keeping board members informed regarding trends affecting nursing and community needs. How do the board members in your agency keep abreast of nursing trends?
  
4. How are the members of your board of directors selected?  
  
By board of directors \_\_\_\_\_  
  
By nursing director \_\_\_\_\_  
  
Other (please specify) \_\_\_\_\_
  
5. Is it customary to invite the citizens of the community to attend the annual meeting of your association?  
  
Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are there any other meetings of the agency held during the year to which the general public is invited? What kind of meetings?
7. What public health nursing services are offered by your agency?
8. Which of the following individuals plan the policies that determine which nursing services your agency gives.
- Board of directors \_\_\_\_\_
- Nursing director \_\_\_\_\_
- Other (please specify by title)
9. Who executes these policies into service?
- Board of directors \_\_\_\_\_
- Nursing director \_\_\_\_\_
- Other (please specify by title)
10. What do you think should be the experience and educational preparation of a nursing director of a voluntary nursing association?
11. What experience and educational preparation do you think staff nurses should have for their jobs?

12. Who do you think should be responsible for employing and discharging the nursing staff?

Board of directors \_\_\_\_\_

Nursing director \_\_\_\_\_

Other (please specify by title)

13. How are staff nurses orientated to the work of your agency?

14. Does your agency have an on-going inservice educational program for the nurses?

Yes \_\_\_\_\_ No \_\_\_\_\_

15. Do you think that the personnel policies of your agency are such that they can attract the best prepared employees?

Yes \_\_\_\_\_ No \_\_\_\_\_

Why \_\_\_\_\_

16. Does any other agency in your community employ public health nurses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services do they offer?

17. What kind of planning, if any, is there between the different agencies in your community to prevent duplication of nursing services?

18. What is the ratio of public health nurses to the population of your community?

1-2,000 \_\_\_\_\_

1-5,000 \_\_\_\_\_

1-10,000 \_\_\_\_\_

Other (please specify)

19. Do you think this ratio compares favorably with recommended standards?

Yes \_\_\_\_\_ No \_\_\_\_\_

20. Has your agency started any new programs during the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs were started?

21. Have any services been eliminated during the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs were eliminated?

22. Have any services of your agency been transferred to official agencies during the past year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs were transferred?

23. If some nursing services of your agency were to be eliminated, who would make this decision?

Board of directors \_\_\_\_\_

Nursing director \_\_\_\_\_

Other (please specify by title)

24. What do you think are some of the problems the voluntary nursing associations are facing today?

B. Personal information

Male \_\_\_\_\_ Female \_\_\_\_\_

Education (encircle the last year of school)

High school: (years) 1 2 3 4

College 1 2 3 4

Graduate degree

Occupation

Membership on the board of directors of this agency

Less than three years \_\_\_\_\_

Three to five years \_\_\_\_\_

Five years or more (please indicate how many)

Membership in the Rhode Island League for Nursing

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you served as an office in your agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify what office?

APPENDIX B

1. Is it customary to invite the citizens of the community to attend the annual meeting of your association?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Are there any other meetings of the agency held during the year to which the general public are invited? What kinds of meetings?

3. Which of the following individuals plan the policies that determine which nursing services your agency gives?

Board of directors \_\_\_\_\_

Nursing director \_\_\_\_\_

Other (please specify by title)

4. Who executes these policies into service?

Board of directors \_\_\_\_\_

Nursing director \_\_\_\_\_

Other (please specify by title)

5. Who do you think should be responsible for employing and discharging the nursing staff?

Board of directors \_\_\_\_\_

Nursing director \_\_\_\_\_

Other (please specify by title)

6. How are staff nurses orientated to the work of your agency?

7. Does your agency have an on-going inservice educational program for the nurses?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. Do you think that the personnel policies of your agency are such that they can attract the best prepared employees?

Yes \_\_\_\_\_ No \_\_\_\_\_

Why \_\_\_\_\_

9. Does any other agency in your community employ public health nurses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what services do they offer?

10. What kind of planning, if any, is there between the different agencies in your community to prevent duplication of nursing services?

11. Has your agency started any new programs during the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs were started?

12. Have any services been eliminated during the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs were eliminated?

13. Have any services of your agency been transferred to official agencies during the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what programs were transferred?

14. If some nursing services of your agency were to be eliminated who would make this decision?

Board of directors \_\_\_\_\_

Nursing director \_\_\_\_\_

Other (please specify by title)

15. What do you think are some of the problems the voluntary nursing associations are facing today?

APPENDIX C

1. The year agency was founded?
2. The year agency was incorporated?
3. Number of board members?
4. Who are ex-officio board members?
5. Term of office:  
Board members \_\_\_\_\_  
Officers \_\_\_\_\_
6. Maximum number of consecutive terms allowed?  
Board members \_\_\_\_\_  
Officers \_\_\_\_\_
7. Number of board meetings held during the last fiscal year?
8. Average board member attendance at meetings?
9. Report of nursing services for the last fiscal year?
10. Report of financial statement for the last fiscal year?
11. Copy of by-laws and personnel policies.

APPENDIX D

11 Calvert Street  
Newport, Rhode Island  
April 12, 1961

Dear

I am a graduate student at the Boston University School of Nursing. Part of the requirement for my Master's degree is the writing of a field study. Because of my interest in, and my personal knowledge of the contribution of boards of directors, I have selected the following topic for this study:

To determine the information and understanding that boards of directors of voluntary nursing associations have about their responsibilities.

I hope to study four agencies. Your agency as well as the others to whom I am writing were selected on the basis of comparable size and number of nurses. All four have between five to seven nurses.

I would appreciate receiving permission to attend one of your board meetings. A prepared questionnaire will be explained and board members, if willing, will be requested to complete this questionnaire. This will take approximately one-half hour.

I would be most grateful if you would allow me the opportunity to meet with you and your board. Your assistance in this study will be deeply appreciated.

Sincerely,

Mary A. Dwyer