COURSE GUIDE

NSC 502
ADVANCED PUBLIC-COMMUNITY HEALTH NURSING III

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Printed 2021

ISBN:

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INTRODUCTION

NSC50 is a three (3)credit unit course. It is a 500 level core course available for Bachelor of Nursing Science (B.NSc) students. The goal is to assist you in the application of integrated knowledge in problem solving with regard to identification of community health nursing needs and working within community framework to promote locally and internationally planning and execution of programs. It will also enhance your skills in evaluation of impact of intervention modalities of lives of individuals, families and communities.

COURSE AIM

The course broad objective is to build in your ability to understand and apply the principles assessments and planning, concepts of managements and process of community health nursing in providing care to the community. You are assisted to have in-depth understanding and skill to implement program of care of in the community in areas of health promotion and diseases prevention.

COURSE OBJECTIVES

The main objective of Public-Community Health Nursing IV is to help you provide optimum care to individual, community and the public in general.

The course consists of four modules and 10 units plus a course guide which tells you briefly what the course is about, what course materials you will use and how you can go through these materials with maximum benefit. In addition, the course Guide gives you guidance in respect to your Tutor- marked Assignments (TMA) which will be made available to you at the appropriate time. It is for your best interest to attend the facilitation sessions which will be online.

In order to achieve the broad objectives, each unit has specific objectives which are usually stated at the beginning of the unit. You are expected to read these unit objectives before your study of the unit and as you progress in your study of the unit you are also advised to check these objectives. At the completion of each unit you review those objectives for self-assessment. At the end of this course, you are expected to meet the comprehensive objectives as stated below. On successful completion of the course you should be able to:

- State the importance of health need assessment.
- Outline the uses of health need assessment and types of health needs
- Discuss different health assessment approaches

- Describe steps of assessment of health need project.
- Describe the use of SWOT and PESTEL analysis.
- Outline the characteristics of healthy community.
- Discuss the application of Gordon Health Pattern in public-community health nursing assessment.
- Discuss nursing process as applied to public health nursing
- Identify steps involved in planning community project
- Make community Diagnosis
- Identify Community Planning Group
- Conduct community programme evaluation
- Discuss steps in evaluation of programme plan.
- Describe growth development and monitoring
- Discuss nutritional assessment
- Determine Body Mass Index
- Discuss management of malnutrition
- explain what family health record means
- list the purposes of maintaining family health records
- write up in family health records keeping in mind the criteria for recording
- identify different family health records maintained in the agency you are working
- evaluate the importance of information included in family records for further health care planning
- Outline factors to be considered when assigning and delegating duties
- Discuss guidelines for delegation of duties
- Define conflict
- Discuss the advantage and disadvantages of conflict in public health organizations.
- Outline type of conflicts
- Discuss causes of conflicts
- Outline methods of conflict resolutions
- Methods of Staff development.
- Outline the steps in performance improvements.
- Discuss time management in public health
- Describe the nature of violence.
- Discuss factors associated with violence
- Discuss the control of violence
- State types of violence
- Discuss the cost of violence in public health.
- Define disaster
- Explain types of disaster
- Describe triage in disaster nurses
- Discuss the care of communities in emergency

WORKING THROUGH THE COURSE

To complete the course, you are expected to study through the units, the recommended textbooks and other relevant materials. Each unit has a model questions which you are required to answer

COURSE MATERIAL

The following are the components of this course:

- The Course Guide
- Study Units
- Textbooks

TUTOR-MARKED ASSIGNMENTS (TMAS)

There will be 30 objective question from all the units of the course materials. The questions will be divided into three tutor marked assignments that will be uploaded to the NOUN website for you to download and answer and the upload. It is computer marked. The value is 30% of the total mark.

FINAL EXAMINATION AND GRADING

The final examination for course NSC502 will be pen-on-paper and has a value of 70% of the total course grade. The examination Pass mark is 50%.

FACILITATION

There are hours of facilitation to support this course material. You will be notified of the dates, times and locations of these facilitation as well as the names and phone numbers of your facilitator.

