



**University of Malawi**  
**KAMUZU COLLEGE OF NURSING**

**BACHELOR OF SCIENCE IN NURSING  
AND MIDWIFERY PROGRAMME**

**MODULE III**

**COMMUNITY HEALTH NURSING SCIENCE (COM 311)**

**Number of hours:** 100

**Number of credits:** 10

**Module Authors:** Florence Mgawadere  
Jane Chimango  
Naloli Mukiwa  
Idesi Chilinda  
Mercy Pindani  
Madalo Malemba  
Lucia Collen

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## **ABBREVIATIONS**

AIDS	Acquired Immuno Deficiency Syndrome
BSC	Bachelor of Science
CHN	Community Health Nursing
CHBC	Community Home Based Care
GST	General Systems Theory
HBC	Home Based Care
HIV	Human Immuno Deficiency Virus
KCN	Kamuzu College of Nursing

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## **MODULE OVERVIEW**

### **Module descriptor**

The module provides the learner with knowledge, skills and appropriate attitudes in Community Assessment, occupational health nursing, home health care, care of vulnerable groups and disaster management. Emphasis is on promotive, preventive and rehabilitative management of individuals, families, groups and communities.

### **How to use the module**

This module serves as an important source of information that you will need for effective nursing care.

### **Hints**

For you to study effectively using this module, the following suggestions will help you.

- The units are interrelated and make sure that you have competently mastered the concepts of each unit before moving to the next one.
- Carry out all the activities in the order they are presented
- Discuss the activities with colleagues or your teacher
- Read all the required books
- The references quoted in this module are supposed to be read as support for the module.
- Attend all classes

### **How the module fits into the programme**

This module builds on content from previous modules. It forms part of the comprehensive preparation of a professional nurse who will be able to provide care to individuals, families, groups and communities.

## LEARNING OUTCOMES AND ASSESSMENT CRITERIA

<b>LEARNING OUTCOMES</b> When you finish the module you will	<b>ASSESSMENT CRITERIA</b> To demonstrate that you have achieved the learning outcome you will
Analyze concepts related to, occupational health nursing, community as a client, care of vulnerable groups and home health care	Discuss the concepts related to community as a client, occupational health nursing, geriatric nursing and home health care
Analyze the influences of psychological and environmental forces on the health of individuals in family, industry and in the community.	Discuss psychological and environmental factors that influence the health of individuals, in the home, the workplace and the community.
Analyze the current issues which underpin community health, community assessment occupational health nursing, home health care and care of vulnerable groups.	Identify current issues in occupational health nursing, community as a client, home health care, and care of vulnerable groups.  Discuss current issues in occupational health nursing, community as a client, home health care, and care of vulnerable groups.
Discuss the concept of community as a client	Discuss the community assessment and diagnosis process  Explain felt, unfelt needs and problems in the community
Discuss home health care, as an interventions for health promotion	Explain the home visiting process Discuss the concepts of community home based care and palliative care
Discuss issues related to occupational health nursing care	Explain the management of common health problems of workers in the workplace  Explain the role of the nurse in occupational health nursing.
Discuss disaster management in community health nursing	Discuss the effects of disaster on the health of communities  Explain the role of the nurse in disaster management
Discuss care of vulnerable groups in the community	Discuss vulnerability.  Identify vulnerable groups in the community  Discuss care of vulnerable groups in the community  Explain the role of the nurse in care

	vulnerable groups in the community.
Discuss contemporary issues in community health nursing	Identify contemporary issues in community health nursing.  Discuss contemporary issues in community health nursing.
Analyze the ethical issues related to core functions in community health.	Discuss ethical principles and issues as applied to community health nursing.

### **Assessment Methods:**

Projects	40%
Final Examinations	60%

### **Learning Contract**

I will complete this module within the specified period in order to gain the appropriate knowledge, skills and attitudes. I am aware that I have to achieve the stipulated outcomes in readiness for clinical placement and assessments.

Student Name: .....

Student's Signature : .....

Date:.....

## Unit 1: COMMUNITY AS A CLIENT

### Introduction

This unit introduces the learner to the concept of a community as a client

### LEARNING RESOURCES

Library books, journals, internet, lecturers

### LEARNING OUTCOMES

- Explain the concept of the community as a client
- Describe the community assessment and diagnosis process

### ASSESSMENT CRITERIA

- Describe a community and community health
- Explain the concept of community as a client
- Describe the community assessment and diagnosis process
- Discuss environmental and psychological factors that affect community health

### DEFINITION OF A COMMUNITY



#### Activity

- *Review the definition of a community*
- *Identify dimensions of a community*

### COMMUNITY AS A CLIENT

Community is a client when nursing focuses on the collective or common good of the whole population instead of on individual health.

Community oriented practice seeks healthful change for the whole community's benefit

Community oriented nursing is a form of care in which the nurse provides health care after doing a community diagnosis to determine what conditions need to be altered in order for individuals, families and groups in the community to stay healthy.

But;

When the location of practice is the community and the focus of practice is the individual or family, then the client remains the individual or family, and the nurse is practicing in the community as a setting.





**Activity**

*Explain the purpose and benefits of working with the community as a client*

**COMMUNITY HEALTH**

The meeting of collective needs by identifying problems and managing behaviours and interactions within the community itself and between the community and the larger society. Community efforts designed to prevent disease and promote health. It can be what community members do collectively to ensure conditions that support health.

**Dimensions of Community Health****Status**

Involves the physical, emotional and social components of community health, measured by morbidity and mortality rates, life expectancy indices, mental health indices and crime rates.

**Structure**

Community health is defined in terms of community characteristics (such as demographic characteristics), as well as services and resources (such as health facilities, health personnel and utilisation of health resources).

**Process**

Community health is viewed as the processes of community functioning or problem solving. This dimension directs the study of community health for effective health promotion and disease prevention

**COMMUNITY DYNAMICS**

Every community has a dynamic or changing quality

There are three main factors that affect community dynamics;

- individual participation in community health programs
- the power of decision making structure
- collaborative efforts of the community

**COMMUNITY PARTNERSHIPS****Partnership:**

The informed, flexible and negotiated distribution and redistribution of power among all participants in the process of change for improved community health.

**Community Partnership**

Community partnership is the collaborative decision making process by community members and professionals.

Forming partnerships is a way of mobilising communities to successful implementation of health services or any community oriented activity.

Community partnership is important because community members and professionals who are active participants in collaborative decision making process are interested in efforts to improve the health of their communities.

### **Characteristics of effective partnerships**

Effective partnerships usually have the following characteristics:

- A shared vision - regarding health goals and outcomes
- An agreement of specific goals
- A plan of action to meet the goals
- Equality in decision making – it activates people in the community to participate in health decision making.
- Integrity

## **COMMUNITY ASSESSMENT AND DIAGNOSIS**

A community assessment is a process by which the community's health status is evaluated through the collection of data to identify existing or potential needs/problems as a basis for planning future action.

The process involves the application of community analysis strategies that allow health providers to work with the community members in identifying a unique community profile.

Community analysis is the process of assessing and defining needs, opportunities and resources involved in initiating community health action programmes.

### **NB:**

Community assessment can be defined as a series of steps carried out in conjunction with the community members, by which data regarding the community's health status and from which the community's problems are derived. It forms a basis for planning future actions.

## **OBJECTIVES OF COMMUNITY ASSESSMENT**

- To familiarise oneself with the community – every community is unique and has patterns of functioning that either contribute or detract from its state of health.
- To identify environmental or other factors affecting a community's health e.g. political, cultural, economic and biological factors.
- To identify felt needs of the community and its health problems including needs that the community is not aware of.
- To provide an understanding of the nature, complicity and magnitude of a particular problems in a community
- To assist in planning programmes designed to meet health needs in the community – coz traditions and health experiences vary in each community therefore the type of programmes designed to meet community needs in different communities also vary.

- To collect demographic data of a community so as to come up with a profile of the community.
- To evaluate health programmes
- To inform policy makers on the problems in the community in order to establish priorities.



### Activity

- *Describe the types of community assessment*

## THE PROCESS OF COMMUNITY ASSESSMENT AND DIAGNOSIS

1. Defining the community and establishment of a contract - partnership phase
2. Assessment phase
3. Community diagnosis phase
4. Planning phase
5. Implementation phase
6. Evaluation phase

### 1. DEFINING THE COMMUNITY AND ESTABLISHMENT OF A CONTRACT PHASE

This is the starting point of the process. It involves collaboration between the health team and the community, developing a rapport, making a “community walk through” to feel the place and identify the boundaries.

