

Initiating a Morbidity Service Into The Public Health
Nursing Students Rural Practice Experience.

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For the past several years there has been much discussion on the advisability of lengthening the practice time of the student in Public Health Nursing, in the rural field, from four weeks to twelve weeks. Heretofore it was thought the student would not receive sufficient practice in the Morbidity service since the Public Health nurse in a rural service cannot offer bedside nursing, except as a teaching tool, to the community she serves for these reasons:

- (1) Too large a population served. (One nurse now serves 10,000 people.)
- (2) Too large an area served. (Districts are usually twenty miles square.)
- (3) The diversified program of a generalized program only allows for time to carry a small and selected load of nursing cases.

However the Survey of Public Health Nursing, by the National Organization for Public Health Nursing, showed that bedside nursing was not used as an opportunity for teaching; that most teaching was done by word of mouth

and not enough by demonstration; that good parent education was lacking.

The broader aspects of a morbidity service may have been overlooked in planning the program for the students field experience. One of these is the selection of the districts to be used by the training center. These should be surveyed to show the productivity of all types of cases that can be combined in a family service. There should also be a combination of village and open countryside. This will give the student experience in understanding people, customs, labor problems and emotional backgrounds of the community she works in.

All of this can be brought into being if the student remains in a given district long enough to see the relationship of the individual to the community or in other words if she can carry a family long enough to determine the individual's problem in relation to himself, his family and the community in which he lives.

If this is to become an integral part of the program for the student, the training Center Staff program and the community the development must be gradual and slow in growth because these factors are an inevitable necessity both in program and in practice. This very slowness is apt to make the public health nurse become

impatient at the limitations put upon her and make her wish to discard the community.

But is it not better to learn early in her career that people live in their community and unless their need and the way of meeting it is to some extent accepted by their neighbors, their friends, and their townspeople they lose in one way more than they have accomplished in another?

The public health nurse must be trained by experience, and example, to present a comprehensive, integrated program, altho, whatever she says, or does, is motivated from her background of knowledge and philosophy of preventive medicine. Her hospital experience put the emphasis on doing something immediate and specific for the patient. In public health the contact with groups and committees is an equally important factor in education and interpretation of her work. She must not forget that to attain the goal of one nurse to two thousand persons that boards and legislatures are made up of individuals who can be interested if they have had some identification themselves, or through their friends and neighbors, with the services rendered by a public health nurse.

There will always be need to take up the slack between the professional worker and the lay public. The

active committee or board mediates between these two in a most effective manner.

It must be also remembered that the public outside metropolitan areas is personal and remembers what happened to the little Brown baby with the cleft palate or old Mrs. Smith with the broken hip better than the speech the public health nurse made to the Kiwanis Club, or the immunization program she has furthered preventing an outbreak of diphtheria in more than five years. At the 1927 A.P.H.A. meeting in Cincinnati, a report of the committee for official Public Health Nurses was given to the membership of the Health Officer and Public Health Nurses section. The recommendations of this committee were as follows:

1. That advisory committee on Public Health Nurses be stimulated in counties conducting official Public Health Nurses.
2. That these committees be charged by the official having jurisdiction to whom they are responsible with the following duties:
 1. To aid building public sentiment in support of an efficient Public Health Nurses service.
 2. To assist in maintaining continuity of nursing policies.
 3. To gain the confidence, support and participation of the public.
 4. To represent the community and its needs to the officials.
 5. To assist the officials in planning foresighted

measures for treatment of problems uncovered in course of the work.

6. To secure private funds to supplement public funds as needed.

If the Health Association Nursing activities committee is not active, a committee may be started by the Health Officer and Executive Board of Health Association who invite in a group of individuals meeting these requirements.

1. Leadership in community and county at large.
2. An expressed interest in Public Health Nurses.
3. Special experience and education that fit him to contribute to the improvement of nursing service.
4. Ability to work with other people.
5. County wide vision.
6. Time for study and promotion of the Public Health nursing program.

They are asked to discuss the needs of the health department. During this discussion the Health Officer presents his desire for an organized nursing activities committee and asks for suggestions. It usually follows that the group then forms itself into a committee.

Another method by which the committee is formed is for the Health Officer to ask one of two outstanding members of the Health Association Board to assist in organizing the committee. Then they invite other people to be members. It is far better to go slowly in the

development of such a group than to move so rapidly that insufficient time is given for selection of the right members. Violet Hodson in "Public Health Nursing" 1932 said, "As the committee goes so goes the community". It must be assumed, however, that the committee is representative of the community and that it presents a true picture of all the social civic religious and regional interests of the community.