MAIN COURSE

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MODULE 1 HEALTH NEEDS AND ASSESSMENTS

UNIT 1 IDENTIFICATION OF COOUMITY HEALTH NEEDS

1.0 INTRODUCTION

The pattern of health services frequently reflect only the health needs of the population that it is serving while those with greatest needs receive least attention because they were minority and not identified. This is what increased interest in continuous need assessment of the communities. Again, there is a pressure on the allocation of scarce healthcare resources

to those in need of it also increased the need of health assessment provide a method of monitoring and promoting equity in the provision and use of health services and addressing inequality in health.

2.0 OBJECTIVES

By the end of this unit you should be able to:

- State the importance of health need assessment.
- Outline the uses of health need assessment and types of health needs
- Discuss different health assessment approaches
- Describe steps of assessment of health need project.
- Describe the use of SWOT and PESTEL analysis.
- Outline the characteristics of healthy community.
- Discuss the application of Gordon Health Pattern in public-community health nursing assessment.

3.0 MAIN CONTENT

3.1 Importance of health assessment

Health need assessment is defined as a systematic method of reviewing the health needs and issues facing a given population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities (HAD 2005).

Health need assessment provide the following opportunity for:

1. Describing the pattern of disease in the local population and the differences from local, state and national disease patterns.
2. Learning more about the needs and priorities of their patients and the local population.
3. Highlighting the areas of unmet need and providing a clear set of objectives to work towards meeting these needs.
4. Deciding rationally how to use resources to improve their local population's health in most effective and efficient way.
5. Influencing policy formulation in health,
6. Help in identifying inter-agency collaboration
7. Help in conduct of research in research and
8. development priorities

Information gained from on health need assessment is the basis for designing and implementing programme of health and healthcare that is acceptable and accessible to the Local Community as is based on evidence

of cost-effectiveness. It is also the primary means of allocating scarce health and public health resources to individual and communities with the greatest need.

3.1.2 The use of health need Assessment

1. **Planning:** This is the central objective of need assessment, to help decide what services are required, for how many people, the effectiveness of the service, the benefits that will be expected and at what cost.
2. **Intelligence:** Gathering information to get an overview and an increased understanding of the existing healthcare services, the population it serves and the population's health needs.
3. **Target Efficiency:** Having assessed needs, measuring whether or not resources have been appropriately directed.
4. **Involvement of Stakeholders:** This is carrying on health need assessment, can stimulate the involvement and ownership of the various players in the process.
5. **Equity:** Improving the spatial allocation of resources between and within different groups. Equity may be horizontal or vertical. The horizontal equity is concerned with the equal treatment of equal needs irrespective of socio-economic background. This means that to be horizontally equitable, the healthcare allocation system must treat two individuals with the same complaint in an identical way. While vertical equity is concerned with the extent to which individuals who are unequal should be treated differently. This means unequal treatment for unequal need in order to achieve equal health status.

3.1.3 Needs

Needs is a critical concept in the pursuit of efficient healthcare and is equally critical to the development of services that are equitable. In healthcare need has a variety of meanings that may change over time, so it is not surprising that different groups of health professionals refer to needs assessment in different ways. There are four types of health needs:

1. **Normative Needs**: This is distinguished by professionals such as vaccination.
2. **Felt need**: Wants, wishes and desires of the community or individuals
3. **Expressed needs**: Vocalized needs or how people use services.
4. **Comparative need**: These are needs arising in one location may be similar for people with similar socio-demographic characteristics living in another location.

In public health context health need exists only if there is capacity to benefit from the particular health care service. So, need is different from demand, which arise when someone with a need for care expressed it. Need is a measurable change in health status attributed to the intervention. Health demand is what people ask for. It is not necessarily what they need. They may not benefit from their demand. Health supply is the healthcare interventions and services that are available to the population, including the resources that made it available. Health supply depends on the interests of health professionals, the priorities of politicians and the amount of many available.

3.2 Health Need Assessment Approach

There are four approaches that could be used for need assessment, they are:

1. **Epidemiology**: The advantage of this approach is that it gives overall figures of numbers likely to have specific problems.
- It is relatively quick and easy.
- It identifies the broad range of clinical conditions.
- It is systematic and objective.

The disadvantages are:
- It assumes uniform prevalence, although can be weighted for known risk factors.
- It is only possible for some conditions where there is straightforward means of identification.
- There is frequent lack of existing local epidemiological data and lack of evidence for certain interventions.
- It is costly and time consuming.