### 2. ASSESSMENT PHASE

This phase involves data collection, data analysis, development of a data base, and interpretation of the data.

#### a) Data Collection

This is done to get usable information about the community and its health. It involves gathering or compiling existing data, generating missing data, interpreting data, identifying community health problems and community abilities.

Three questions could be asked when collecting data

- what will be collected
- how will it be collected
- by whom will it be collected



### **Activity**

*Explain the information you would collect during the assessment phase of the community assessment process*

### **Methods of Data Collection**

The Community may be assessed by a variety of methods

1. Surveys
2. Informant interviews
3. Community forums or Meetings
4. Focus Group discussions
5. Participant Observation
6. Secondary Analysis of Existing Data
7. Participant Observation
8. Windshield surveys or simple observation



### **Activity**

- *Describe the above mentioned methods of data collection.*
- *Identify sources of data*

### **b) Data Analysis**

Requires analysis of information gathered so that conclusions from the data is drawn

First data must be validated- is it accurate?

Several validation procedures may be used e.g. rechecked by community assessment team, others, verify with community etc

Analyse together with the community

Several ways are used to analyze data

Computer programs- SPSS, excel, stata, epi-info, anova, atlas ti etc - good for large data

Paper and pencil method for small data (manual)

Graphs, tables, figures, charts can be used to present the data

### **3. COMMUNITY DIAGNOSIS PHASE**

Once data has been collected and analysed community focused nursing diagnoses (community diagnoses) are then formulated. Community diagnoses are nursing diagnoses about a community's ineffective coping ability and potential for enhanced coping. They are nursing diagnoses about the existing health needs, community dynamics that either positively or negatively influence health action, and gaps in the existing health care delivery system.

Some aspects which can be identified from a community include

- Strengths
- Shortcomings/deficiencies/ areas to improve
- Risks
- Needs
- Major social-economic problems
- Major health related problems

### **4. PLANNING**

Conduct participatory planning

- Analyse community health problems identified, to determine priority health areas that need community action by looking at severity, threat to community health, concern of the community, and costs.
- Establish goals and objectives for each problem.
- Identify possible causes of each problem that is to be solved
- Identify possible solutions that will remove or reduce each cause of the problems and select the most feasible ones.
- Prepare a work plan to make sure objectives are met.
- Develop interventions/activities to meet the objectives. Interventions can be short range, mid-range and long-range.
- Set timelines for each objective and responsible people to ensure each task is done.
- Mobilize resources, involving the community, other stakeholders and NGOs.

### **5. IMPLEMENTATION/COMMUNITY ACTION PHASE**

During this phase the plan are carried out. Implementation includes not only nursing actions but collaborations with clients and other professionals. Throughout the implementation monitoring and documentation of progress is done.

### **6. EVALUATION PHASE**

Done to determine the effectiveness of the activities

It may involve the design and conduct of evaluation research or just assessing progress by contrasting the objectives and the results.

Evaluation may be done as a process (ongoing) and summative evaluation

## **REFERENCES**

Allendar, J. & Spradley, B. (2005). *Community health nursing. Promoting and protecting the publics health*(6 Ed). New York: Lippincott

Stanhope, M & Lancaster, J. (2008). *Public Health Nursing Population Centred health Care in the Community*. St Louis: Mosby Publishing

## **UNIT 2: PRINCIPLES AND PRACTICE OF HOME HEALTH CARE**

### **INTRODUCTION TO THE UNIT**

This unit is designed to provide an understanding of Home health care concept. It focuses on introduction to home visiting, Home – Based Care and palliative care as interventions for health promotion.

#### **Learning outcomes**

- Describe home health care
- Discuss home visiting process
- Discuss Community Home Based Care
- Discuss concept of palliative care

#### **Assessment criteria**

- Define home health care
- Describe home visiting
- Explain the principles of home visiting
- Describe the process of Home visiting
- Explain the areas of assessment during Home visiting
- Identify common family problems and possible interventions
- Write a home visiting report
- Describe Community Home Based Care ( CHBC)
- Identify key interventions in CHBC
- Describe the models of CHBC
- Describe models of CHBC
- Describe roles of community based care providers in CHBC
- Write a community home based care report
- Define palliative care
- Explain principles of palliative care
- Describe components of palliative care
- Discuss the concept of palliative care
- Describe the models of palliative care in Malawi

### **HOME HEALTH CARE**

Home health care refers to all the services and products that maintain, restore or promote physical, mental and emotional health that are provided to clients in their homes. It is that component of a continuum of comprehensive health care whereby health services are provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health.

#### **Purpose of Home Health Care**

The purpose of home health care is to maximize clients' level of independence and minimize the effects of existing disabilities through non institutional, supportive services. The primary aim is to prevent institutionalization. Home

health care includes an arrangement of disease prevention, health promotion and episodic illness-related services provided to people in their places of residence.



## ACTIVITY

*Discuss the following theoretical frameworks for family nursing:*

- *The general systems theory*
- *The structure - function theory*
- *The developmental theory*
- *The interactionist theory*



## ACTIVITY

*Revise notes on the following:*

- *Definition*
- *Characteristics of a family*
- *Identify attributes that help to explain how families function as a social structure*

## HOME VISITING

### DEFINITION

Home visiting is the follow up of an individual or family with or without a problem to assist members of the family to solve their own health or health related problems.

### Purpose of Home Visiting

- Home visiting may be done when there is a disease in a certain family
- To follow up conditions of patients who were admitted to monitor progress
- To identify cases e.g. in times of outbreaks of disease in the community



- When a patient/client has been referred to a community nurse.



## ACTIVITY

*Explain the benefits of home visiting*

## PRINCIPLES OF HOME VISITING

- The CHN is a member of the family during the home visiting period e.g. mourning, celebrating.
- Always plan for each visit together with the family e.g. we have identified these problems how can we solve them?
- Do not impose anything on the family.
- Do not violate culture of the family – identify negative impact on the culture and intervene diplomatically.
- Do not do everything for the family but suggest to the family.
- Termination should be gradual and not sudden.
- Be conscious of the relationship – observe social distance – they will not listen to you especially opposite sex.
- Be non judgemental

## THE PROCESS OF HOME VISITING

### 1. Initiation Phase/Identification

This is the first contact with the family, and it provides a foundation for an effective therapeutic relationship. Clients for home visiting can be identified through:

- Referral from other departments and health workers e.g. social welfare, the school, in- patient wards and clinics.
- Request – client/ family can also request for a home visit
- Records – identify cases of interest to be followed up
- Through CHN responsible for that area
- During screening
- Community walkthrough

During this phase the nurse clarifies the purpose for home visiting and shares information on reason and purpose of home visit with the family.

### **1. Pre-visit Phase**

During this phase the nurse initiates contact with the family to introduce herself, identify the reason for the contact and schedule the home visit. The family is informed of how they were identified, and the family's willingness for the home visit is determined. The nurse also reviews her/his knowledge of the family's situation so as to allow the family clarify their needs. If possible the visit should be arranged when as many family members as possible will be available. The date, time, venue and resources for the next visit should be included when scheduling the home visit.

### **3. In home phase (actual visits)**

This is the actual visits to the home. The family's neighborhood, and community resources as well as the home and family interactions are assessed. The home visits include several components such as

- Introduction of self and professional identity
- Establishment of rapport (interact socially)
- Description of roles, objectives and limitations of the nurse including expectations (both the clients and the nurses)
- Implementation of the nursing process that i.e.
  - Assessment
  - Formulating nursing diagnosis
  - Planning
  - Intervening
  - Evaluating

This is done together with the family. Initial client, family and environmental assessments are carried out.

Most often multiple visits can be made to accomplish the objectives set. If further services are needed the nurse can assist the family in identifying other services available in the community and refer them there.

During each visit, the nurse reviews with the family if the purpose of the visit has been achieved and plans for the next visit together with the family i.e. the date and time, the venue, objectives and resources that will be needed. It is also important to discuss what the family should do between now and the next visit.

### **5. Termination Phase**

Termination of home visiting starts at the first contact with the establishment of goals. When the purpose of the home visiting has been accomplished the nurse reviews with the family what has occurred and what has been achieved during the visits.

## **6. Post visit Phase**

The major task of this phase is documentation of the visits and the services provided. Each and every visit is reported. The report is important for follow up, handover, and record keeping.

### **COMMUNITY HOME BASED CARE (CHBC)**

#### **DEFINITION**

Home – based care is the care of clients that is extended from the health facility to the client's home through family participation and community involvement within available resources and in collaboration with health care workers.

