

Survey of Consultant Nurses In Health Agencies

By PEARL McIVER, R.N., M.A.

AT THE REQUEST of the Council of State Nursing Directors at their meeting in California in October 1951, a limited, exploratory survey of consultant nurses employed by State and local health agencies was begun by the Public Health Service. The survey was proposed to aid State health departments in planning for nurses' participation in the many new health programs, such as chronic disease, occupational health, and mental health, and as a guide to universities which offer courses in the specialties designed to prepare consultant nurses.

Source of Data

The data were obtained from 48 State and Territorial health departments and consisted of an individual personnel history and a job description on each consultant nurse on duty January 1, 1952, in a State or local health agency. Records were received on almost 500 nurses but not all were used. Some were for personnel whose primary responsibilities were administrative rather than consultative and were therefore not included in this survey. Of the 458 consultants for whom records were received, 315 were employed by State health departments, 65 by other State agencies, and 78 by local health agencies.

The personnel histories were accurate and fairly complete for general academic education

and university preparation in public health nursing, but they were sometimes incomplete with regard to nursing experience and preparation in the specialties. Some of the job descriptions were clear and comprehensive, but many were either too general or contained too much detail. Therefore, no attempt was made to give definite numerical ratings to functions or responsibilities of the nurses.

A progress report was given to the State nursing directors who attended the American Public Health Association meeting in Cleveland in October 1952. At that meeting, the State nursing directors agreed to send to the Public Health Service author supplementary data on the amount and kind of training in a specialty for consultant nurses who were serving State agencies. By January 14, supplementary data had been received from 42 States and were added to the previous material.

After the preliminary tabulations were completed the data were given to groups of special nursing consultants in the Public Health Service and in the Children's Bureau for review and comment. The data contained so much information of interest to the Federal consultants that each group agreed to prepare a detailed report on their respective specialties. This report, however, summarizes only the general information obtained from the survey.

Responsibilities of Nursing Consultants

Primarily, a consultant nurse is an adviser to and a teacher of other nurses. Unlike a supervisor, she does not have administrative responsibility for the nurses she is helping. She

Miss McIver is chief of the Division of Public Health Nursing, Public Health Service. The material in this article was prepared by the division's staff.

gives consultation in her special field to official and voluntary health agency personnel. She also interprets the program in her specialty to the general public. Her success depends upon the needs for her special knowledge and skills, her ability to create a desire for her services where the needs exist, and her ability to fill these needs.

Consultation is a two-way channel. The consultant learns from the nurses, health officials, and general citizens what the needs are and how well the proposed plans meet those needs. The consultee benefits from the broader knowledge and experience which the consultant brings to a discussion of a common problem.

From the job descriptions submitted, the functions and responsibilities of consultants were grouped into 8 categories, of which 5 could be classified as common functions in any consultation program. These five were: education, studies and surveys to determine needs and resources, policy formation and program planning, interpretation of policies and plans, and evaluation of special programs. Most of the consultants also had some responsibilities in one or more of the other three: administration, supervision, and provision of direct services. Some were participating in the administration of a special program, some were giving direct supervision to local nurses where no local supervision was provided, and a few were providing direct services in a specialty to areas of a State where there were no organized health services.

Types of Consultants

Of the 315 consultant nurses in State health departments, 291 devoted full time to one field, and 24 served in more than one specialty or added consultation in a specialty to their general responsibilities. Only in the chronic diseases was one consultant responsible for more than two programs, and since the total number of consultants in this category (heart, cancer, geriatrics, diabetes) was small, the consultants in these fields have been grouped under the chronic disease category.

The 98 general public health nursing consultants outnumbered all other categories in State agencies. Only 18 of the 98 carried a specialty in addition to their general responsibilities. Four combined tuberculosis and gen-

eral consultation. Two were also venereal disease consultants; one was also director of field training. One gave consultation in industrial hygiene, and two in chronic disease, in addition to serving as general public health nursing consultants. Seven combined maternal and child health services and one combined crippled children's services, with general consultation.

Nursing consultants for crippled children services were the next largest group. Of 93 such consultants, 31 were employed full time by State health departments except for 1 who served part time as a general consultant. Fifty-four were full-time employees of other State agencies for crippled children. Eight were employed by local agencies.