2. **Comparative:** The advantages are:
- It sets local service provision against national norms.
- It is good for identifying inequalities.
- It uses existing data and multiple sources of information.

The disadvantages are:
- The relationship is unclear between provision, utilization of services and actual needs.
- It assumes that the intervention rate in the area where it is higher is the correct one.
- It fails to take account of difference rates or of previous treatment.

3. **Corporative:** The advantages include:
- It involves local healthcare providers and local people.
- It is responsive to local concerns and fosters local ownership of the issues.

The disadvantages are:

- If carried out in isolation, many determine demands rather than needs and stakeholder concerns may be influenced by the political agenda.
- Risk legitimizing existing patterns area of care that many have little rational basis.

4. **Rapid Appraisal**: the advantages are:

- It is good for community profiling.
  Highly participative

Health need assessment is defined as a systematic method of reviewing the health needs and issues facing a given population, leading to agreed priorities and resource allocation that will improve health and reduce inequalities (HAD 2005).

Information gained from on health need assessment is the basis for designing and implementing programme of health and healthcare that is acceptable and accessible to the Local Community as is based on evidence of cost-effectiveness. It is also the primary means of allocating scarce health and public health resources to individual and communities with the greatest need.

SELF-ASSESSMENT EXERCISE

Define health need assessment

3.3 Steps of Health Need Assessment of Project

1. Step 1: Getting started

The aims of this step are;

- Identify the population.
- Identify what is to be achieved.
- Identify the needs.
- Identify resources that are required
- Identify the risk.

The outcomes of this step include:

- State clear definition of the population that are to be assessed and rationale for the assessment and its boundaries.
- Agreement to proceed with allocation of resources required for the project.
- Identify the project lead and steering group.
- Policing the project in place with timescales for each task.

2. **Step 2: Identifying health priorities.** The aims of this step include:

- Population profiling
- Gathering data
- Perceptions of needs
- Identifying and assessing health conditions
- Identifying determinant factors.

The outcomes for this step are:

- List of health priorities identified for the profiled population with a profile of these issues.
- Using the impact and changeability as explicit criteria.
- Determine limited number of overall health priorities.
- Check these with the steering group and other stakeholders.

3. **Step 3: Assessing a health priority for action**:

The aims of this step are:

- Assessment of a specific health priority for action.
- Determining effective and acceptable interventions and actions.

The expected outcomes are:

1. Select factors that have most significant impact on health functioning for the selected priority.
2. Focus the action on reducing health inequalities for the health priority.
3. Acceptable and cost-effective actions to improve the selected health priority are identified.

Step 4: Planning for change: The aim of this step are to

- Clarity aims of intervention.
- Action planning
- Monitoring and evaluation strategy
- Risk management strategy

The expected outcomes of this step are:

- Agree on aims, objectives, indications and target.
- Set out the actions and tasks needed to undertake to achieve the aims and objectives.
- Agree on how to evaluate the programme.
- Identify the risk and how to manage them.

Step 5: Moving on/Review

The aims of this step are:

- State what is learnt from the project.
- Measuring impact.
- Choosing the next priority.

The outcomes of this step include:
- What went well and why?
- What did not went well and why?
- Is there any further action required?

SELF-ASSESSMENT EXERCISE

Outline steps in health need assessments

3.4 Community Health Need Assessment

The community health need assessment is a process that described the state of health of local people that enables the identification of the major risk factors and causes of ill health and actions needed to address these. Health profiling is a method by which needs are assed and used mainly quantitative data. The health profile information includes:

1. Characteristics of the population
- Geography
- Number
- Age distribution
- Gender distribution
- Ethnicity and religion
- Population trends
- Educational factor

2. **Health status of population**
- Mortality
- Morbidity
- Low birth weight
- Disease prevalence
- Health behaviours
- Use of local health services

3. **Local Factors affecting work and employment**
- Poverty and income
- Environment
- Transport
- Access to leisure services

4. Health concerns and priorities of the Local Community
- Interviews
- Focus groups
- Community/residence survey

5. Local and national priorities and targets

The purpose community health analysis is to identify the key issues that the organization is to address.