Home – based care is a holistic, collaborative effort by the hospital, the family of the client, and the community to enhance the quality of life of people with chronic disabling diseases including people living with HIV and AIDS (PLWHAs), and their families. It encompasses clinical care, nursing care, counseling and psycho-spiritual care and social support.

Community Home-Based Care is the care provided to chronically or terminally ill patients (3 months or more) such as HIV/AIDS, TB cancer, and stroke; clients affected by the illness of their relatives and friends; vulnerable and at risk groups in their homes by family and community members using available resources and support from the formal health and social worker.

The aim is to restore, promote and maintain a person's maximum level of comfort, function and health, including care towards a dignified and peaceful death.

#### **GOAL OF CHBC**

To make appropriate quality health services available to all chronically ill people including those with HIV and AIDS, affected by HIV and AIDS and other vulnerable groups in the community.

#### **MODELS OF CHBC**

There are four major ways of delivering CHBC:

##### **Facility-Based or Outreach.**

Usually a hospital outreach program sends outreach health care workers or teams out periodically to visit the homes and families of PLWHAs. Often focused on nursing and medical needs, but have increasingly integrated psychosocial support

##### **Community-Based**

This model is community-driven and owned. There are Volunteers trained to provide basic nursing care, emotional and spiritual support. The Volunteers instruct family members in caring for the client and provide back-up support

through regular visits. Since the volunteers live close to families, transport costs minimal.

Challenges: Difficult to maintain quality of nursing care, and maintaining and supporting the volunteers

### **Integrated (ICHBC)**

This is a combination of facility & community-based models. Relies on local health facility for training, supervision, supplies for home -care. Patients are referred from the facility to the home and back. Care is provided by trained & professionally supervised community caregivers

Integration ensures delivery of quality palliative care services in the clinics/hospitals and the in home

### **Community Day Care**

There is a community day care centre right in the community where adults and children living with HIV/AIDS go during the day and obtain services such as symptom monitoring, drugs, recreation and counseling. This model offers an opportunity for family caregivers to:

- Have a respite from the care burden
- Remain employed
- Take care of other needs in the family

### **BENEFITS of CHBC**



### **ACTIVITY**

*Explain the benefits of CHBC to:*

- *The client/patient*
- *The family*
- *The community*
- *The health care system*

*Explain the challenges of CHBC*

### **KEY INTERVENTIONS IN CHBC**

- Medical care
- Basic nursing care
- Psychosocial care

- Palliative care
- Nutritional support
- Socio economic support

### **Components of CHBC in Malawi**

In Malawi Community Home Based Care for the chronically ill patient consist of the following minimum package:

- Basic physical nursing care
- Management of common health ailments in the home/community
- Palliative care
- Psychosocial and spiritual care
- Provision of basic equipment, drug and supplies
- Skills transfer to primary caregivers
- Infection prevention and control in the home
- Nutrition education and food supplementation where feasible
- Monitoring of the patient on ARV
- Discharge planning and referral along a continuum of care
- Care of carers at all levels of care.

### **Roles of Community Care providers in CHBC**

The community care provider is the community member who volunteers to provide CHBC services or is a full time employee belonging to a CHBC organization. Roles of the Community care provider are as follows:

- Identify and recruit patients requiring CHBC as per recommended criteria
- Provision of direct patient care by assisting patient with bathing, feeding, mouth wash, turning the patient, pressure area care, assisting with elimination and ambulation
- Transfer of nursing skills to the primary care giver
- Ensure a healthy home environment for the patient; seek assistance from community resources as required
- Managing simple ailment such as cough, fever, diarrhoea, vomiting, skin problems and others as learned during formal training
- Provide psycho-social support and nutrition counselling to patients/clients and families
- Refer patients/clients to health and other support services and groups (e.g. religious groups)
- Keep patient's records on care given and provide monthly reports to immediate supervisor
- Monitor drug intake, side effects and adherence for patients on long term drugs including ARVs
- Discharge patients who do not require care in the home and conduct follow up visits for support as required.

## Assessment of the CHBC Client and Their Home

Assessment is key to identifying problems and needs of the client and in the home. Thorough assessment will lead to provision of relevant interventions to the client. Assessment can be conducted through collecting subjective and objective data. The areas of assessment are;

- Home Assessment

The care giver should assess the home environment in terms of general cleanliness, waste disposal, and availability of safe water, kitchen and bathroom. This can be done through home visiting. Inside the home assess cleanliness, space, and ventilation, light. It is also important to observe the availability and utilization of food.

- Client Assessment

Assessment of the client should include: general condition, physical psychosocial and spiritual



## ACTIVITY

*Explain the roles of the following in community home based care;*

- *The nurse*
- *Family members*
- *Community members*
- *Religious groups*
- *Existing community groups and NGO's*

## PALLIATIVE CARE

### DEFINITION

Palliative Care improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of pain and suffering by means of early identification and impeccable assessment and treatment of pain and other problems; physical, psychological and spiritual (*The World Health Organization, 2002*)

Palliative care is a combination of active and compassionate long-term therapies intended to comfort and support individuals and families living with a life threatening condition/illness. The care seeks to meet the physical, psychological, social and spiritual needs of ill people and caregivers and it requires a team approach.

Helping people to make the most of each day and maintain hope. Terminal care aims to improve the quality of daily life at the end of life by relieving symptoms, especially pain and enabling people to die in peace with dignity.

Palliative care;

- Is holistic.
- Is a team effort
- Affirms life and regards death as a normal process
- Neither hastens nor postpones death
- Provides relief from pain and other distressing symptoms
- Integrates the psychological and spiritual aspects of care
- Offers a support system to help patients live as actively as possible until death
- Offers a support system to help the family during the patient's illness and in their own bereavement
- Uses a team approach to address the complex needs of patients and their families
- Works to enhance the quality of life
- May also positively influence the course of illness
- Works to treat and prevent pain and suffering.



### ACTIVITY

*Explain the historical background of palliative care.*

### PRINCIPLES OF PALLIATIVE CARE

- **Attention to detail:** - Time spent here can bring great relief to the patient

- **Honesty and respect:** - This should be shown at all times and the truth given when asked for, in terms understandable by the patient. False reassurance helps no one.
- **A holistic approach:** - Concern for the emotional, spiritual and social aspects of the patient's care as well as controlling their physical symptoms
- **A patient centered approach:** - To deal with what the patient thinks is the most important in all aspects of his/her care
- **A problem oriented approach:** - Taking time to deal with each problem in turn, no matter how small

## **COMPONENTS OF PALLIATIVE CARE**

### **PAIN RELIEF**

Pain relief is an essential element of palliative care. Drugs include morphine and other narcotics. While these may be scarce, aspirin and paracetamol are available but not given in adequate doses to relieve pain. Narcotics must be provided in accordance with national laws on dangerous drugs and with the national drug policies

### **SPIRITUAL AND EMOTIONAL SUPPORT**

Caring for a terminally ill person can be a strain on all involved. Emotional and spiritual guidance should be available to the client, the family and the care givers. Community support, help from friends and neighbors can be an essential long term care strategy.

### **ANTICIPATORY GUIDANCE**

Anticipatory guidance is required to facilitate open discussion about illness and death in order to make the necessary preparations. Plans may include orphan care, making a will and funeral arrangements.

### **INHERITANCE RIGHTS**

It is important to help a dying person prepare for the right to inheritance by the spouse and children which they may be denied if the client dies without a will.

### **BEREAVEMENT COUNSELING**

The terminally ill patients require psychosocial spiritual and bereavement care. This depends on the stage of illness. The following interventions should be provided to a dying person:

Encourage patient and family to discuss past accomplishments present and future events

Provide opportunity for spiritual care

Help patient to have positive visualization and image of death



Provide up to date information on patient's condition to family and allow patient to express personal preferences for funeral, burial arrangements and final wishes

## **MODELS OF PALLIATIVE CARE SERVICE DELIVERY**

### **1. In-Patient Care**

This takes place in a separate building, which can be a ward in a general hospital that admits palliative care patients. It is also referred to as a free standing hospice. It is ideal for patients who can not be looked after at home for medical or social reasons. The ideal unit has less than 25 beds. Patients are encouraged to bring in personal belongings such as furniture, etc.

The patient is seen by specialists in palliative medicine with the holistic approach, i.e. doctors, nurses, social workers, rehabilitation staff, dieticians, the clergy and other therapists.