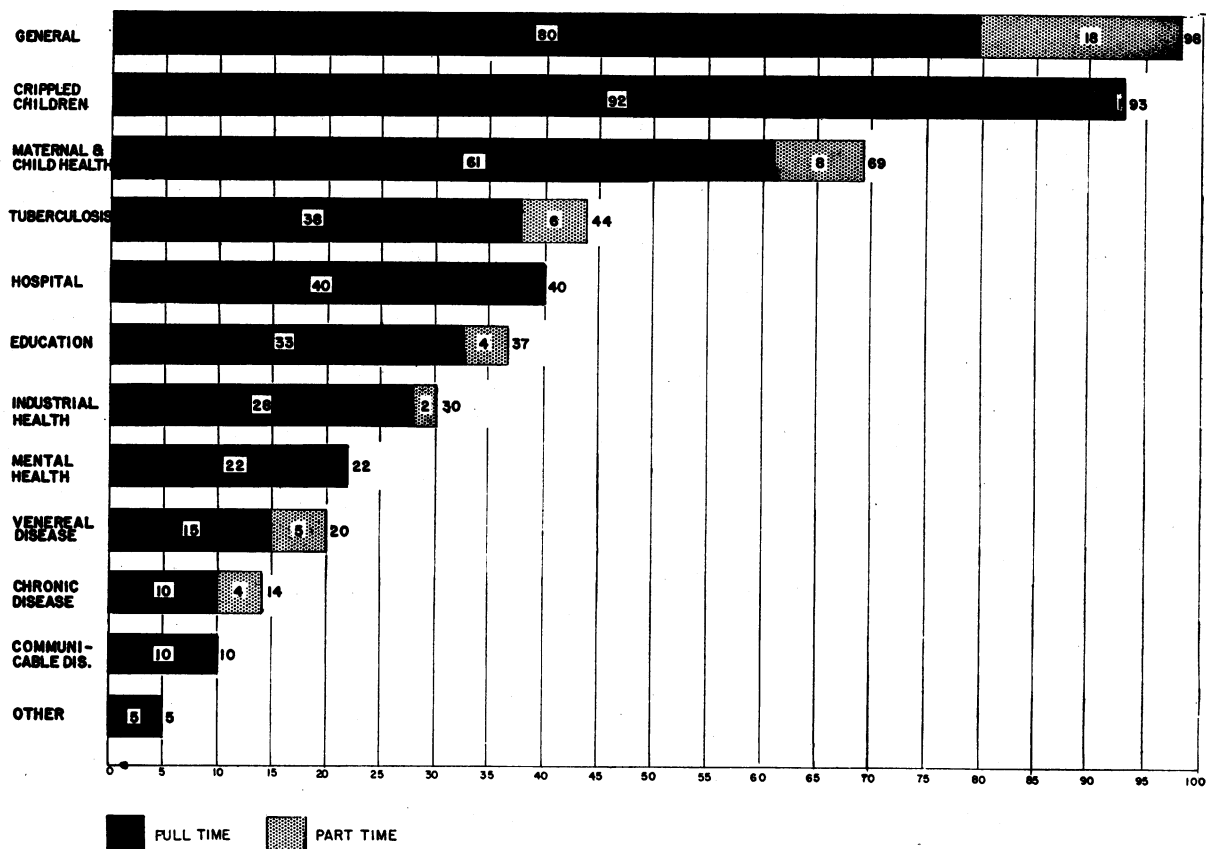
Of the 69 consultants in maternal and child health nursing, the third largest group of consultants, 53 were employed in State health departments. Forty-five in State health departments devoted full time to this field and 8 part time. The 8 carried additional responsibilities, 7 for general consultation and 1 for educational work. Sixteen were in local agencies.

Tuberculosis nursing consultants were the next largest group. Of the 44 in this specialty, 34 were employed by State health departments; 28 full time. Four served part time in the general field, 1 spent part time on venereal disease consultation, and another spent part time on the chronic disease program. Five were employed by other State agencies and 5 by local health agencies.

Hospital nursing consultants are among the newest type. A total of 40 were reported; 23 general hospital or nursing consultants on full-time duty in State health departments. There were 12 maternal and child health hospital nursing consultants in State health departments. Five hospital nursing consultants were employed full time in local health agencies.

Educational consultants were employed by 37 agencies. In State health departments, 17 served full time and 4 part time. The 4 divided their time, 1 each with general, venereal disease, industrial, and maternal and child health consultation. Educational consultants (or educational directors) made up one of the largest groups (16) in the local agencies.