3.4.2 The Framework for Community Assessment

Swot Analysis: This is an analysis of strengths, weakness, opportunities and threats. It provides a simple framework to evaluate the current public health services.
Strengths are aspect of public health which are delivered well and are meeting the needs of the local population, **Weaknesses** are aspects which are not achieving targets or making a difference to public health. Strengths and weaknesses often relate directly to the internal environment of the organization in terms of how well current resources are being used in the delivery of public health.
Opportunities are those aspects thatcan only be capitalized upon if there are sufficient and appropriate resources to meet the challenges posed. **Threats** arerelate to the aspect that the capabilities to deal with the problem do not exist. Opportunities and threats are related to the external environment of the organization.
Swot analysis is normally presented as a matrix and should be limited to those factors that have most impact so that attention can be concentrated upon them. Factors identified through the SWOT analysis many fit into more than one category, so something that is seen as strength may also be identified as a threat. The SWOT analysis aims to identify internal strengths to take advantages of external opportunities and to avoid threats whilst addressing weaknesses.

SELF-ASSESSMENT EXERCISE 4

Describe the use of SWOT analysis

Pestel Analysis This is related to the following factors:
Political, Economic, Socio-cultural, Technological, Environmental and Legal factors that provide a framework to analyze and categorize environmental influences impacting upon public health.

A PESTEL analysis enables the identification of public health opportunities provided by environmental conditions as well as current or emerging threat.

The SWOT and PESTEL analysis provide a view of how well the current public health strategy is being achieved and what the future challenges may be. In order to develop a meaningful public health strategy, a need assessment will also be undertaken.

Combining Swot And Pestel Analysis To Teenage Pregnancy

Strengths		**Weakness**	**Opportunity**	**Threats**
Political	Existing policy from work	Socio-cultural influence	Partnership and collaboration working practices	Lack of community engagement
Economic	Reduce cost of health	Might come from new finance	Cross boundary commissioning	Reduce functioning
Socio-cultural	Building for the future, young people, friendly, positive life style	May perpetuate social boundaries, entire negative belief	Positive influence and healthy life style choice	Misunderstanding of the purpose
Technology	To utilize modern advances in the field	Technology increase cost	More efficient and effective services	Lack of knowledge and skills
Environment	Facilitators that are accessible and equitable	High cost due to location limited interagency working	To be part of community infrastructure bored on local needy	Negative press
Legal	Meets trust performance targets	Preventing objections	Promote positive understanding of the law	Risk assessment could restrict the development

3.5.1 Healthy Community

Health protection is a branch of public health that seeks to protect the public from and limit exposure to hazards that may be harmful to health. It is concerned with the prevention, investigation and control of infections as well as environment hazards. Health protection is also concerned with readiness for emergency situations that may impact on human health, including act of terrorism and the deliberate release of hazardous agents. Public health nurses are involved in health protection through a variety of primary, secondary and tertiary interventions aimed at reducing the incidence of diseases and its consequences and of promoting wellbeing in affected individual or group.

The Community/Public Health Nurse is concerned with the health of the individual, the family, populations and the community. A healthy community is one which residents are happy with their choice of location and which exhibits characteristics that would draw others to the location.

3.5.2 Characteristics of Healthy Community

The component or characteristics of a healthy community include:

- Low crime rate.
- Good school
- Strong family life
- Robust economy (good job)
- High environmental quality
- Accessible quality health services
- Adequate housing
- Civic involvement
- Nice weather
- Good transportation
- Leisure activities
- Exposure to the arts
- Reasonable taxes

Screening is the process of using clinical test and/or examination to identify patients who required diagnosis and additional health-related interventions. The goal of screening is to differentiate correctly between persons who have a previously unrecognized illness, developmental delay or other health alteration and those who do not. Screening recommendation most often used for health screening events and routine health care appointment are based on clinical research and evidence-based preventive care.

SELF-ASSESSMENT EXERCISE 5

List the characteristic of healthy community

3.6 Application of Gordon's Health Functional Pattern in Public-community Heath Assessment

Gordon's health Functional pattern includes:

3.6.1 Health perception- health management patterns:

According to Gordon (2008) health perception – health management patterns should be assessed because it verifies family and community perception of their medical problems and help to clarify misconception and adherence to the therapeutic regimen. It also helps to identify health behaviours and other values that promote or impede proper health behaviours.