### **2. Home – Based Care**

This is the commonest form of care in most African countries. Care is provided at home mainly by the family, close friends and relatives. Health workers often come as a home visit, once or more times per week, to help with supportive measures, counseling and pain & symptom control. On each visit the palliative care team assesses the patient and provides care holistically. If hospital admission is indicated the team recommends that the patient be admitted to a hospital for close follow up. Volunteers play an important role in the provision of day to day care and linking the patient with health workers if need arises.

### **3. Hospital Palliative Care**

The hospital has a palliative care team: at least one doctor and nurse with palliative care experience, and can access to other hospital services. The team receives referrals from consultants of patients with cancer or AIDS from different wards/OPD and from trained community volunteers in the villages who have identified patients with pain or palliative needs. Therefore patients with palliative care needs are seen in the wards where there are other general patients. This model has an end-of-life care room where patients in terminal phase of life are managed.

The team works hand in hand with a community nurse and is prepared to go out to visit difficult cases in the homes. Upon discharge from the hospital a follow up plan is made with the patient, hence the patient may be referred for care to other models of care.

### **4. Palliative Day Care**

Patients come for one or more days a week to a centre, which may be attached to another service (e.g. hospital) or on its own. They often spend 5 – 6 hours at each visit. During this time patients are assessed and treatment given. Other therapies are given and patients take part in creative activities such as music, paintings, handiwork, etc.

Patients may form strong friendships with other patients; which can be very therapeutic, preventing isolation and enabling patients to share thoughts and feelings with others who are experiencing similar problems. However when patients die others will be bereaved. Volunteers are the key part of the model. Day care services may vary in terms of criteria for acceptance of referrals and the emphasis of care.

### **5. Outreach Clinic**

This is where the mobile team has a monthly clinic at a health facility usually some distance from the parent organization. Patients and families who can travel meet the team there. Patients too sick to go to the health facility are visited at home by the local health professionals who follow them up.

### **6. Road-Side Clinic**

En route to the outreach clinic, the palliative care team arranges to stop at strategic places so that local patients can be seen from the vehicle, or the team is met by relatives who take them to see the patient at home from the road side.

In Malawi hospital and home based models are the commonly used models for provision of palliative care services.

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## **UNIT 3: OCCUPATIONAL HEALTH NURSING**

### **Introduction to the Unit**

This unit is designed to provide learners with knowledge of occupational health nursing in order to provide health care to workers and maintain their productivity at work.

### **Learning Outcomes**

By the end of the unit learners should be able to:-

- Describe occupational health nursing
- Describe the work environment and its influence on workers
- Explain the role of the nurse in occupational health

### **Assessment Criteria**

1. Define occupational health nursing
2. Describe the History of Occupational Health Nursing
3. identify the objective of Occupational Health Nursing
4. Explain the role of the Nurse in Occupational Health
5. Describe the work environment and its influence on workers
6. Describe categories of work related hazards
7. Discuss the management of common health problems in Occupational Health.
8. Discuss the establishment of Occupational Health services
9. Identify factors affecting the delivery of Occupational Health Services
10. Identify the acts that promote Occupational Health

## **DEFINITION**

Occupational Health Nursing refers to the provision of health care to the industrial workers or anybody who is working at his/her place of work. It is aimed at applying nursing principles to promote health of workers and maintain a safe and healthier environment in an occupational setting for promoting of industrial products.

Occupational health is concerned both with the effects that work may have on health and also with the effects that peoples' health or lack of it may have on their ability to work.

It is concerned with the physical, mental and social well being of man, in relation to his work and working environment, his adjustment to work and the adjustment of work to man.

In 1959, the international labour organization defined Occupational Health as follows:

1. Protecting the workers against any health hazards which may arise out of their work or conditions in which it is carried on.

2. Contributing towards the physical and mental adjustment in particular by the adoption of the work to the workers and the assignment to jobs for which they are suited.
3. Contributing to the establishment and maintenance of the highest degree of physical and mental well being of the workers.

## **HISTORY OF OH NURSING**



### **ACTIVITY**

*Explain the history of occupational health nursing*

### **OBJECTIVES OF OCCUPATIONAL HEALTH NURSING**

In occupational health nursing, the nurse works cooperatively with the worker, the workers family, the work place, and the community to accomplish the following objectives;

1. Promotion and maintenance of the highest degree of physical, social and mental well being of the workers in all occupations.
2. Prevention of workers from departing from their working areas due to health problems caused by their employment.
3. Protection of workers in their employment from risks or hazards resulting from factors adverse to health.
4. Placement and maintenance of every worker in an occupational environment adapted to his/her physiological condition and the adaptation of work to man and man to his work.
5. Facilitating efforts of workers and workers' families to meet their health and welfare needs.
6. Promoting education and research in the field.

Fulfillment of the objectives provides outcomes such as improvement in employee and community health status, reduction in worker morbidity and mortality, appropriate use of community resources, increased job productivity and a safer work environment with reduced work place hazards

### **THE ROLE OF NURSE IN OCCUPATIONAL HEALTH NURSING**

Occupational health nurses can work in manufacturing, industry, service, health care facilities, construction sites and government settings. Their scope of practice is broad and includes the following;

- Worker/ workplace assessment and surveillance

- Primary care
- Counseling
- Health promotion/protection
- Administration and management
- Research
- Legal - ethical monitoring community orientation



### ACTIVITY

*Explain the roles of a nurse in occupational health nursing*

## THE WORK ENVIRONMENT AND ITS EFFECTS ON WORKERS

There are five environmental factors that are common to every work setting, and these are:

### 1. Physical factors

These are structural elements of the work place that influence the workers health and productivity. The physical environment includes the work space, temperature, lighting, noise, vibration, colour, radiation, pressure, and the soundness of the buildings and the equipment. The effects of these elements can affect the health of the workers for example

- Excessive noise may disrupt concentration, prevent verbal communication, impair job performance and safety and over time cause loss of hearing.
- Exposure to the sun for those who work outdoors such as construction workers, farm workers, and ground workers are at risk for skin cancer and deleterious effects of dust, and chemical pollutants. Exposure to extremely cold temperatures during the winter and hot temperatures during the summer can also cause problems such as heat stroke and pneumonia in these workers.
- Exposure to blood borne pathogens such as hepatitis B, and HIV can also cause serious problems in workers such as health care workers.
- Extremes in temperature such as those experienced by people working in tunnels (e.g. mines) or at high altitude can cause improper gas exchange and tissue damage affecting the ears, sinuses, and teeth.

- Working in confined spaces such as in mines, or airplanes can lead to workers breathing recycled air and suffering from insufficient exposure to sunlight. The workers may also be at risk of more hazards due to sudden events such as fires or explosions.

## **2. Chemical Factors**

These are chemical agents present in the work environment that may threaten the health and safety of the workers. A lot of chemicals are found in the raw materials, production process, and daily operations of industries and companies.

The chemicals can be in the form of gases, solvents, mists, vapors, dusts, and solids.

Depending of their form the chemicals can enter the human body through the lungs, the gastrointestinal tract or the skin. It is important to understand the toxicology of chemicals in order to identify the amount of chemical exposure that produces toxicity

The routes by which chemicals enter the body, and the appropriate personal protection for workers.

Workers must be warned of and protected from hazards associated with the materials they use in their work, because with proper handling and protection, toxicity can be prevented. Ideally all toxic substances in the workplace should be substituted with non toxic agents if they exist.

## **3. Biologic factors**

These are living organisms found in the work environment such as bacteria, viruses, molds, fungi, parasites or various types, insects, animals, and even toxic plants.

Potential hazards such as infectious or parasitic diseases may be caused by

- Exposure to contaminated water, or to insects.
- Improper waste or sewage disposal.
- Unsanitary work environment.
- Improper food handling, and
- Unsanitary personal practices of the workers.

## **4. Ergonomic Factors (Human Engineering)**

Ergonomic factors include all the interactions between the worker, the demands of the job, the work setting and the overall environment.

Ergonomics in occupational health is concerned with the workplace, tool, and task design, and how well they match the physiologic, anatomic, and psychological characteristics and capabilities of the worker. Ergonomic factors include physical conditions in a work space (engineering stressors), such as

- The design of necessary tools,
- Equipment,
- Lighting or ventilation,
- Physical positions workers must assume,
- Movements they must make to do the job, and
- Bad habits associated with carrying out the work such as improper lifting habits.

There can also be organizational stressors in the company or industry involving the chain of command, policies, or procedures, for example an employer's expectations or unrealistic job demands can provoke stress in the workers leading to loss of interest in the job and low morale in the workers which can be unsafe.