Clarence King says, "There is real danger in indulging in wishful thinking and substituting a picture of an ideal board for a realistic view of boards as they really exist today. Truth compels us to admit that only a minority of boards, constitute a *vital* and dynamic force. This indicates that boards have not been energized into a constructive force which they can become if well organized.

Many other demands are made on the time of the committee members, both in the home and the community and our success in holding their interest is a challenge to our enthusiasm in services that are vital and essential to their individual problems at home as well as those more general to the community.

Functions of the committee:

1. Defining policies.

2. Outlining the extent of the program.
 3. Financing--collection of fees, loan collects.
- A. To define policies it is necessary first to study the needs of the communities.
1. What kind of quality of program have we and what should we have.
 2. What amount of service does each district need and how much does it actually get.
 3. How can we tell the public what it should do to get free and what it should pay for on the fee basis.
- B. An analysis of population, mortality and morbidity figures is necessary in formulating the program.
- C. An analysis of the Health Resources--ie County Health department, budget staff and services. Number of hospital beds available in relation to population for adults, children--new born and communicable diseases.
1. The sound program is built from the description of a Public Health Nurses service as described in the N.O.P.H.N. Manual.
 2. A cooperative program with the social work organization.
 3. An understanding of the Public Health Nurses services by the Medical Association with a statement of standing orders agreed upon by them.

When the objectives of the services have been agreed upon analyze their relation to the whole community health and welfare program, their share in the preventive health program, their share in the adequate care of the sick at home. Deserving a more prominent place in our objectives

is giving more thought to planning the content of the visit weighing its relative importance with greater emphasis on the technique of sharing health information and procedures.

Participation in the morbidity service means utilization and stimulation of community resources and interpretation to the community of the services through which we aim to reach the goal of a happy, independent and cooperative family.

The case history which follows illustrates the type of case which might be carried by a student on a generalized service to which she would render bedside nursing care.

AFTER CARE OF A POLIOMYELITIS CASE

B-- , Jackie

Admitted 11/2/36 as acute communicable.

Admitted 11/20/36 as morbidity.

Social Background of patient.

Born November 1, 1930
Father, native born, white, protestant
Mother, Portugese, Catholic, immigrated 1920,
1st citizen papers.

Home Environment.

There are two other children in family, both girls. Julia May was born in 1927; Marie in 1932. The home is

adequately furnished and shows evidence of good house-keeping habits of mother. It is quite evident from type of equipment that the father at one time had a good job. The beds are always neatly made, kitchen spotless, the sink and table clean and not cluttered. Previous to admission good health habits had been cultivated, ie, in bed at 7:30 P.M., regular meals, drinks milk, brushes teeth, etc. The father in on W.P.A. earning \$55.00 a month. Relatives furnish three quarts of milk daily for the children.

Parents

There seems to be some conflict between the parents. Mrs. B. is energetic, neat and ambitious, quick in speech and actions. Mr. B. Has nothing to say and it is apparent that he is jealous of the attention the children require of Mrs. B.

Mental

The patient is of a sunny, happy disposition. This has not been altered by his illness. He has tried to the best of his ability to cooperate in his treatments. Outside of the fact that he may be spoiled by the attention his attractive physical appearance has brought him there has been no behaviour problem.

Interpretation of Illness

November 1, 1936 Mrs. B. entertained the children of the neighborhood, the occasion being Jackie's sixth birthday. That night he complained of nausea, had a slight rise in remperature and coryza. He also had pain in the right leg. The next morning he could not move the leg. The family physician was called, who called the Public Health Nurse at the Unit office. The child was transfered to the Doernbecker Hospital the same morning as a case of acute anterior poliomyelitis.

