Letters to the Editor

Three community health workers from health posts in each of Costa Rica's then-six health regions were randomly selected for the assessment (n = 18). At three 6-month intervals between 1988 and 1990, the community health workers' performance was monitored by their supervisors,5 and remedial training was provided each time. Five categories of tasks were used for judging the vaccination quality over the three time points: (1) identification of children requiring vaccination; (2) preparation of the syringe and a sterile work area in the household; (3) education of mothers on the need to vaccinate children and the potential side effects of vaccination; (4) application of the vaccination and clean-up; and (5) maintenance of the cold chain.

The results are consistent across the three time points. The number of community health workers exhibiting substandard performance decreased markedly in 30 of the 38 activities. The 30 activities included 21 in which the number of substandard community health workers decreased to 0, 5 in which the number decreased to 1, and 4 in which the number decreased by more than 80%. There were 2 categories of tasks in which no performance problems were recorded and 1 category in which a community health workers did not improve. Performance in 3 categories improved by about 25% but declined slightly in 2 categories.

These results demonstrate that the technical quality of vaccination service improved over approximately 1 year after the introduction of a local supervision system that used lot quality-assurance sampling.

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Acknowledgment
The work on which this study is based was performed under a subagreement with the Center for Human Services under its Cooperative Agreement DPE-5920-00-A-5056-00 with the US Agency for International Development.

References

The Nursing Profession and Physicians in Authority Roles

J. Scott Osberg's October Public Health Policy Forum piece on changes in physicians' authority roles1 makes an interesting contribution to current discussions of the roles of health professionals and others in the care of patients and communities, and in the development of policy and strategy, as it explores the perception that leadership positions are less concentrated in a single profession than they once were.

Unfortunately, one measure used by Dr Scott—the presidency of the American Nurses Association—shows limited awareness of the profession of nursing. The authority of physicians cannot be measured by their election to the presidency of another discipline's major professional association. Although it is certainly true that the relationships between nursing and medicine historically have not been those of professional equals, nursing has long been "a separate field with its own clearly demarcated lines of authority."2(p1574)

I do applaud another measure Osberg uses. It seems to me that understanding shifts in physicians' authority or leadership in interdisciplinary settings, as evidenced by a look at the American Public Health Association presidency and executive board membership, can expand our understanding of how physicians and other health professionals are changing their relationships in a changing world. And I suggest that another such measure would be the proportion of state and local
health directorships filled by physicians. In both cases, available data on the other professions represented and on trends in their involvement over time would enrich our understanding yet further.

Public health has always been an interdisciplinary field. Most practice settings today are also interdisciplinary. Studies that expand our knowledge of interdisciplinary relationships are helpful but only if they are based on an understanding of all professions included in the study. Unfortunately, Osberg's work fails on this last point, which weakens his contribution. I would hope that those who elect to follow up on his work avoid the problem.

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Reference


Osberg Responds

Gebbie points out that because nursing per se is not interdisciplinary, the proportion of physicians who have headed the American Nurses Association is not a valid measure of physician involvement in nursing. I agree. It is not a variable; nurses have always led their association, although physicians have certainly tried to control many aspects of nursing. For instance, one physician wrote in the Journal of the American Medical Association in 1906:

1. Every attempt at initiative on the part of nurses . . . should be repudied by the physician and by the hospital administration.

2. The programs of nursing schools and the manuals employed should be limited strictly to the indispensable matters of instruction for those in their position, without going extensively into purely medical matters which give them a false notion as to their duties and lead them to substitute themselves for the physician.

Without a doubt, most physicians today are more appreciative of the important role of nursing, and those who are not are more subtle. Examining the American Nurses Association and observing that a physician has never headed the organization is mainly interesting as a backdrop to the other comparisons between medicine and the APHA and the American Hospital Association, where physicians in the past were more highly represented in leadership positions. To understand current physician authority vis-à-vis nursing, it is necessary to look beyond this measure.

Professional nursing has certainly had a long and distinguished history. Unfortunately, although nursing, like public health, is gaining more autonomy and greater economic and political clout, it still plays second fiddle to medicine. For instance, even when comparing salaries among leaders in top hospital positions, those for directors of nursing still lag far behind those of medical directors and other male-dominated positions (Figure 1). These economic disparities are quite likely reflected in, and reflective of, those who wield power in the hospital. Moreover, it is important to remember that these are base salaries and do not include perks and bonuses that constitute a large part of many executive pay packages. These salaries relate to physician power because physicians are known to fill some of these positions and not others. According to Collins, in 1982 only 4% of chief executive officers had medical backgrounds, and among the vice presidents, chief financial officers, and nursing and human service positions none were physicians. In contrast, medical directors are always physicians.

What power nursing has gained has been largely due to the women's movement and perhaps in part to the growing number of nurses. In 1910 there were 144,977 physicians, and this increased fourfold to 575,000 by 1990. In contrast, in 1910 there were 83,327 registered nurses, and this increased 20-fold to 1,673,000 by 1990. Allied health personnel increased by a factor of 460 (personal communication, T. Nurdone, US Bureau of Labor Statistics). However, the growing numbers of nurses may be a double-edged sword. The oversupply of nurses has kept many in the profession underemployed and undervalued, while physicians, who have intentionally kept their ranks small, continue to have a disproportionate influence over the health care system that belies their relatively small numbers.

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References

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