Figure 1. Distribution of full-time and part-time nursing consultants in State and local health agencies by type of program on January 1, 1952. (Twenty-four consultants served part time in 48 programs.)



Of the 24 industrial nursing consultants employed by State health departments, 22 were full time. One spent part time as educational director and another carried a district for general consultation. Only one industrial consultant nurse was reported from other State agencies although previous reports indicate that there are additional industrial nursing consultants in State labor departments. Five were employed by local health agencies.

Mental health consultants ranked next with 22. Only eight worked full time in State health departments. Four were employed full time by other State agencies and 10 by local agencies.

Venereal disease nursing consultants were employed by 20 State and local agencies. Of the 15 in State health departments, 10 served full time. Two were also responsible for general consultation. One served part time in tuberculosis; one gave part of her time to

chronic disease, and one served as part-time educational consultant on field training activities. Local health agencies employed five full-time venereal disease consultants.

Chronic disease consultants compose a group of 14 nurses: 11 in State health departments, 1 in another State agency, and 2 in local agencies. Two were serving as full-time cancer nursing consultants in a State health department. In two States, cancer consultation was combined with cardiac control consultation, and in one State, cancer and general consultation were combined. In one local visiting nurse association, one nurse served in cancer control.

Two States reported full-time chronic disease nursing consultants. In one State chronic disease and general consultation were combined, and another State combined chronic disease with venereal disease control consultation. One State health department and one other

State agency supplied full-time nursing consultants on rheumatic fever, and in one State health department, tuberculosis and cardiac consultation were combined. One local health department had a full-time consultant on rehabilitation.

Communicable disease nursing consultants were a slightly smaller group. Five were serving in State health departments, and five in city health departments. All were full time.

Other nursing consultants were reported from 4 States and 1 city: 1 full-time consultant for civil defense, 1 for dental health, 1 on community organization, and 1 for vision and sight conservation. One nurse in a city health department served as a full-time consultant on records and statistics.

Figure 1 shows the distribution of nursing consultants in State and local health agencies, by type of program.

Functions of Consultants

Examination of position descriptions in terms of the eight categories of responsibilities previously cited not only indicates the scope of consultation but also reveals limitations and suggests points for further consideration.

Most of the functions of the consultants are educational. The groups to whom the educational programs were directed, in order of frequency, were State and local health personnel; nursing students, basic and graduate; hospital and other institutional workers; industrial nurses and their employers. In carrying out their responsibilities in this category, consultant nurses conducted institutes and work conferences, prepared manuals and guides, selected and distributed educational material on their specialties, demonstrated specific techniques and procedures, and oriented new personnel.

Practically every job description mentioned responsibility for studies and reports. A large number mentioned helping to plan and organize case-finding surveys for tuberculosis, diabetes, and venereal disease. A few mentioned studies of educational resources and surveys of treatment facilities in their specialties.

Only a few job descriptions mentioned participating in policy formation and in planning

the overall program in their specialties. If the consultant nurse is to make her maximum contribution to a disease control or health promotion program, she must be a member of the team having overall responsibility for that program.

If the consultant's office is in a different building, or even in a different section of the same building, will she have the opportunity to participate in informal conferences where many of the preliminary, as well as final plans are made? The job descriptions did not record policy formation and planning frequently. Does that mean that the directors of special programs minimized her contribution or that the nursing consultant believed such participation was unimportant?

