Need for Re-orientation

Ms SUBHASINI MOHANTI

In India, community health service is very poor and is neglected in the areas of service, education and at the administrative level. This situation needs to be changed in order to face the challenges in Nursing vis-a-vis the primary health care services. There are many obstacles and challenges in the community health Nursing service. The problems are uncountable but there are certain major challenges which are essentially to be projected as challenges to a proper re-orientation of our community health service.

Challenges to be Met

1. Change in attitude; 2. Change in methods of supervision and co-ordination; 3. Proper utilisation of appropriate technology; 4. Appropriate physical facilities; 5. Holistic approach; 6. More use of traditional birth attendants and VHGs; 7. In-service education at all levels; 8. A sound referral system; and 9. Change in Community Nursing administration.

1. Challenges for Change in Attitude: The first and foremost problem is the willingness of Nurses for working in the community. Nurses mainly prefer to serve in institutions because of many factors. There is hardly any commitment even with the trained health workers to serve at the grass-roots level. Some of the important causes for such non-acceptance are lack of physical facilities, safety and difficulty in reaching the community. But, above all is the lack of proper training for developing a proper attitude and regard for values to work in the community.

No sooner they are compelled to take up position in the community there is a heavy load of work for achieving the targets at all levels of community Nursing service is the main goal in population control and immunization service. The consumers' needs of health information and health education for adopting such practices are totally neglected. No rapport is established between the providers and consumers of health. To add to it the total health care is no longer the goal of the service providers. Can Nurses raise their voice against such a target-oriented practice which trickled down from New Delhi at the Centre having policy makers for health services down to the grass-roots level? Will it be for the entire community? Community Nurses can only raise their voice if they are truly committed and fully serve the community to meet the total health needs of the individuals.

2. Challenges for Change in Methods of Supervision and Co-ordination:: To meet these challenges adequate supervision should be arranged at each level of community health service where the supervisory staff should have a friendly attitude with a give and take policy with the health workers and give supportive service. The community Nurse should work as a link between the health care team and other agencies, so she must develop a sense of responsibility to coordinate with other associated institutions (such as private institution, religious institution, and educational institution, etc.), and establish linkage with other developmental health and voluntary agencies such as ICDS, Village Panchayats, Block Development Staff, to cooperate to find out the needs of the community.

3. Challenges for Proper Utilisation of Appropriate Technology: There are some sophisticated technologies which are neither essential nor available at times nor even appropriate to be used by the common man at home for purposes such as treatment of diarrhoea. Preventing dehydration which leads to death, a VHG or TBA can use the technology of ORS at home safely at his/her level and teach the parents to administer it. It is easy for the Health Worker to educate the community to make ORS and teach the effects of home-made techniques, a life-saving device. Yet the Health Workers are not confident in the practice of such technology but prefer to give medicines and make referrals when it is not essential. This is the greatest challenge to develop an attitude in the use of such technology.

4. Challenges for Appropriate Physical Facilities: The placement of subcentre should be in a central place so that the Health Worker can easily approach each village of her allocated area where safety and security is provided. Adequate placement and distribution of the Health Workers should be made to prevent extra work load. Conveyance facilities should be provided. Available transport facilities should be mobilised to provide support to Community Health Workers.

After being provided the required facilities and guidance every Health Worker should be held responsible and accountable for his or her work. They should be rewarded for their achievement and suitable action should be taken in case of a shortcoming.

5. Challenges for Holistic Approach: The present method of target-oriented approach should be changed to a holistic approach because the main concern of primary health care is to promote health and prevent diseases by providing total health care of the individual as a part of the concept of health as "positive well being" and not merely absence of disease. This can be provided by comprehensive and continuous cooperative community care delivered at the doorsteps of the individual and the family. Comprehensive care implies preventive curative service that could be expected. It means reliance on a permanently available service rather than sporadic services rendered through

The author is a Public Health Nurse at Keonjhaer, Orissa

occasional visits, camps, drives and campaigns from womb-to-tomb.