Nursing Care

The patient was discharged from the hospital on 11/20/37. Disposition still happy and interested in every thing that was being done for him. Public Health Nurse gave routine bed care on first visit and helped father put boards under mattress to prevent sagging with body weight. There was considerable pain and muscular soreness. The family physician was consulted and desired

that the Assistant Health Officer handle case as father was on W.P.A. and service will of necessity be continuous. As no particular instructions as to treatment were given mother, on patients discharge from the hospital, only a date to take child to Pediatric clinic in a week, the Assistant Health Officer visited the patient on 11/21/36. On this visit, due to the continued pain in legs, he decided to put on casts. This the Public Health Nurse assisted him with. The child was placed on the kitchen table and casts applied. These were of the half shell variety. Instructions were given at this time by the Assistant Health Officer for a warm tub bath to last up to one hour twice daily. As there was no bath tub in the house a portable canvas tub was located in the neighborhood. The Public Health Nurse demonstrated bath and instructed mother to keep water warm at all times. Public Health Nurse visited next day and mother gave bath while nurse was present. The nurse called every other day until 12/10/36. On this day the parents and nurse took the patient to the Shrine Out-Patient Clinic. Both legs were put in splints and instructions were given in massage and exercise. These were written out for the mother to follow. The child was to be taken to the tank each Tuesday morning for water therapy. The Public Health Nurse returned the next morning before going to office to give massage and exercise as per written instructions. The mother demonstrated the next morning to the Public Health Nurse. To help family get to the Shrine Hospital each Tuesday, the Public Health Nurse interviewed the President's Ball Committee and secured funds to pay for transportation for four months. Magazine articles were given parents to read about rehabilitation of the cases having infantile paralysis selecting those that advised against making the handicapped child too dependent. She showed the father how to make a bed table from a peach crate. She worked out various luncheon menus with mother. The patient's appetite continued to be normal. There fortunately was not any elimination difficulties. The patient was discharged 3/1/37 from Morbidity Service to Health supervision.

Habit Guidance

1. Mother was encouraged to allow patient to wash his hands and face and brush his teeth before meals for himself. This he took pride in doing.

2. The patient accepted the new situation well. The problem here was to guard against his becoming a little tyrant over the younger sister. His greatest fear was in standing and walking alone, after these could be started again.

3. He cooperated well in his treatments, looked for-ward with eager anticipation to the trip to the tank. He learned what exercise and massage he should have and checked up on his mother if she overlooked any new movement. He took pride in learning to walk with his crutches which he received on 4/1/37.

4. During his early convalescence he was given large toys to play with because of his prone position. He tired easily and it was thought inadvisable to have him concentrate on small objects, eye strain, etc. The older sister was encouraged to read to him daily. As he progressed the community organizations and relatives were encouraged to bring him games that he would have to play or construct alone. This was to make him self sufficient again. His teacher then gave him one hour instruction each week with the aim of making him less dependent on his mother for entertainment.

Progress

1. Child attends school full time. He walks about one mile each way, using crutches. He is well adjusted to his handicap, does not ask consideration on playground from other children because he is a cripple. Uses apparatus that he can. He still goes to the Shrine Clinic each Tuesday for water therapy.

The family had a low bench made with a pad on it for school use as he cannot use a regular desk.

Agencies Interested.

Doernbecker Hospital, Shrine Hospital, President's Ball Committee Family Physician, Assistant Health Officer, County Public Health Nurse, School, W.P.A., Community.

COOPER FAMILY

This family first came to the attention of the nursing service 2/16/37 from the school census to locate

pre-school children. The problem at this time was to secure a physical examination for Mary Alice who would enter school in the fall.

The family consisted of:-

Cooper, Lee	father, 32 yrs. born Neb.
" Eleanor	mother, 30 yrs. " "
Patricia Ann	born Dec. 1, 1929 " Omaha
Mary Alice	born May 1931 " "
Richard	born Oct. 1934 " "
Sally Jean	born June 11, 1936 " "
Robert	born Apr. 11, 1937 " Oregon

This family was seen by the County Physician on 1/4/37. Referred to him by the Relief Unit. The case was not referred to nursing service at that time. The Cooper's came to Oregon from Omaha, Nebraska. They first lived at Quinn's Mill, Route #1, Beavercreek, later moving to Willamette and then to Sunset. Mr. Cooper secured a job as a bus (school) driver, but is unable to pay for medical care of family as yet. They were the recipients of nursing service from the Omaha Health Nurses Association when they were there. Mrs. Cooper was delivered by the Medical Service 4/9/37 of a male baby. She returned home on the tenth day. The Public Health Nurse made two nursing calls to instruct a neighbor in caring for the mother and baby. Mrs. Cooper brought the children to the Infant and Pre-School Clinic and 5/19/37 she was advised to have the children vaccinated and immunized. This she had done within the next month. On 1/17/38 Robert was burned. The mother applied tannic acid jelly and called the Health Unit the next morning. The nurse called and found all the three girls ill with symptoms of colds - all having high temperatures. The mother was instructed in isolation technic and the isolation unit was set up in one room, keeping Robert and the baby in another part of the house. Robert's burn was inspected and the Doctor notified. The next day 1/19/38 Robert was transferred to the Dorenbecker Hospital as the burn showed no improvement. The County Physician arranged for this transfer.