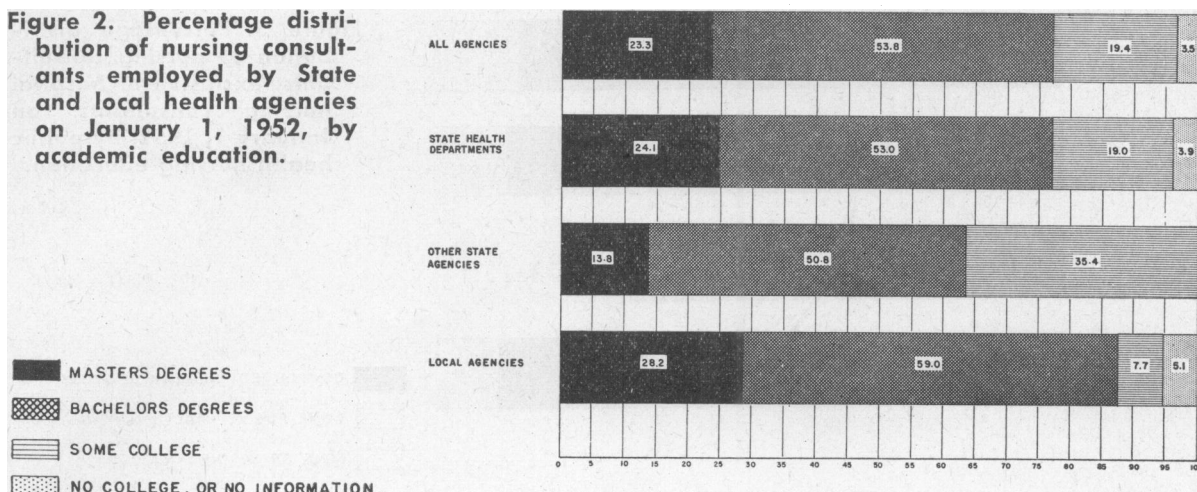
Many functions pertaining to interpreting policies and plans to local health agencies, other State agencies, and professional organizations were recorded. Since this was a frequent function of the consultant nurse, she should have a real contribution to make in the formulation and revision of policies and plans.

Only a few of the job descriptions recorded specific functions on evaluating the effectiveness of special programs and efficiency of nursing personnel functioning within the program. All of the special program divisions depend to a large extent upon the local general nursing staff to translate their programs into action in local areas. Is not one of the important purposes of a consultation program to help local health officers and nurses to measure the effectiveness of their special programs?

In most instances, consultants employed by State health departments recorded "direct service in local areas" less frequently than did the consultants employed by other State agencies. These data did not reveal why this was so, but it is logical to suggest that the State health department personnel are more familiar with local health department facilities and therefore refer special problems to the local personnel, while some other State agencies may not have as direct contact with local health agencies.

Administrative functions in connection with the special programs were recorded most frequently in those States where there was no full-time administrator of that special program or a very limited administrative staff. In one State a nurse is assistant administrator of the

Figure 2. Percentage distribution of nursing consultants employed by State and local health agencies on January 1, 1952, by academic education.



maternal and child health program. No doubt she gives some nursing consultation, but since administration was her primary responsibility, she was not included in this study. However, in another small State, the nursing consultant was the administrator of the mental hygiene program, and in one State the tuberculosis nursing consultant had the major responsibility for directing the tuberculosis control program.

Professional Preparation

Academic Education

Of the 458 consultants employed in State and local health agencies, 353, or 77.0 percent, had 1 or more college degrees. One hundred seven, or 23.3 percent, had master's degrees and 246, or 53.7 percent, had bachelor's degrees only. Eighty-nine, or 19.4 percent, had some college work and 16, or 3.4 percent, had no college work or no information was submitted on this item. The group of consultants employed in local health agencies showed the highest percentage (87.2) with degrees. State health department consultants ranked second with a percentage of 77.1 percent and the lowest percentage (64.6) was shown by the group serving in other State agencies (fig. 2).

Public Health Nursing

A program of study in public health nursing is an accepted requirement for nursing consultants in the field of public health. Four hundred and eighteen (exclusive of 40 hospital

nursing consultants) served in public health programs. Of these, 360, 86.1 percent, had completed a program of study in public health nursing; 20, 4.8 percent, had had some public health nursing study; and 38, 9.1 percent, had had none or submitted no information on this item. The consultants in local health agencies ranked highest among those who had completed a program of study in public health nursing, with a percentage of 90.4. The State health department consultants showed a percentage of 88.9 and those in other State agencies a percentage of 69.2 (fig. 3 and table).

Not every record gave information on the length of present employment. From the records, it appeared that those consultants without university preparation in public health nursing had been in their positions for a number of years.

Although a program of study in public health nursing is not considered a requirement for hospital nursing consultants, it was found that 17 of the 40 hospital consultants were so qualified. About one-third of the hospital nursing consultants reported some university preparation in their specialty.