## **5. Psychosocial Factors**

These are the responses and behaviors that workers exhibit on the job. They come from the attitudes and values learned from their culture, life experiences, and worksite norms. Similar work conditions can evoke different responses. Repetitive work bores some people whereas others see it as an opportunity for reflection and certain types of work may challenge some but threaten others.

The nature of the work as much as the working conditions can evoke certain responses. Work that is time sensitive or that conflicts with personal values can create a lot of stress for some employees; ethical dilemmas (such as selling or promoting a product or service that might cause harm to the public) can cause emotional conflict for people. Peer pressure (e.g. to strike) can also add stress to workers. Unrealistic personal expectations and unattainable aspirations can also lead to chronic stress and fatigue. Personal problems (such as a terminally ill spouse) can also lead to psychological stress.

These psychosocial factors can influence the quality and quantity of work produced and in many professions can compromise worker safety if a worker is preoccupied and functioning inadequately.

## ASSESSMENT OF THE WORK ENVIRONMENT

Workers face a variety of exposures which can adversely affect their health and well being, as such it is important to identify such exposures and help to control them by routine and special assessment of the working environment.

The assessment should be performed on a regular basis at least once every six months. The assessment can be performed by a team comprising the occupational health workers (nurse) and members of the health and safety committee at the company.

The following are the areas of assessment:

1. Name of the factory, address, and telephone number. Departments and processes with brief description of production i.e.
  - Its actual function e.g. soap manufacturing, road construction
  - Raw materials used
  - Waste products as well as by products
2. Statutory regulations applicable
3. Communication facilities
4. Persons employed i.e. male, female, and young persons
5. General condition of buildings i.e. space, walls, floor and roof
6. Welfare i.e. sickness benefit scheme, fringe benefits, canteen (subsidized /meal vouchers)
7. Housekeeping i.e. cleanliness, overcrowding and passageways, seating, lighting and colour, heating and ventilation, storage and waste disposal, canteen and kitchens, sanitation, changing rooms, and drinking water.
8. Hazards i.e. toxic agents (dust, fumes, liquids, and physical agents), noise, hot processes, fatigue, lifting and psychological stresses.
9. Safety i.e. lay out, machine guarding, alleyways and staircases protective clothing, fire precautions, equipment/furniture availability
10. Medical and nursing services i.e. clinic or dispensary, first aid rest room, first aid box, first aid providers



### ACTIVITY

Device an assessment tool for assessment occupational health services.



### **ACTIVITIES CARRIED OUT IN OCCUPATIONAL HEALTH.**

There are several activities that an Occupational Health Nurse carries out.

#### **Pre-Employment Medical Exam**

- Screening of new employees to ensure that people are well when they start their work i.e. pre-employment data base- a measure for claims in future.
- This is done to ensure that an employee is correct for the job health wise and is able to cope.
- To do this the nurse must be knowledgeable in assessment skills.
- Trained in OH needs.

#### **Periodic Screening**

- This is done depending on industry/company's policy e.g. 6 monthly or yearly.
- Workers have to be re-examined to see if their work has'nt affected them negatively especially those working with radiation needs monthly screening.
- It can also be done following leave to see if the employee is still fit for his job.

#### **Medical Examination after Sick Leave.**

- It is important to see if the person is fit to resume work or not (needs extended leave)
- Rehabilitation of people following injury, illness or operation
- Change of the type of work he was doing previously.

#### **Daily Sick Parade**

- For those who come on duty with minor problems.
- Also for the assessment of people when they leave the job internally or externally, external transfer or have reached a pension age.
- Assess people who are to get compensations and are to retire because of injuries or sickness- ultimately submit a report on this medical exam.
- Ensure that she runs effective and efficient services to minimize absenteeism
- Provision of immunization
- Home and hospital visiting of injured or ill workers

#### **First Aid Training**

- Teaching management and employees first aid

#### **Research**

Conduct research and periodically review records to improve the services

Counseling and health education

- Counseling to workers with health and social problems, and education to management and workers on occupational health and safety.

Surveillance of industrial hygiene

- Surveillance of sanitary, catering and welfare amenities.
- Hygiene of the environment
- Ensuring proper disposal of industrial/company's waste
- Conduct periodic inspection of industry canteen and help workers on food handling.
- Participation on safety committees at work

### **ESTABLISHMENT OF OCCUPATIONAL HEALTH SERVICES.**

When establishing an occupational health service, it is important to consider the needs of the company/ industry and size of the industry. Always use the nursing process when establishing the occupational health service.

The establishment of an occupational health service can be divided into stages as follows:

#### **A. ESTABLISH NURSE CLIENT/RELATIONSHIP**

- Introductions
- Create good rapport
- Explain why you are there
- Explain your expectations and objectives

#### **B. ASSESSMENT**

- Seek preliminary management approval of the availability of capital to finance the project i.e. commitment of management on financial matters
- Ask them why they want an OHN to find out the objectives
- Ask/assess functions of the company
- What does the company do to identify health hazards
- Assess on the number of employees at the company for budgeting and space
- Assess the objectives of the company
- Ask their organizational structure
- Assess the policy of the company towards initiating and maintaining the type of occupational health service required.

- Assess on the type of services needed- is it specific for the industry or comprehensive services.
- Find out the regulations of the company.
- Find out the needs and rights of employees over health
- Assess the nature of safety measures that management want to employ in the work situation.
- Assess the socio-economic conditions in the neighborhood and vicinity to anticipate the type of work that you will get.
- Assess the nearest health unit.
- Assess if the services will be extended to families.
- Who will be the beneficiaries- will you need family planning, antenatal clinic, how many men? women?
- Assess the buildings. Are there already existing structures for the services? Is the space adequate or not? Location and type of buildings. Find out the availability of electricity, water, drainage, heating and ventilation.
- Assess the site of the structure, is it easily accessible to the main working areas and main road.

### **C. PLANNING**

Decide who will do – What, When, Where, Why and How

- Plan on the functions of the services whether Preventive, Promotive, Curative or Rehabilitative
- Plan for material resources needed i.e. equipment e.g. ward/ dispensary equipment, refrigerator, sterilizer, thermometers, gallipots, uniforms, furniture (e.g. tables, chairs, couches, beds stationery and linen).  
Material resources will depend on the type of services.
- Plan for drugs depending on the commonest health problems of the company. Make sure there are adequate reserve stocks of drugs.
- Decide on type of personnel to manage the services i.e. No of personnel and qualifications. Required personnel varies i.e. Drs, Cos, nurses, cleaners, drivers
- Plan on the number of hours of service. This will be determined by
  - The size of the industry
  - The type of service offered
  - The size of the clinic
  - Policy and registration of industry e.g. services extended to families.

When will the clinic start? It should be convenient to the industry.

- Make policies for the clinic.
- Plan the internal lay out of the clinic depending on the type of services to be offered. e.g. sickbay, treatment room, laboratory. Consider, lighting, water supply, heating, ventilation, drainage, sanitary fittings, fire precautions, communication system (i.e. phone, bell, transport)
- Plan for an ambulance to be used during referrals.
- Report to ministry of labour and register the services. They will come and inspect your clinic and give you the legal act to guide you and anticipate to certify the services you are offering.

#### **D. IMPLEMENTATION**

Then you can start implementing the planned activities.

#### **E. EVALUATION**

Evaluation is done periodically.

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## SUPPORTING RESOURCES

Refer to KCN ejournals web page as access

Blackwell (<http://www.blackwell.synergy.com>)

Ebscohost (<http://search.epnet.com>)

Hinari (<http://www.health.internetworld.org>)

WHO (<http://who.int>)

Wiley (<http://www.interscience.wiley.com>)University of Malawi

## **UNIT 4: DISASTER MANAGEMENT**

### **INTRODUCTION**

This unit introduces learners to the role of the registered nurse in disaster preparedness and management.

#### **Learning outcome**

- Describe disaster Management
- Discuss the roles of a nurse in disaster management
- Explain the relationship between disasters and development

#### **Assessment criteria**

- Identify types of disaster
- Describe characteristics of a disaster
- Discuss the phases of a disaster Management
- Discuss principles of disaster management
- Discuss the roles of a nurse in disaster mgt including shelter management
- Discuss effects/impact of disaster
- Explain the relationship between disasters and development

### **A DISASTER**

A disaster is any natural or man made event that causes a level of destruction or emotional trauma exceeding the abilities of those affected to respond without community assistance ( Allender & Spradley, 2005).