The nurse continued to give nursing care to the three children who had "Flu" for four days. The County Physician made two visits. He advised C.L.O. The father was given a card to get this from the Kiwanis Club supply.

On 1/25/38 the children were dismissed from the Morbidity service to the Health Supervision Service.

Robert was brought home from the Hospital on 2/3/38 the burn completely healed. Mrs. Cooper is a neat and orderly housekeeper. She has a good understanding of diet and care of children. She appreciates the service of public health nurse. The Cooper's are thinking of returning to Omaha as they were in better circumstances there and did not have much illness when there.

Agencies Interested

County Relief Unit, County Health Unit, Dorenbecker Hospital, Kiwanis Club.

Summary

A good relationship exists between the Cooper family and the agencies interested. They desire to be self sustaining but when necessity arises they call on the agency giving the service needed. They made no undue demands and accept the teaching offered.

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The Staff Conference As Method of Administration
in a County Health Unit.

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"An executive job is not a power of authority but a responsibility." (Elnora E. Thomson, 1936).

The supervisor who holds the above as her thesis is usually the person who has the following qualifications.

1. Ability to teach and arouse interest in the subject.
2. Enthusiam.
3. Sympathy and understanding.
4. Self command.

She also sees the need of, and has appreciation for the "pastoral" duties that fall to her lot in listening to individuals on the staff and guiding them in making their own decisions and recognizing their weakness's and their abilities; in praising the community's good work in helping the program and in tactfully pointing out to them which service they need.

The supervisor must be an expert in applying the

principles and procedures of Public Health Nursing.

Probably the best method we now have to use as a supervisory tool is the group discussion or the staff conference. In this, the supervisor or administrator excels as a leader, for it is she who sees that the trend of thought does not wander off the subject and that each staff member has an opportunity to make some contribution to the discussion. It is she who realizes that the most timid member of the group, whose reticence in expressing her thoughts, may hold the key to the solution of a problem that is baffling to the rest of the group. She believes that learning does not end in graduation but continues as a cooperative education throughout the professional career.

"In a complex world as our has become, we can no longer rely upon individual leadership. Our problems are of a nature requiring collective consent. In one sense, our fate hangs upon our ability to learn how to administer through committee and conference groups." Edward C. Lindeman.

Public Health is a comparatively new science, whose methods and techniques are ever changing to meet new problems and to keep pace with new discoveries in the field of preventive medicine. As a method of administration in this field the County Health Unit was established to promote individual and community health. The past

several years have seen an expansion of the existing units and the development of new ones in unorganized areas.

The personnel of the County Health Unit consists of a medical director, an assistant medical director, who cares for the indigent sick, a sanitarian, public health nurses, varying in number according to the population, and the clerical staff. Isolation of each department is impossible in the unit plan. So, the creation of harmonious working order between these people, whose jobs are interacting and whose success in the promotion of community health will depend largely on their thorough understanding, not only of their own jobs, but of everyone who is working for their common objective, presents a new field in the development of the conference as a coordinating and supervisory method of administration.

Walter Lipman in Public Opinion states that "most leaders find it hard to believe that bad as things are, the other fellow would not make them worse." This belief was evidently common among leaders and has contributed to the building up of the erroneous idea that staff conferences mean the attendance at a meeting by staff members, under compulsion, where the leader will outline the plan for their work and expect them to execute the plan whether they believe in it or not. "The psychological effect of continually pretending to agree with that which

one does not agree is disastrous". (1) This quotation from Stuart Chase is fundamentally correct. The proclivity to "yes" every plan or statement, whether written or verbal, of another person usually sets up a revolt within the "yesser". This revolt may be manifested in a variety of ways. It may lead to an outbreak of self expression that will retard the advancement of the whole program of public health in a rural community for a period of years. It has been proved that the constant repression of spontaneous expressions of thoughts and opinions result in psychopathic personalities and probably no other branch of public service needs well adjusted individuals with initiative ability in it as does the public health service, and yet what leader would not find personal compensation in contributing to a learning process which will accelerate understanding, friendship and adjustment among his workers? For is it not also true that "there is no such thing as making an adjustment for some one else"? (2)

The reason staff conferences become tedious and boring is because they are not well planned and do not provide for freedom in the expression of opinions on the initiation of new plans and procedures. Walser says that, "planning the conferences resembles in some ways the engineer's careful testing and coordinating of materials,

tools, expense and human skills". (3) Before the conference the chairman should be given the subject the staff members wish discussed, since the object of staff conferences is not to deal in emergencies and matters requiring swift decisions but for harmony and tranquillity in the carrying out of the functions of the office. This not only allows the chairman to arrange the agenda for the meeting, but encourages the members to arrange the facts logically, and study the subject objectively so as to support their opinions and convictions.