Family assessment; It involves current health and well-being, health risk and disease management, age-appropriate immunization and health care utilization.

Characteristics of at-risk family in this pattern include
- History of absent from school by children in the family
- Absent from work by adults in the family
- Low income and
- Over crowding
- Low age appropriate immunization coverage

Nursing diagnoses: - Ineffective family therapeutic regimen management, Readiness for enhanced immunization status. Here the nurse take action to integrate into the family processes a programme for treatment of illness.

Community assessment: -The nursing assessment focuses on
- Health education programme and activities
- Hospital, clinic and related organization
- Future health planning
- School health programme

The characteristics of community at risk in this pattern are
- History of epidemic
- Heavy industries
- Disaster
- High accident rate
- Bad road condition
- Poor health facilities
- Inappropriate food handling
- No on-going health promotion activity
- Low ratio of health professional
- High alcohol drinking pattern
- High drug use
- High incidence of sexually transmitted disease.

Nursing diagnosis
- Ineffective community therapeutic regimen management.

Plan to integrate into community programmes what will help to improve treatment of illness and eliminate unsatisfactory methods.
Tips; Consider the culture of the people and use community representatives for interview.

3.6.2 Nutrition-metabolic patterns

Family Assessment: -The assessment should focus on

- Family pattern of food and fluid intake
- The presence of household member during mealtime
- Dietary restrictions and related problems
- Use of food aids
- Available food types
- Food storage,
- Meal preparation
- Family menu
- Water supply and storage system

Family at risk in nutrition-metabolic pattern

The characteristics of family at risk are
- Low income
- Deficient knowledge of daily nutrient requirement
- Frequent use of fast-food meals by the members
- Presence of malnourished member

No Nursing diagnosis for family

Community assessment: - Focus on
- Water supply
- Food hygiene
- Nutritional needs of the population
- Available food commodities

Characteristic of community at risk; include
- Inadequate financial resources
- Lack of regulation of food handling
- Lack of food inspection and supervision
- High rate of infant malnutrition
- Displaced people

No nursing diagnosis for community

SELF-ASSESSMENT EXERCISE 6

Using Gordon typology to assess community with nutrition-Metabolic patter

3.6.3 Elimination Pattern

Elimination pattern of a family involves handling of wastes and disposal of hazardous and non-hazardous material which has to be disposed in a way that do not risk or contaminate the environment.

It is focused on

- Family disposal of garbage
- Disposal of human and animal waste and related hygiene practices

Characteristics of family at risk
- Lack of toilet hygienic practices
- Improper animal waste disposal
- Inadequate water for dish washing and other domestic activities
- Open garbage that attract files

Nursing diagnosis; Risk for infection and risk for contamination

Community assessment; focus on
- Community industrial waste
- Auto emission
- Contamination of underground water
- Workers exposed to chemicals

Characteristics of community at risk
- Underdeveloped sanitation codes
- Absence of laws protecting food, water supply and environment
- History of industrial air, water and environmental pollution

Nursing diagnosis
- Risk for contamination,
- Impaired elimination pattern,
- Ineffective Refuse Disposal System

3.6.4 Activity – Exercise Pattern

Activity – exercise describes family pattern of activities, exercise, leisure and recreation. It includes how the family budgets time and resources in order to organize its activities of daily living such as working, dependent care, self-care, cooking, shopping, cleaning and home maintenance.

Family at risk
The characteristics of family at risk in this pattern are
- Time constrain e.g. job
- Knowledge deficit on time management

- Fatigue
- Members with disability
- Insufficient budgeting of family finances
- Low income

Area to focus on nursing assessment

- Shopping pattern
- Schedule keeping for members – children activity
- Meal preparation
- House keeping
- Budgeting for food, clothing and holiday

Nursing diagnosis

No family diagnoses but the following are relevant for family in child-bearing age.

- Developmental delay in self-care skill

Community assessment:-

Activity – exercise pattern describe the type, quantity and quality of leisure and recreation program available to various age groups in the community. These include.