### **DISASTER MANAGEMENT**

Disaster management is a comprehensive set of activities aimed at reducing vulnerability within a population at risk utilising all the levels of intervention.

### **TYPES OF DISASTERS**

- Natural
- Man-made



### **ACITVITY**

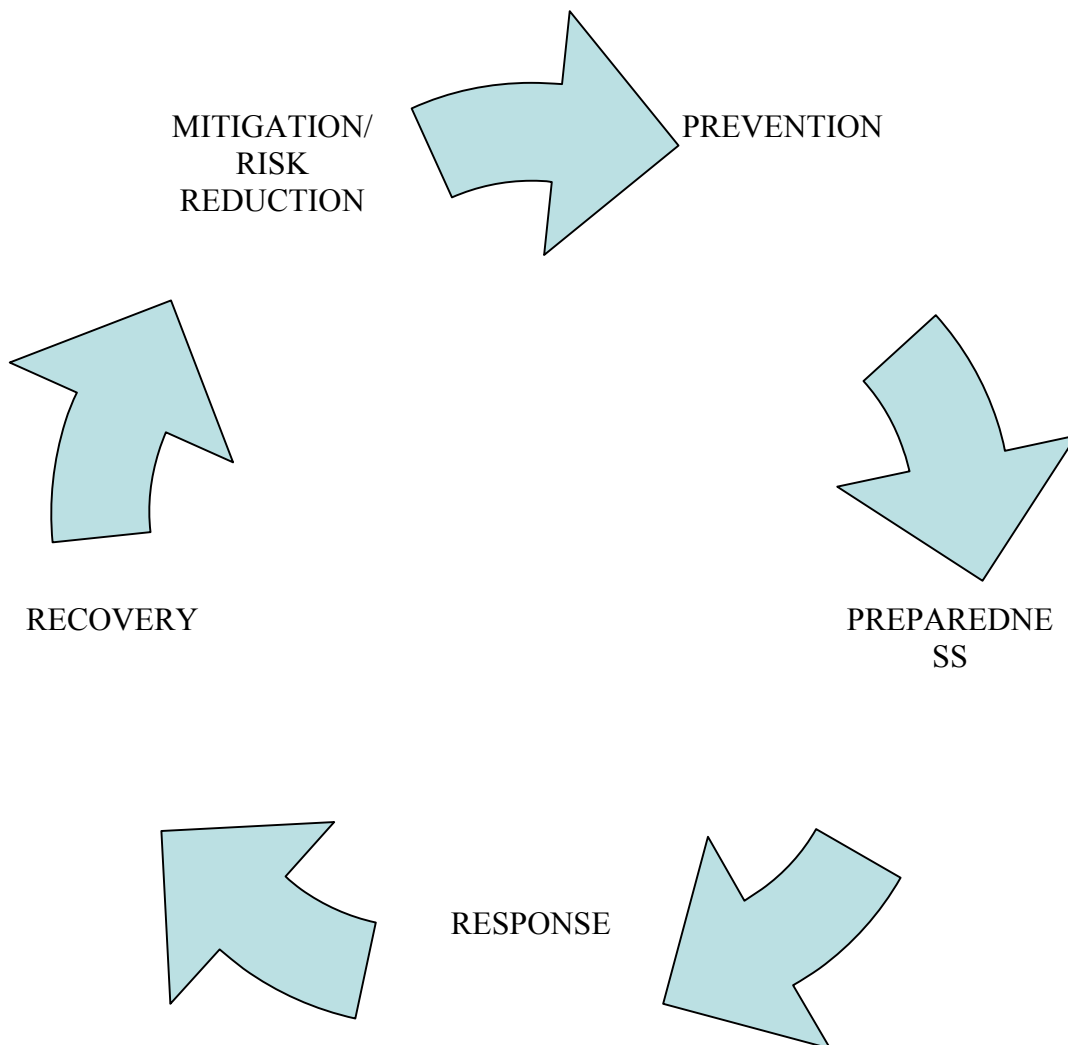
- |   |
|---|
| <ul style="list-style-type: none"><li>• Explain the characteristics of disasters and their contributing factors</li></ul> |
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## PHASES OF DISASTER MANAGEMENT

There are five phases of disaster management;

- Prevention
- Preparedness
- Response
- Recovery
- Mitigation/ risk reduction

## DISASTER MANAGEMENT CYCLE



## **2. Prevention Phase**

- No disaster is expected or anticipated
- The task is to identify community risk factors and develop and implement programmes to prevent disasters from occurring
- Programmes developed may also focus on strategies to mitigate the effects of disasters that can not be prevented
- Identify community risk factors ( assessment of risks/probability of occurrence of certain types of disasters)
- Task forces can be formed which could include healthcare providers, social services, police, fire department, local media, community members etc.

## **2. Preparedness Phase**

- Before disaster
- Involves improving community and individual reaction and responses so that the effects of a disaster are minimised.(+ education of the public)
- It saves lives and minimises injury and property damage
- It includes plans for communication, evacuation, rescue, and victim care
- Any plan must also address acquisition of equipment, supplies, medicine, food, clean water, blankets and shelter.
- Disaster preparedness occurs locally, regionally and nationally.
- Regular review & testing of disaster plans & personnel training (semi annual drills) are done.

## **3. Response Phase**

- Begins immediately after the onset of the disastrous event
- Preparedness plans take effect immediately
- The goals are to save lives and prevent further injury or damage.
- Preliminary assessment is done on;
  - the nature, extent & geographical area
  - Population at risk
  - Injuries and deaths
  - Anticipated health services
  - General health status and needs of the community
  - No of persons requiring shelter
    - Activities during this phase include rescue, triage, onsite stabilization, transportation of victims and treatment at local hospitals.



- Response also requires recovery, identification and refrigeration of dead bodies and notification of family members.
- Supportive care, including food, water and shelter of victims and relief workers is also an essential element of disaster response.

### **Disaster management triage**

Triage is a French word meaning “sorting” or ‘categorising’. It is the process of sorting multiple casualties in the event of a disaster. Triage is needed when the number of casualties exceeds immediate treatment resources and it helps in prioritisation of treatment.

There are four basic categories used in triage;

- **Red = Urgent:** victims have injuries or medical problems that if not treated immediately will likely lead to death.
- **Yellow = Delayed:** victims have injuries that will require medical attention however time is not yet critical.
- **Green = Minor/ Walking Wounded:** Victims have minor injuries or have minimal signs of illness, and prolonged delay in care will most likely not affect their long term outcome.
- **Black =Dead/Non-salvageable:** victims are obviously dead or have suffered mortal wounds because of which death is imminent, and life saving heroics will only delay medical care on more viable victims.

### **4. Recovery phase**

The community takes action to repair, rebuild or relocate damaged homes and businesses and restore health and economic vitality to the community.

Emotional scars from witnessing a traumatic event may last a life time, as such, psychological recovery must also be addressed. Mental health services should be offered to both the victims and relief workers to support their recovery.

Debriefing is carried out (24 or 72 hours after the disaster event).

Evaluation of current disaster plan and Lessons Learnt-Modification of plans is also done.

### **5. Mitigation/ risk reduction phase**

During this phase monitoring is done to see how people are settling. Monitoring of rehabilitation and water quality monitoring is also done. Training needs assessment is done to train those untrained to prepare them for the next disaster. Integrated disease surveillance and response.



## ACTIVITY

- *Discuss principles of disaster management*
- *Discuss the roles of a nurse in disaster management including shelter management*



### *Activity:*

- *discuss the prevention of disasters under the following levels of prevention: primary, secondary and tertiary*
- *Discuss the effects of disasters*
- *Explain the relationship between disasters and development*

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## UNIT 5: VULNERABILITY AND VULNERABLE POPULATIONS

### INTRODUCTION

This unit enable students identify vulnerable groups in the community. The unit will also enable the learners to analyse the effects of public policies on vulnerable population and reducing health disparities experienced by these populations.