6. Challenges for More Utility of Traditional Birth Attendants and VHGs: The utility and advantage of the services of traditional birth attendants and VHGs as health manpower resources is an important factor in the eventual success of the care of the society. This group involvement helps to achieve the goal because they are well accepted within their own community, for they belong to the same culture, have the same thinking and practise the same life-styles in maintaining health. Thus reaching the community through this group will create an atmosphere of self-help and self-reliance by facilitating group sanction in changing established norms of health practice through these workers. They are able to conscientize the community.

Because of the information and prestige they command they are able to generate a genuine force to convince other men and women in a community for change.

7. Challenges for Providing In-service Education at a All Levels: To expand the role and function of the community Nursing personnel the in-service education programmes should be made available to all categories of workers to equip them with up-to-date knowledge and skills based on national health programmes related to primary health care. When new policies or new activities are introduced facilities should be made available at the peripheral level to give short-term on-the-job training as an emergency measure. There should be a system of giving a handout to each worker whenever a need arises for the change of activities. There should be a facility for a small reading library in each Primary Health Centre where a newsletter system could be introduced in the local languages. Manuals of activities should also be printed in local languages and made available to each worker.

8. Challenges for a Sound Referral System: A sound referral system should be made available from the bottom to the top so that they can refer in the right time to right place. Facilities for proper referral should be adequately provided. This would lower the load of health care provision at the intermediate and upper levels.

9. Challenges for Change in Community Nursing Administration: Managerial competence of all workers should be increased. There is a political will for developing rural service. The political will means much more than development of the institutions in urban areas and paying a lip service to the rural areas. Without a political will the standard of community Nursing service can never be improved.

The team leader of the Primary Health Centre who is the head of the centre lacks the quality needed to provide leadership and is also a reluctant worker having interests diametrically opposed to the interests of the PHC.

A bottom-up approach should be made for planning, implementation and evaluation. The top-down approach should be done away with.

Each worker should evaluate her or his own services to find out the progress of their own activities. All staff should meet regularly for concurrent evaluations and feedbacks for progresss.

At each level of the community Nursing service decision-making should be introduced and developed. The decision should be from bottom to the top level to fit the Nursing service with the need of the community.

It is also essential to have a separate person representing community Nursing administration in the State and at the Centre to facilitate channels of communication for realisation of the needs because unless a person is involved in the community aspects it is difficult to meet the needs.

There should be a separate Nursing referral system to co-ordinate between Nursing service from the community and the hospital Nursing service and vice versa.

So, the above factors need to be re-oriented to meet the challenges of the community health Nursing service.

THINK GLOBALLY, ACT LOCALLY

T he theme of the World Health Day is
' Our Planet, Our Health',
H ealth of the people is causing great
concern all over,
I ndians are no exception in this vital
aspect,
N ever mind the lapses we have had in
the past,
K eep your house, environment and the
pets clean and healthy.

G lobal actions are called for by the
WHO,
L ocal actions are needed to save
ourselves,
O ver the years with the population
explosion,
B arely we can breathe fresh air in
cities,
A fter all each one has certain basic
necessities,
L eave alone the luxury of living in
mansions,
L et our children have a healthy
environment,
Y es, that is the maximum we can learn
from them.

A dvocate measures to reduce air,
water and noise pollution,
C ultivate habits that will protect our
environmental hygiene,
T ake time to teach measures to
maintain environmental hygiene.

L et our lawns and balconies be adorned
with flowering plants,
O vereating, drinking and smoking are
bad for health beware,
C aution against potential health
hazards at work,
A lways take doctors' advice lest we be
in problem,
L earn to protect water sources from
contamination,
L ove thy friends and neighbours, learn
to live and let live,
Y es, that is the way to be healthy and
wealthy and wise.

Mrs. S.A. Samuel