- Senior centre
- Teenage recreation centres
- Housing and transportation
- Amusement park
- Zoo
- Botanical gardens

At risk community:-The characteristics of at risk community include

- High crime rate that restrict movement
- High rate of juvenile delinquency
- Low rehabilitation services
- Inadequate transport system
- Inadequate community centers
- Inadequate playground
- Housing-low income – high income
- Cultural programmes (community festivals)
- Environment friendly for handicaps

No community diagnoses in this pattern

3.6.5 Sleep – rest pattern

Family assessment: - The problem of sleep-rest pattern may arise from environmental factors such as

- Sleeping arrangements
- Sleep interruptions
- Outside noise
- Patterns of life of family members
- Night-time routine

The characteristics of family at risk include
- Disorganized lifestyle
- Living in overcrowded housing
- Members who do shift work
- Nocturnal neighbourhood activities

Focus on assessment
- Preparing for work and school
- Sufficient space
- Quiet, dark sleeping space available
- Young baby in family
- Enough time to sleep

Nursing diagnoses; Disturbed sleep,
Community assessment
The assessment is focus on environmental factors and should be obtained from the residents and it can also be observed in the environment to see if it is conducive for sleep and rest.

At risk community: - The characteristics of at risk community in the pattern of rest-sleep include
- Housing built along a major highway or bust city street
- Housing built near an airport
- Housing built on late-closing commercial areas.

Housing diagnoses – none yet

3.6.6 Cognitive – perception pattern

Family assessment
The assessment of family on cognitive-perception pattern is focus on
- Family patterns of problem – solving and decision making
- Information and information gathering strategies.

Family identity include
- Nuclear family – parent and children
- Extended family – relations

Family self-esteem include
- Quality of relationship
- Cohesion of member
- Concern for each other

Family self-competency is ability to handle
- Daily activities
- Financial matters
- Plan for the future
- Family stress

At risk family: - The characteristics of at risk family include
- Financial difficulty
- Drug abuse
- Alcohol abuse
- Homelessness
- Members of a minority cultural group

Nursing diagnoses; Ineffective Impulse control,
Community Assessment: The self-perception self-concept pattern describes community members perception of community self-image, identify and stability. This includes amount of culture, age, racial, and socioeconomic diversity of the community and attitude toward minority groups within the community.

Community at risk: The characteristic of at risk community in this pattern include:

- High crime rate
- Littering of street
- Changing demography
- Racial or ethnic tension
- Unemployment
- Teen suicide
- School bullying
- School dropouts

No community diagnosis

3.6.7 Role-Relationship pattern

Family Assessment
In the family, relationships vary in intimacy and roles. Roles vary according to the position in the family like.

- Father
- Mother
- Marital status
- Socio-political position

Traditionally family provides an environment for individual growth and development with focus on
- Physical
- Psychological
- Moral and
- Spiritual well being

Family of risk: the characteristics of at risk family include
- **Family members with a diagnoses of terminal illness**
- Death of a family member
- Immigrant family with lack of pre-departure support
- Recent retirement
- Divorce or separation
- History of domestic violence or abuse
- Prolonged caregiving to a member

Nursing Diagnosis
- Interrupted family process (specify)
- Dysfunctional family process (Alcohol, psychosocial etc)
- Readiness for enhanced family process,
- Disorganized family behaviour

Community Assessment: The assessment on this pattern focus on
- Opportunities for community to provide social amenities
- Composition of community includes age group ethic group and racial group.
- Relationships among ethnic, racial and age group
- Resources including natural resources, and healthcare
- Law and regulation that govern role-relationships that maintain the structure of the community.

At risk community: The characteristics of community at risk includes
- History of ethnic or racial problems or violence
- Isolation of ethnic or racial group
- Tensed relationship amount groups
- People feeling powerless over political issue that affect their lives
- Lack of community senior centre
- Lack of spiritual programmes
- Inadequate mental health services
- High rate of school dropouts
- High divorce rate

3.6.8 Sexuality-Reproductive pattern

Family Assessment: the family sexuality-reproductive pattern focuses on
- Martial relationship
- Sexual relationship
- Family planning
- Ability to educate and counsel children on sexual matters

Family at risk: The characteristics of at risk family include
- History of domestic violence
- Verbal abuse

- Present loss of significant other
- Death of a child
- Knowledge deficit regarding sex education
- Lack of privacy in the home
- Stress from job,
- Family finances
- Chronic illness of a member
- No specific nursing diagnosis

Community Assessment: Social, cultural, religious diversity and national, state and local laws affect the community in many ways such as