Postgraduate Education in the Specialty

Postgraduate education in the specialty is generally thought of as one of the requirements for a consultant serving in a specialty. There has been a rapid expansion of specialties in public health programs within recent years and a

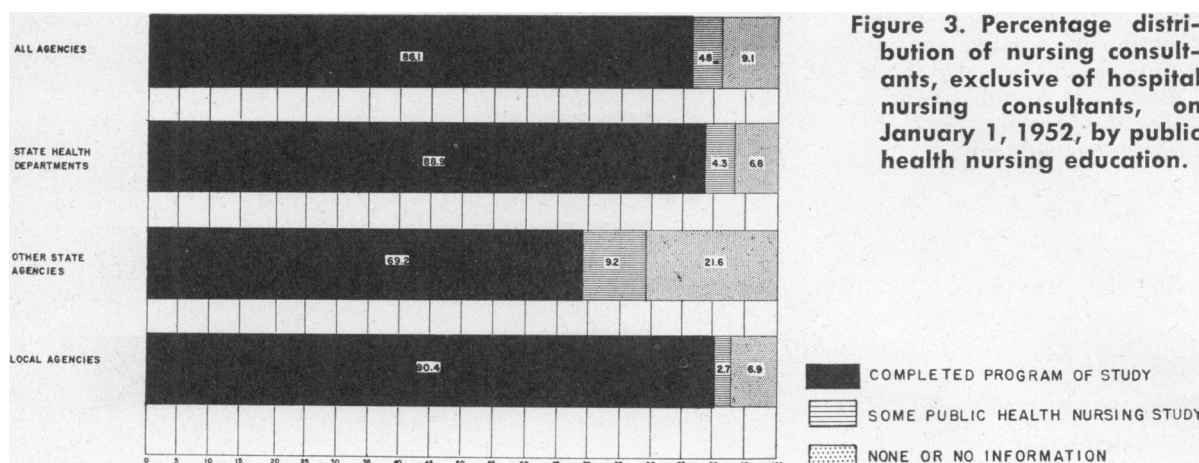


Figure 3. Percentage distribution of nursing consultants, exclusive of hospital nursing consultants, on January 1, 1952, by public health nursing education.

concomitant growth in the number of specialized nursing consultants employed. There is no clearly defined program of study for some of the categories of consultants represented in this report. The questions of what constitutes educational preparation in a specialty and what categories should be considered as specialties appear to need further exploration and study.

A sampling of data submitted on 139 consultants in State health departments (exclusive of the 80 general consultants and 96 consultants engaged in maternal and child health and programs for crippled children) revealed that 105 or slightly more than three-fourths of them had had some postgraduate education in their specialty, varying from institutes of 1 week's duration to 18 months of formal study. In view of the limitations of the data no attempt is made to show this type of education

in over-all table form. The detailed report of each specialty will include a discussion of postgraduate education in the respective fields.

Experience

When information concerning previous experience was not recorded, it was coded on the punch card as "none." Quite frequently the reviewers were reasonably certain that the answer was "no experience reported" rather than "none." However, it was not possible to separate those who failed to record experience from those who had no previous experience. Therefore, this report gives only a general picture of the background experience of the consultants.

The specialties in which the largest majority of the consultants recorded previous experience in general public health nursing supervision were venereal disease, tuberculosis, and mater-

Public health nursing education of nursing consultants employed in State and local health agencies exclusive of hospital nursing consultants, as of January 1, 1952

Type of agency	Total consultants		Amount of public health nursing education					
			Completed program of study		Some public health nursing study		None or no information	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
All agencies.....	418	100	360	86.1	20	4.8	38	9.1
State health departments.....	280	100	249	88.9	12	4.3	19	6.8
Other State agencies.....	65	100	45	69.2	6	9.2	14	21.6
Local agencies.....	73	100	66	90.4	2	2.7	5	6.9

nal and child health. Consultants in mental health, crippled children, and education ranked next highest insofar as previous public health nursing experience was concerned. About one-third of the general and industrial nursing consultants either had no previous public health experience or failed to record their past experiences.

Experience in public health nursing is a specified requirement in announcements of qualifications for appointment to any consultant position in the field of public health nursing. Many of the examination announcements specify experience in general public health nursing, and in addition, require experience as a public health nursing supervisor prior to appointment to a consultant position. Some of the States have required public health nursing experience of those nurses who were appointed as hospital nursing consultants. Desirable as it may be to have every nurse prepared for first level work in public health nursing, it would appear that, for hospital nursing consultants, experience as a hospital nursing supervisor or administrator is more important than experience as a public health nursing supervisor if only one type of experience is required.

About one-third of the hospital nursing consultants recorded public health nursing experience prior to their present assignments. All of those who had not had public health nursing experience reported experience in clinical supervision, teaching, or administration of nursing services. Two of the hospital nursing consultants with previous public health nursing experience had had no experience in clinical nursing.