### LEARNING OUTCOMES

Discuss the concept of Vulnerability

Analyse public policies on vulnerable populations

### ASSESSMENT CRITERIA

Define the following terms

- Vulnerable population
- Risk
- High risk
- Vulnerability
- Health disparities

Explain individual and social factors that contribute to vulnerability

Explain outcomes of vulnerability

Plan and implement care for vulnerable populations

Analyse the effects of public policies on vulnerable population groups and on reducing health disparities experienced by these populations

Explain strategies that can be used by public and community health nurses to improve the health status and eliminate health disparities of vulnerable populations

Explain the roles of a community health nurse in caring for the vulnerable populations



### ACTIVITY

*Define the following terms*

- *Vulnerable population*
- *Risk*
- *High risk*
- *Vulnerability*
- *Health disparities*

### **WHO ARE THE HIGHEST RISK GROUPS?**

- The under five children – developing immunity
- Elderly people – chronic and degenerative diseases
- Pregnant women – physiological changes taking place in the mother's body
- Some workers – may have extra risks
- School children
- Prisoners
- Handicapped
- orphans

Explain outcomes of vulnerability

Plan and implement care for vulnerable populations

### **Activity**



*Explain factors that contribute to vulnerability and their effects*

### **ROLES OF A COMMUNITY HEALTH NURSE ON VULNERABLE POPULATION GROUPS**

- Case finding
- Health Teacher;
- Counselor
- Direct care provider
- Monitor and evaluator of care
- Case manager
- Advocate
- Client empowerment

### **STRATEGIES FOR PROMOTING HEALTHY LIFESTYLES OF VULNERABLE GROUPS**

- Crisis intervention (manage the crisis)
- Trusting Relationship

- Health Promotion interventions
- life skills
- Assist them to start income generating activities

## THE AGED CLIENT

### ASSESSMENT CRITERIA

Define the following terms

- geriatrics
- gerontology
- elderly
- ageism
- senility
- senescence

Describe some theories of aging

Describe the physiological changes that take place during the aging process.

Describe the effects of aging on individual, family and community

Discuss the management of the aged client in relation to three levels of prevention.

### AGING

Aging is a normal process characterized by intrinsic cellular and tissue changes that can be influenced by extrinsic factors. Successful aging occurs where the individual adapts to the biopsychosocial demands that result from the aging process.

Care of the elderly is a society's responsibility and a problem of the nation as population of the elderly gets larger. Thus the elderly will continue to exert pressure on resources and support systems.

The challenge to nursing is to provide quality cost effective care to the elderly.

### ACTIVITY



*Define the following terms*

- *geriatric*
- *gerontology*

- *elderly*
- *senility*
- *ageism*
- *senescence*

## **THEORIES OF AGING**

Seek to describe the aging process and explain behaviors observed during this phase.

### **DISENGAGEMENT THEORY**

By Cumming and Henry 1961 (Psychosocial theory)

Postulates that aged people withdraw from their customary roles that were fulfilled during the middle years. Withdrawal is a key concept and it is a protective mechanism which permits adaptation to the numerous changes of aging. During this period society also withdraws from the aged creating a situation of mutual withdrawal.

### **ACTIVITY THEORY**

Proposes that life satisfaction in normal aging involves maintaining the active life of middle age – a continuation of these activities engaged in middle years e.g. travel, social relationships, community participation – thereby achieving higher satisfaction.

### **DEVELOPMENTAL/CONTINUITY THEORY**

By Clark and Anderson, 1967 & Havighust. Neugarten and Tobin 1967

It emphasizes a continuity of person's unique traits, habit and characteristics – commitments and routine behavior into later years without many changes. It is built on the individual value system and coping style individually.

## **EIGHT STAGES OF LIFE (ERICKSON 1959)**

Ego integrity versus despair

Ego integrity suggests an acceptance of life style and a belief that the choices that were made were the best at that particular time. They are contended with the life.

Despair implies that the person feels dissatisfied and disappointed with one's life. One regrets that life cannot begin again and remaining years are too few.

### **THE WEAR AND TEAR THEORY**

Emphasis that aging is a programmed process. Cells are constantly wearing out affected by harmful stress factors and accumulation of harmful by products – aging results from a breakdown in performance of organs and systems.

## **AUTO-IMMUNE THEORY**

Normal cells of the body are not recognized by the body as its own antibodies are formed within the body against these unknown cells.

The theories of aging provide a framework within which practical decisions can be made. No single theory adequately describes the aging population because of the complexity of aging.

## **ACTIVITY**



*Explain the physiological changes of aging*  
*Explain the physiological and psychological problems associated with aging*  
*Discuss the effects of aging on individuals, families and the community*

## **MANAGEMENT OF THE AGED IN RELATION TO THE THREE LEVELS OF PREVENTION.**

### **PRIMARY PREVENTION**

Aims at preventing geriatric problems associated with the aging process.

These interventions need to start early in life

- Education – to bring awareness to individuals families and community e.g. on normal aging process and pathological changes on body functions.
- Encourage better education for better income
- Prepare people formally for retirement
- Counselling on health promotion activities.
- Encourage support systems for the elderly.
- Counseling on establishment of new relationships.
- Encourage participation in community activities – decision making roles.
- Mobilize communities to establish support programmes.
- Motivate government to contribute towards the welfare of the elderly.
- Discourage bad habits such as alcoholism and smoking which put the elderly at risk of accidents and disease.

- Provision of information on sexuality to encourage sexual expression of the elderly.
- Encourage exercises – such as walks, hoeing to promote health.

## **SECONDARY PREVENTION**

Focuses on early detection of diseases and prompt interventions.

- Encourage regular checkups for early detection of problems e.g. BP, eyes, ears, pap smear, breast examinations.
- Need to provide detailed explanations in order to allay anxiety.
- Provide prompt treatment of acute problems in order to prevent chronicity of the problems.

## **TERTIARY PREVENTION**

Involves follow up and rehabilitation after disease or a condition has occurred or been diagnosed and initial treatment has begun.

- Follow up or home visits to see how they are progressing.
- Refer them to the social worker – who will be able to provide some help.
- Admission to geriatric home care.
- Drug Compliance

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Allender JA & Spradley BW (2005) Community health Nursing: Promoting and Protecting the Publics Health. Sixth Edition Lippincolt Williams & Wilkins.

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## **UNIT 6: PROJECT DEVELOPMENT AND MANAGEMENT**

### **Introduction to the unit**

This unit introduces learners to project development and management.

### **Learning Outcomes**

- By the end of this unit learners should be able to:
- Describe project development and management
- Describe the project management cycle
- Describe proposal writing guidelines

### **Assessment Criteria**

1. Define Project
2. Define Project Management
3. Describe Project features
4. Explain the basic model of project framework
5. Explain project management functions
6. Describe a project format
8. Discuss essential elements of project management
9. Describe project cycle
10. Describe guidelines for writing proposal
11. Outline guidelines for writing gender appropriate project document
12. Appreciate the role of financial management in project management

### **DEFINITION OF PROJECT**

A project can be defined as:

- A problem scheduled for solution
- Any proposal for investment
- A set of activities to be implemented within a specific time frame in order to attain a specified objective or set of objectives
- A targeted investment which has, specific objectives, outputs, set of activities, inputs, and a defined and limited life time

### **DEFINITION OF PROJECT MANAGEMENT**

The process of planning, organizing and coordinating project activities in order to accomplished project objectives.

### **ESSENTIAL ELEMENTS OF PROJECT MANAGEMENT**

#### **1. Project Scope**

- Defines what the project is supposed to accomplish and the budget created to achieve objectives. It deals with project size, goals and requirements

#### **2. Resources**

- Human (People with right skills)
- Material (right equipment, computers)

### **3. Managing Time and Schedule**

- Time Management is a critical skill for a successful project manager. Project managers who succeed in meeting their project schedule have a good chance of staying within their project budget.
- Schedule - each task in the project should have its own
  - Duration
  - Resources
- Critical Path - In each and every project there is need to follow critical path. Critical path analysis helps to schedule and manage complex work and project. To prepare a project schedule project manager has to figure out what the tasks are, how long they will take, what resources they require and in what order they should be done.

### **4. Managing Costs, Money and Profits**

It is a task that requires the project manager's careful attention.

- Project budget is composed of estimated cost plus contingency, and design allowance

### **FEATURES OF A PROJECT**

- A project is finite
  - It has specific starting and a specific ending point
- Complexity
  - A Project is an interactive composite set of activities that are in a series
- Homogeneity
  - They have unique activities
- Non-repetitiveness
  - Projects are one time phenomenon, unique and temporary

### **PROJECT CYCLE**

Projects go through squaretail stages from their initial conceptualization through to implementation and subsequent terminal evaluation. Regardless of the methodology used project development process will have the same major stages as follows:

#### **Identification/Initiation/Conceptualization**

- Determines nature and scope of the development.
- Indicates key project controls
- Entails identifying project sources that may be – resource, market or need based

#### **Preparation**

Also called project formulation or development and it has the following activities:-

- Design of a set of technical and financial proposal that are technically, economically, commercially and financially feasible.

