

THE NEED OF A COMMUNITY HEALTH NURSE: A COMMUNITY PERSPECTIVE

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INTRODUCTION

A community is a social group living in a geographical area and / or shares common values and interests by interacting with each other (Basavanthappa, 2008). A healthy community is considered an advantage to a country because good health is a prerequisite to human productivity and development. The provision of community health care is a multi-professional team work and Community Health Nurses (CHNs) belong to one of these professions. They play a vital role in the provision of comprehensive care to individuals, families and groups of people, which contributes to the health care of the population as a whole (Basavanthappa, 2008).

Although Community Health Nursing is an integral part of the community health care system and is practiced in almost all the countries in the world, in Sri Lanka, there is no such practice. Even though Sri Lanka doesn't currently have CHNs in the field, it was practiced in Sri Lanka in the 1930s to the 1980s. In the early 1980's, the Ministry of Health of Sri Lanka decided that the Primary Health Care functions in the community could be handled by Public Health Midwives (PHMs) with the Medical Officer of Health as it is more economical to use a PHM than a nurse with 3 years training (Jayasekara, 2001). However, PHMs are trained to provide only maternal and child health care, leaving other essential aspects of care in the community, such as elderly care, disabled care, nutritional status, occupational health, at large. Although there are no CHNs currently in the community health care system in Sri Lanka, the position of the Public Health Nursing Sister (PHNS) is available, although it is a limited number of positions and their service is confined to community clinics. In the practice of Primary Health Care over the last 10-12 years, without the component of nursing at a basic level, authorities have come to realize the need for such services. Moreover, the report of the Presidential Task Force (PTF) for the development of a National Health Policy has recommended the need of introducing "community nurses" (Jayasekara, 2001). Further, with the development of new health problems in the community, it is very important to expose qualified nurses to the community.

At the same time, it is also worthwhile to explore the community perspective of having CHNs in the community as it may be helpful in making recommendations to the relevant authorities for the establishment of such a service. Therefore, this study aims to assess the community perspective about the need of CHNs in the Sri Lankan context. The specific objectives of the study are identifying the awareness of the community about existing community health nursing services, the attitudes of the community regarding community health nursing services and assessing community expectations about CHNs.

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METHODOLOGY

The quantitative descriptive design was used for this study. The study was conducted in the Kuruduwatta Gramaseva vasam which belongs to Akmeemana Medical Officer of Health area in Galle district. Simple random sampling method was used to assess a sample of 210. Written informed consent was obtained from all participants prior to data collection. Ethical approval was obtained from the Ethical Review Committee of the Faculty of Medicine, Ruhuna. A pre-tested and validated self-administered questionnaire was used to gather data. The data analysis was done by using descriptive statistics.

RESULTS AND DISCUSSION

The response rate of the study was 95%. According to the findings, the majority (75.5%) was females and the majority (48%) belonged to the 16- 30 years age group. 42% of the sample had studied up to the General Certificate of Education Advanced Level.

The majority of the sample (57.5%) was seeking care from hospitals for health conditions that could be managed at a community level, if such a service was available. Among the participants, 36% had spent over Rs. 5000 and 26% had spent Rs.1000-2000 to obtain care for health problems that are manageable at community level, thus making it a considerable economic burden to them.

Table 1: Awareness of the community regarding existing community health nursing services

Factors	Aware		Not Aware		No Idea	
	N	%	N	%	N	%
Availability of maternity clinics	187	93.5	02	01.0	09	04.5
Availability of well-woman clinics	120	60.0	24	12.0	48	24.0
Availability of school health programmes	129	64.5	28	14.0	34	14.0
Availability of screening services for chronic diseases at well woman clinics	91	45.5	17	08.5	78	39.0
Public Health Sister's participation at maternal, child and well-woman clinics	109	54.0	28	14.0	84	42.0
Awareness of nurses duties	150	75.0	28	14.0	11	05.0

The study revealed that 54.5% of the sample was aware that the Public Health Nursing Sister (PHNS) is a member of the community health team. Among the participants, 93.5% were aware of the availability of maternal clinics, 60% was aware of the availability of well-woman clinics and 64.5% was aware of the availability of school health programmes in this area, and that the PHNS participates in those clinics and programmes. Only 45.5% of the participants knew that non-communicable diseases are screened at well-woman clinics with the participation of a PHNS and that a referral system is available for those required such a service (Table 1). According to the Annual Health Bulletin, the PHNS supervises the Public Health Midwives and attends in the health care programmes and clinics (Ministry of Health, 2008).

