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## **Health Knowledge of Crisis Intervention Volunteers**

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The purpose of this investigation was to determine the health knowledge of crisis intervention volunteers. These volunteers are often required to give health knowledge to their clients. The school health educator is often asked to help train these volunteers in health content areas; however, the health knowledge of the crisis intervention volunteers is not generally known. Health knowledge for the most part has only been assessed in students at various grade and age levels. In the state of Tennessee, 74 crisis intervention volunteers were given the Kilander-Leach health knowledge test. The results of the t tests indicated that females had significantly more health knowledge of the crisis intervention volunteers is not generally known. and mental health. There was no significant difference on health knowledge due to age. Length of service as a volunteer resulted in significantly higher total health knowledge scores. The results of the study also indicated that volunteers working in agencies sponsored by a church or school have significantly higher total health knowledge scores than volunteers at community-sponsored agencies.

The majority of studies assessing health knowledge have been with students at various age and grade levels, often in relationship to school health courses (1-5). Only a few studies have investigated the health knowledge of other age groups or populations (6, 7). It is important to investigate the health knowledge of other groups to determine their level of health knowledge, especially if they are giving health information to the general public without appreciable amounts of health instruction other than what has been learned through school programs, the mass media, and a few lectures. This situation is particularly true of individuals who are working in crisis intervention services . and are often required to give health information to their clients (8, 9).

During the past few years the number of youth-oriented crisis intervention services has increased rapidly. The volunteers tend to be in their early twenties and are often required to give information about alcohol, drugs, venereal disease, pregnancy, abortion, and nutrition. A series of lectures aimed at these areas are commonly given as part of the training of these volunteers at most agencies (10, 11). An investigation of the literature revealed no studies which evaluate general health knowledge of these youthful volunteers in crisis intervention services. Therefore,

this investigation was undertaken to measure the health knowledge of volunteer workers in crisis intervention services in the state of Tennessee. Of seven existing crisis intervention centers staffed by volunteers in the state of Tennessee, five agreed to participate in the study.

## **PROCEDURE**

During late autumn of 1972 and early winter of 1973, the Kilander-Leach Health Knowledge Test (KLHKT) 12 was administered to 74 crisis intervention volunteers at five crisis intervention agencies in the state of Tennessee. Standard procedures for administration of the 100-item questionnaire were used, with each subject recording his answers on an IBM five-choice answer sheet. Each volunteer was also asked for his age, sex, number of months as a volunteer, and sponsoring organization of his agency. In addition, the director of each agency was asked to submit an estimate of the number and type of calls received each month by his volunteers.

Statistical procedures included at test, ANOVA tests, and the Duncan Multiple Range Correlation to determine where the differences in health knowledge occurred between age groups, months spent as a volunteer, and sponsoring organization. The .05 level of confidence was selected as the level of significance upon which to base interpretations.

## **RESULTS**

Table 1 contains the means, standard deviation, t value, and degree of significance on the nine subject areas of health for males and females. Females scored significantly higher than males on total health knowledge, nutrition, family life, and mental health.

Tables 2 through 4 present the results of the ANOVA on the health scores inspected by age, number of months' experience as a volunteer, and sponsoring organization. The results shown in Table 2 indicate that, even though total mean health score increases with age, there is no significant difference between these scores. Table 3 data indicate that the longer the volunteer has worked at the crisis intervention service, the higher the health scores are; specifically, those volunteers working at least 6 mo scored significantly higher than those who had worked less than 6 mo on total health knowledge and nutrition, while volunteers working 18 mo or longer scored significantly higher than other volunteers on personal health. From Table 4 it can be seen that there is a significant difference due to sponsoring organization of the crisis intervention agency on total health knowledge score. The school-sponsored agencies scored significantly higher than community-sponsored agencies on total health knowledge and on community health. Both the school- and church-sponsored agencies were significantly higher than community-sponsored agencies on personal health.

The mean score for all volunteers on total health knowledge was 73.6. The national norm for college students is 70.

Table 1

*Comparison of KLHKT scores of males and females*

Health scales	Males (N = 34)		Females (N = 40)		t-value	Probability
	Mean	SD	Mean	SD		
Nutrition (12)	8.41	2.09	10.38	1.46	-4.73	.001*
Personal health (36)	25.82	5.91	26.35	6.44	-0.36	.72
Consumer health (9)	6.88	1.41	8.10	3.98	-1.69	.09
Safety and first aid (8)	6.09	1.68	6.38	1.33	-0.82	.42
Family life (7)	4.62	1.33	5.33	1.05	-2.56	.01*
Community health (15)	9.38	2.45	9.70	2.38	-0.56	.57
Mental health (5)	3.03	1.19	4.10	1.36	-3.58	.001*
Drugs (8)	6.24	1.78	5.88	1.34	0.99	.32
Total health knowledge (100)	70.41	13.67	76.22	9.24	-2.07	.04*

\* Significant at .05 level.