- Decision on the scope of the project size, location and resources
- Complete technical specifications
- Full details of financial and economic costs, benefits and anticipated outcomes.

### **Project design**

It is complex, time consuming and may need engagement of consultants if big project.

### **Appraisal**

Comprehensive and systematic review of all aspects of a project proposal by people who have not been involved in the project development. It can be done in the field and at the desk. It covers at least SEVEN dimensions of each project which are given special consideration during preparation phase. These are:-

- Technical
- Financial
- Commercial
- Incentives
- Economic
- Managerial
- Organizational

### **Implementation**

Funds are actually disbursed to get the project set up and running

- Many of the real problems of the project are first identified
- Need to integrate resources
- Record keeping, monitoring and progress reporting
- Maintenance (continuing support to end users, correct errors and up date equipment and quality of outputs.

### **Evaluation**

Process of determining systematically and objectively the relevance, efficiency, effectiveness and impact of project activities in light of their objectives.

It is carried out during implementation, at completion and several years after completion

### **PROJECT FORMAT**

Projects are presented in a particular format for the following reasons:

- Facilitates collection, analysis and evaluation of relevant information and decision making
- Facilitates logical and rational resource allocation by sponsors and project manager.
- Permits conscious and systematic examination of alternative investment
- Facilitates better decision making about administrative and operational problems encountered during project implementation.

## **GENERAL PROJECT FRAMEWORK (FORMAT)**

- (a) Project Title
- (b) Problem/Opportunity to be addressed
- (c) Project Objectives
- (d) Expected outputs
- (e) Relationship with ongoing projects
- (f) Target beneficiaries (i.e. aged orphans, youths etc).
- (g) Likely project impact on environment
- (h) Location
- (f) Duration
- (j) Total Estimated Cost

## **PROJECT MANAGEMENT FUNCTIONS**

1. Planning
2. Organizing
3. Leading/Directing
4. Controlling

## **PERTINENT ISSUES IN PROJECT MANAGEMENT**

- The scope, time, cost, quality, risk, human resource constraints
- Exit strategy to ensure project sustainability
- Democracy and good governance

## **PROPOSAL WRITING GUIDELINES**

### **INTRODUCTION**

Proposal writing nowadays, underpins any professional discourse: be it nursing, medicine, engineering, architecture or management.

Therefore writing a winning perfect proposal is a preliminary step to any consultancy assignment. It is therefore vital to fully and clearly understand what a proposal is and how to design, develop and prepare a successful and persuasive or perfectly written document.

### **A PROPOSAL**

It is a marketing tool that sells one's ideas to others.

It is also defined as a persuasive document that logically presents three areas of an undertaking:

- Concept
- Programme (i.e. project activities)
- Expenses

A proposal should be taken as a technical document that:

- Communicates what will be done

- Explain how the project will be implemented
- Convinces that sponsors that you (i.e. organization) can better meet the completion.
- Stress your uniqueness in capacity/qualification to successfully carry out the project
- Explains the benefit of funding the project.

## **TYPES OF PROPOSAL AND THEIR CLASSIFICATION**

### **Unsolicited Proposal**

When one personally/individually identifies a need/problem and propose a solution, then the writer has initiated an unsolicited proposal. Preparation of this proposal is challenging/difficult because the target audience need to be convinced that indeed the need exist and therefore worth the time and money.

In addition one needs generally exceptionally high PERSUASIVE writing/oral skills in order to prepare and present an unsolicited proposal.

### **Solicited Proposal**

A request for proposal for goods or consultancy services can either be advertised as an expression of interested of proposal call (Request for proposal (RFP))  
Such proposals are clearly and concisely defined both qualitative and quantitatively.

## **PROPOSAL WRITING PROCESS**

Developing a good proposal takes four steps:

### **1. Screening**

- Examine yourself in terms of qualification and expertise. If not, network and collaborate.
- Determine the total value of the project

### **2. Creating a Capture Plan**

- Conduct a customer analysis which should include:
  - Problem identification
  - Need analysis
  - Customer previous procurement background
  - Figure out evaluation team criteria
- Conduct Situational Analysis
  - Examine internal and external environment in order to determine you can do the competition by stressing your selling points and highlights your major strengths
  - Develop unique themes such as high quality, efficiency and benefits.

### 3. **Formulating a Solution and Strategies**

- **Technical Strategy**  
Explain the solution and how it will be implemented
- **Management Strategy**  
Highlight your organization's ability to carry out the project activities. This can be demonstrated either through expert personnel, experience, equipment or facilities and Total Quality Management Control.
- **Cost Strategy**  
How reasonable your cost structure is  
Can the sponsor afford? are the costs prohibitive or far fetched?

### 4. **Budgeting and Scheduling**

- As a final step there is a need to pin down all the expenses (direct or indirect) associated with the project
- There is a need to stretch out the broad outline of all activities and the expenditure has to be in reasonable proportion to the outcomes (i.e. project objectives).
- All significant costs should be grouped in the following subcategories;
  - (i) Personnel and
  - (ii) Non personnel

## **COMPONENTS OF A PROPOSAL**

### **1. Executive Summary**

This is essentially an abstract and synopsis. It highlights key points of the proposal.

As such it provides the evaluation team (i.e. reviewers) with quick orientation to the proposal and helps them determine whether or not it matches with their finding priorities.

Being the first thing reviewers read, it should be clear, well written and interesting.

Include the following information:

- (a) Brief statement of problem to be addressed
- (b) Solution highlighting how people will benefit
- (c) Amount of funding requested
- (d) Organisation and expertise
- (e) The target population or beneficiaries

### **2. Problem Statement**

Enables the reviewers to understand how the concepts paper remedies the problem

Using evidence, balanced arguments and supporting facts and figures and logical thinking, show the evaluators that a compelling problem does indeed exist in the community or nation.

Demonstrate whether/that your program/project address the problem/need differently or uniquely and indeed better than other projects that preceded it.

Avoid long and involved statement of need, rather be short and concise.

### **3. Project Description**

This section is the most detailed/comprehensive part of the proposal. It should relate logically to the rest of the proposal. Therefore in the description include:-

- Objectives
- Methods of staffing
- Administration
- Evaluation and
- Sustainability

Think of the proposed program/project as a blue print that can be understood and carried out by anyone who is unfamiliar with the project.

Hence, the project description should answer the following basic question.

1. What does the project hope to achieve i.e. what are its goals and objectives?)
2. How does the proposed project plan to achieve the stated objectives (i.e. what are the activities)
3. Who is going to implement the project tasks/activities in the proposed program section?
4. How will the organization/individual determine that the planned program has accomplished the intended outcomes?
5. When does the program plan to achieve each task and activity?

An evaluation plan should be built into the project. Including an evaluation plan demonstrates that the organization takes the project objective seriously and wants to know how well it has achieved them.

An evaluation plan is also a sound management tool; like strategic planning, it helps refine and improve the project performance.

### **4. Budget**

This section mainly lists and justifies the cost of implementing the proposed project. As such it should be carefully prepared, making sure that the computations are accurate.

- Always take the proposed budget as only an estimate or tentative plan which will probably be changed during the negotiation process if the proposal is eventually funded.
- The format of the budget depends on the requirements of the funding source (sponsor) and perhaps your own organization format.
- Adequately justify all expenditures

- There should be a match between the proposed activities and proposed expenditure
- Always have appropriate (right qualification) and adequate staffing for the project.

## **5. ORGANIZATION INFORMATION**

Organization information is normally put up front in most proposals

It is better to first sell the need for the project and then your agency's ability to carry it out. Or you may just attach a brochure to avoid overwhelming your readers

- State when your agency/organization came into being
- Be certain to demonstrate how the subject of the proposal fits within or extends that mission of mandate.
- Describe the organization's structure, programs and its expertise.
- Details about the size of the board and how they were recruited can be placed in the appendix section

It should be noted that the above listed components are helpful as generic guidelines in writing development oriented project proposal. However there is a need to outline:

- a) The Disbursement plan, explaining how you wish to be paid
- b) Sustainability issues

Summary should also show your readiness to get the project up and running as soon as the funds become available.

## **REFERENCES**

Allender JA & Spradley BW (2005) Community health Nursing: Promoting and Protecting the Public's Health. Sixth Edition Lippincott Williams & Wilkins.

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## **UNIT 7: CONTEMPORARY ISSUES IN COMMUNITY HEALTH NURSING**



### **Activity**

Identify and discuss contemporary issues in community health nursing.