The majority (75%) of participants were aware of the services of CHNs, if available, based on their knowledge and experiences of the services of nurses working at hospitals (Table 1). The identified possible services that can be provided by nurses at community level were measuring blood pressure, drawing blood for investigations, removing sutures, wound

dressing, catheterization and feeding via nasogastric tubes. According to Jayasekara (2001), the role of the nurse may include a unique mix of nursing activities such as catheterization, the management of intravenous infusions and injections, wound care management, nutritional management, health education and counseling.

Table 2: Attitudes of the community on the community health nursing service available in the Akmeemana MOH area

Factor	Yes (n)	Yes (%)
Establishing of a free community health nursing service will not be difficult	129	64.5%
Prefer to have CHNs in the field	200	100.0%
Establishing of a free home nursing service will not be difficult	108	54.0%
Available community health service is insufficient	80	40.0%

All the participants (100%) of the study recommended that a qualified, responsible health professional should be available in the community to address their health problems at the home level. Moreover, 40% of the sample was not satisfied with existing community health services. This response indicates that there is a great need for such a service in the community.

The study further revealed that all the participants desired to have CHNs which is in line with the findings of the study by Hohl (1994). 90% of the study sample identified that nurses as qualified health care providers. Jayasekara (2001) states that the CHNs could provide home care to the sick and disabled, assess and help resolve community health problems through the education of individuals, families and communities regarding illness prevention, disease control and health promotion.

If CHNs are available, 70% of participants expected these nurses to have good qualities, such as kindness, patience, knowledge, humbleness, understanding of human feelings, friendliness, efficiency, decision-making ability, honesty, activeness, ability of listening and treating all equally. Further, they expected that CHNs should be knowledgeable and well-experienced. Laferriere (1993) reveals that public satisfaction with home nursing services, which are integral parts of community health nursing, is based on four major factors which are a) technical quality, b) communication, c) personal relationship between client and provider and d) delivery of services.

According to the findings, the advantages of having CHNs are the ease of accessing health services as CHNs will conduct home visits (43%), the possibility of saving money that is spent unnecessarily for minor ailments (37%), the ability to obtain health advice and thereby improve health (38%), the detection of health problems early (23%), the ability to resume care after being discharged from hospitals (94%), the ability to obtain assistance to care for chronic, bed-ridden patients (93%) and the ability to reduce the number of hospital admissions (29%). Hohl (1994) states that most patients prefer to receive needed care in their homes and that currently one of seven Americans needs a home health service. According to Jayasekara (2001), it is useful to have community health nursing services in rural communities who are located far away from health facilities.

41% of the participants believed that it is difficult to establish a free home nursing service in Sri Lanka as they believed that “there is not enough nursing staff to establish a community health nursing service”. Further, some (4%) believed that it is expensive to establish such a service as they believed that “it would be an extra expense to the government”. Further, some participants believed that “the nurses may not willing to come home by home” as the reason for difficulty in establishing free home nursing service in Sri Lanka.

CONCLUSIONS/RECOMMENDATIONS

According to the findings of the study, the majority of the study sample believed that having nurses in the community setting is worthwhile as the community had a positive impression about nursing services. The community was aware about the nurses' possible services in the community setting. The community expected good qualities from community nurses in order to them to obtain safe, effective and efficient service.

Therefore, the findings of this study suggest that it is better to commence a community health nursing service in Sri Lanka as it will be a good investment for the well-being of the people of the country. It is recommended that it will be important to look at the community health practices in other developed countries as examples, before commencing such a practice in Sri Lanka. Moreover, the establishing of a well-formalized educational system for the preparation of CHNs, to give them the ability to meet the diverse demands in the community, is recommended. The nurses should also be encouraged to get involved within the community as it would be a strange initiative to Sri Lankan nursing field at first. Further research in this field, which would cover a larger population in different parts of the country, is also recommended to obtain a clear picture of community expectations of having a community health nursing service.

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