Table 2

*Mean scores KLHKT of age groups*

Health scales	Age groups				
	15-19	20-24	25-29	30-39	40+
(Numbers of subjects)	10	18	10	29	27
Nutrition (12)	8.60	9.11	9.20	9.89	10.00
Personal health (36)	21.80	24.67	26.40	28.44	27.78*
Consumer health (9)	8.90	6.94	6.90	8.44	7.37
Safety and first aid (8)	7.10	6.39	6.20	6.78	5.67
Family life (7)	4.80	4.72	4.90	5.44	5.15
Community health (15)	8.60	9.39	9.00	10.33	9.96
Mental health (5)	3.30	3.83	3.30	3.67	3.67
Drugs (8)	6.30	6.17	6.60	6.22	5.59
Total health knowledge (100)	69.40	71.22	72.50	79.22	75.19

\* Significant at .05 level.

Table 3

*Mean scores KLHKT number of months experience as a volunteer*

Health scales	Number months experience				
	1-5	6-11	12-17	18-23	24+
(Numbers of subjects)	19	11	7	5	32
Nutrition (12)	8.00	10.45	9.57	10.40	9.84*
Personal health (36)	23.21	24.45	24.57	28.00	28.44*
Consumer health (9)	6.74	7.00	11.29	7.20	7.44*
Safety and first aid (8)	6.37	6.64	6.14	6.80	5.97
Family life (7)	4.79	4.64	5.57	5.00	5.12
Community health (15)	8.63	9.27	10.71	11.40	9.66
Mental health (5)	3.37	3.54	4.00	3.80	3.66
Drugs (8)	6.00	6.64	5.86	7.00	5.75
Total health knowledge (100)	67.10	72.64	77.71	79.60	75.87*

\* Significant at .05 level.

Table 4

*Mean scores KLHKT sponsoring organizations*

Health scales	Sponsor		
	Community	Church	School
(Numbers of subjects)	22	40	12
Nutrition (12)	8.73	9.90	9.42
Personal health (36)	23.50	27.38	26.67 <sup>a</sup>
Consumer health (9)	6.41	8.08	7.83
Safety and first aid (8)	6.14	6.10	6.92
Family life (7)	4.59	5.15	5.25
Community health (15)	8.32	9.85	10.83 <sup>a</sup>
Mental health (5)	3.27	3.73	3.83
Drugs (8)	6.23	5.75	6.67
Total health knowledge (100)	67.19	75.94	77.42 <sup>a</sup>

<sup>a</sup> Significant at .05 level.

## DISCUSSION

The results of this study validate several other studies which indicated that females have significantly higher health knowledge scores than males. No significant differences were found in health knowledge scores due to increase in age, while there was a significant difference in total health knowledge scores the longer a volunteer works at a crisis intervention service. The results of the study also indicate that volunteers working in agencies sponsored by a church or school have significantly higher total health knowledge scores than volunteers at community-sponsored agencies. Results also supported other studies which indicated that the majority of volunteers at crisis intervention agencies tend to be females and in their early twenties.

The majority of volunteers in this study were from a church-sponsored agency which contained mostly older female volunteers. The mean age of volunteers in community-sponsored agencies was 23.5, and the mean months as a volunteer was 6.9; for church-sponsored agencies, 44 yr, 29.6 mo; and for school-sponsored agencies, 24.5 yr, 9.7 mo. The mean age of volunteers at the large, church-sponsored agency was almost twice that of the volunteers at other agencies. Furthermore, volunteers at the church-sponsored agency had been working nearly three times as long as those at community- and school-sponsored agencies.

## CONCLUSIONS AND RECOMMENDATIONS

Since volunteers in centers sponsored by the community and volunteers who had worked less than six months had significantly lower health scores than volunteers who had worked for longer periods or who worked at centers sponsored by churches or schools, it is recommended that more general health instruction be given to both of these groups. In view of the results, it is recommended that males be afforded more information about health, especially in the areas of

mental health and family life education. Since the volunteers' general level of health knowledge is similar to the national norm for college students, it is suggested that an agency include additional health information as part of its training program, particularly in health areas most commonly encountered by , the center.

A valuable follow-up study would be to determine whether or not health knowledge was obtained through volunteer work, thus leading to significantly higher scores the longer the volunteer worked, or whether the individuals who already have higher health knowledge and who may be more stable in terms of commitment to an agency for a long period of time have a higher health knowledge at the outset. Because volunteers are becoming more and more important as health workers in this country, particularly in the mental health field, more studies should be done in this area. In view of the fact that a large portion of the volunteers are young and that health knowledge is an integral part of their training, the school health educator should take a more active interest in his local crisis intervention service and offer his professional services in training the volunteers.

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