Clinical experience in the specialty was reported most frequently by the public health nursing consultant in maternity and child health. About 30 percent of the industrial nursing consultants reported experience within industry which might be likened to clinical experience in the other specialties. Less than 10 percent of the consultants in the other specialties reported previous clinical experience in their specialty.

Discussion

Many of the job descriptions did not define clearly the responsibilities of the position. The

nursing service would be strengthened if these descriptions were more comprehensive. An accurate description of the duties and responsibilities of a position, kept up to date at least biennially in accordance with changes in program emphases, would help and guide a new appointee to the position.

A number of the personnel histories submitted for this study apparently were prepared years ago and from those records it would appear that the present incumbent did not meet the professional requirements specified by the State merit system agency for that particular position. For one-third of the general public health nursing consultants, no public health experience prior to that obtained in the present position was recorded. Personal acquaintance with many of these nurses convinces the reviewers that no information was given rather than the inference that so many of the general consultants had had no previous public health nursing experience.

The nursing consultants included in this study were well prepared academically for their responsibilities. Formal preparation for some of the specialties has not yet been well defined, but at least one university has experimented with, and this year is offering, a program in chronic disease and tuberculosis. What should the content include and how much time is required to prepare nursing consultants for such specialties?

A considerable number of the job descriptions specifically mentioned the consultants' responsibility in assisting basic schools of nursing with the integration of that specialty in the undergraduate curriculum. This is an encouraging development and indicates the health agencies' interest in and responsibility for participation in basic nursing education programs.

General hospital nursing consultation services in State health departments, for the most part, have been developed since the passage of the Hospital Survey and Construction Act. This consulting service was provided in 15 States on January 1, 1952.

In addition to the general hospital nursing services, it was encouraging to note the frequency with which the job descriptions of consultants in such specialties as tuberculosis, ma-

ternal and child health, cancer, and venereal disease listed as one of their functions "giving consultation to hospital and sanatorium personnel." Good patient care requires a close liaison among those persons responsible for care during the preventive and case-finding stages, the treatment period, and the recovery and rehabilitative stages.

A lack of experience or training in modern hospital procedures may have limited the number of consultants who gave service to hospitals and medical care institutions. Is clinical nursing an area that should be emphasized in in-service education programs for public health nursing consultants?

Comparatively few of the nursing consultants were designated as consultants for more than one specialty. Only 24 out of 458 were listed as specifically serving in more than one specialty. Of the 24, only 18 were general consultants with designated responsibility for a specialty also. Undoubtedly all of the 80 full-time general public health nursing consultants devoted considerable time to each of the specialties.

The newer programs, such as heart, cancer, and geriatrics, which we have tabulated as the chronic disease category, reported only 11 consultants with specific responsibility for one or a combination of specialties in State health departments. The trend in State health department organization appears to point to a combination of several disease control programs, grouped under a unit designated as the bureau of preventable diseases; or into one unit concerned with chronic or long-term illnesses; or another bureau concerned with epidemic or acute illnesses which have public health significance. It was hoped that this study would reveal a similar grouping of public health nursing combination services. The data do not reveal any significant number of combinations. Neither do these data reveal to what extent

the general consultants participated in the special programs.

Questions for Consideration

These data show that there has not been much experimentation with the idea of having one well-qualified nursing consultant to serve two or more related specialties. If all of the long-term health problems, such as heart, cancer, diabetes, geriatrics, and rehabilitation, were grouped under one bureau, could one nursing consultant serve them all if she were not required to render direct service locally in addition to her consultant functions? Could a combination of the acute communicable diseases, including venereal disease, be handled similarly by one nursing consultant skilled in epidemiological techniques and procedures? Would the educational consultants be more valuable teachers and leaders if they were skilled mental health consultant nurses since mental health should be an integral part of every health program?

Special consultation services should not be developed at the expense of adequate local nursing supervision or at the expense of the provision of high quality general public health nursing consultation which is essential to insure the coordination of all programs. There is a shortage of qualified public health nursing administrators, supervisors, and consultants. How can the services of each be used most effectively?

A study made of personnel history records and job descriptions could furnish a wealth of information provided all of these records were accurate and complete. Even with the limitations of the 1952 data in this survey, the Federal nursing consultants found the data very useful. If an effort is made by each agency to improve these two sources of information, and a number of States try some new combinations during the next few years, would it be valuable to repeat a study of this type every 5 years?