Where weekly conferences are a rule, it is a smart idea to limit the conference time to two hours or better, an hour and a half, otherwise the discussion is apt to drag on ad nauseam and the conferees finally are exhausted and do not arrive at any clear thinking conclusion. Sufficient time should be taken for a calm survey of all the facts and if this cannot be accomplished in one meeting and the conclusion can not be justly made, further study should be made. At this point the chairman can appoint a committee to investigate, confirm or verify the facts presented and discussed and have the subject taken up at subsequent meetings. Each conference needs careful planning and study. Just as a teacher outlines a lesson before approaching a class room of students, so it economizes time and effort by impartial forethought

to plan the conference. Reading of notes on previous conferences furnish some help, particularly to eliminate subjects on which an agreement has already been reached.

The discussion on any topic can be halted when a conflict exists and taken up at a future meeting. It frequently is not wise to force making important conclusion because the time limit is reached, as some member will not be in accord and additional time for study and observation is necessary for self analysis of the biased view point and conflict with in himself. Or as Walter Lipman says, "Experiment shows that the speed, the accuracy and the intellectual quality of association is deranged by what we are taught to call emotional conflicts".

Because all members of a County Health Unit staff meet with community groups to discuss what the community wants from the staff in way of service, or what the statistical studies show the community needs, it is well to rotate the chairmanship of the staff conferences among the members so they will become familiar with the technique of not only participating in but arranging the procedure and keeping the group on the subject. There is, however, some argument against this procedure in that many of the chairman will be weak, whereas, he should be the spark plug of the discussion. In a rather permanent group it might be well to concentrate on a few

proved chairman. On the otherhand, the experience of presenting a problem in administration by the leader as a member of group helps him maintain an objective point of view. In the conference the leader's newer approach is to learn to listen instead of talking so much himself. Listening is often the basis of his better understanding of his group of workers. If this procedure is carried out a spontaneous rapport can be established between the leader and the staff because they feel there is an unassumed and genuine interest in their opinion and observations and that the executive is not using his job as a power of authority but as a responsibility. They feel the confidence placed in them and this will help them reach their potential qualities in their own situations.

One of the objectives of the staff conference is to have staff members verbalize their reactions and their felt need for help on certain cases and community problems in such a manner that a way will be thought through to the acceptance of the responsibility of their own problems. For this reason the conference might also be described as a specialized form of conversation in which the right use and meaning of words play an important part in the discussion. Words as such remain the same but what they stand for change among various groups and in different fields of related subjects. Because of this, to reach

an agreement with some people it is necessary to go back to their experience level and thinking, and start to build the discussion from that point. This is particularly true when there is a difference in experience, training and interests of the group. The older worker can bring to the conference the richness of his experience the younger the enthusiasm and fresh ideals, undimmed by the limiting conditions that has tempered the opinions of the elder.

To develop acquaintanceship among the staff that will promote a free give and take attitude in the discussion the serving of a cup of tea at the conference conclusion will result in informal talking over results leading to a better understanding and tolerance of the viewpoint of others. In order to come to a conclusion the group must know how much power they have in making plans. When this has been defined to them then the summary can be made by the chairman. He can gain assistance by referring to the notes made by the secretary of the conference, who has made notes of important points brought out in the individual lengthy discussions and recitations of personal experiences. The summary takes the place of voting in parliamentary procedure. Here the proper use of words is again important. The chairman must use care in wording the summary, otherwise

he may read his own opinions and ideas into the conclusion.

"As we discuss together our common problems we gradually discover the vast emptiness and shallowness of the background we have been assuming was sufficient for the basing of sound judgment. The light which comes from discussion is likely to reveal our unpreparedness to make decisions to which we are called." (5) As the need for group discussion in perfecting new methods of procedure and solving problems that arise is felt by the staff as a whole they begin an adventure of "education of high order." (6) When this is apparent to all, the staff conference becomes an Art and as such is worth pursuing as a coordinating administrative procedure.

FOOT NOTES

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