- Selling printed materials
- Pornographic video
- Acceptability of radio and TV content
- Abortion laws
- Marriage licensing and age allowed
- Sex education
- Reproductive issues

Community of risk: the characteristic of at risk community in this pattern include

- Increasing member of teen pregnancies
- Few community controls on adult entertainment including movies,
- Insufficient crime preventive measures
- Lack of organized crimes control centres
- Insufficient prevention and treatment clinic for STDs
- High rate of divorce

No specific Nursing diagnosis

3.6.9 Coping-stress tolerance pattern

Family assessment

Family mobilizes human and materials resources enable members to withstand stressors when the occur, family may involve through

- Role relationship changes within the family
- Formally dependent members assume caregiving role
- Calling upon social network and community resource for assistance

The nurse should focus on

- Current stresses on family function
- Coping strategies available
- Effectiveness of the coping strategies

Family of risk: The at risk family is characterizing by

- Lack of time for interaction or communication
- Financial problems

- Multiple stresses within a short period
- Overwhelming responsibilities
- Unresolved needs like food, clothing and housing
- Illness or disability of a member

Nursing Diagnosis
- Compromised family coping
- Disabled family coping
- Readiness for enhanced family coping

Community Assessment
Community coping involves mobilizing people and materials to deal with the problem. The community

- Minimize the possible event
- Planning for event
- Mobilize resources

The stressor may a disasters like
- Tornadoes
- Hurricane
- Coal mine disasters
- Large inducting accident
- Terrorist attacks
- Volatile demonstration

Community at risk
Characteristics of at risk communities include
- Political conflict interfering with law and order
- Inadequate financial resources
- Inadequate training of health-care providers for emergency
- Community feeling helpless to a problem
- Inadequate emergency medical system, including police and fire services
- High crime rate
- Lack of respect for constituted authority
- Inadequate communication infrastructure for handling major community stressors

Nursing Diagnosis
- Ineffective community coping
- Readiness for enhance community coping

3.6.10 Value – belief pattern

Family Assessment
Family assessment should focus on values and beliefs of the family.
The family has the responsibility for passing on to children

a. Cultural and moral values
b. Spiritual values and beliefs
c. Family tradition
d. Meaning and value of relationships
e. Interconnection of family members
f. Meaning of family life

Spiritual values can give hope and comfort during family transitional, physiological or psychological crises situation.

Family at risk: at risk family is characterized by

- Single-parent family without
- Extended family support
- Recent death of a family members
- Drug alcoholic abuse issues
- Poor family and neighbourhood role
- Recent retirement of family members
- Social rejection or alienation
- Terminally ill family members
- Family member with depression

Nursing diagnosis; hopelessness, spiritual distress, Readiness for enhanced spiritual well-being

Community Assessment
The focus is on

- Provision of spiritual support through building worship centers
- Provide opportunities for people to get to know each other and serve as support system for each other when necessary
- Supporting business that serve needs and values of the community
- Facilities development projects

Community at risk
The characteristics of at-risk community are

- conflict among adult
- lack of concern for community aesthetics such as flowers and clean street
- lack of support for libraries, museums and cultural resources
- discriminatory practices
- lack of support to community organizations

No community diagnosis

SELF-ASSESSMENT EXERCISE

List the types of needs

4.0 SUMMARY

Proper assessment leads to correct diagnosis. These assessment methods are presented here to help you carry of proper diagnosis of community needs. You can only care for what you understand.

5.0 CONCLUSION

This unit has presented to you way to identify the health needs of communities. When need are properly identified, it becomes easier to find the solutions to it.

6.0 TUTOR MARKED ASSIGNMENTS

1 Outline the uses of health need assessment and types of health needs
2 Discuss different health assessment approaches
3 Describe steps of assessment of health need project.
4 Describe the use of SWOT and PESTEL analysis.

7.0 REFERENCES/ FURTHER READING

Marjory Gordon (2008) Assess Notes: Nursing assessment and Diagnostic Reasoning. E A Davis Company Philadelphia.

UNIT 2 COMMUNITY HEALTH PLANNING

1.0 INTRODUCTION

Health planning is a continuous social process by which data about clients are collected and analyzed for the purpose of developing a plan to generate new ideas, meet identified client needs, solve health problems and guide changes in healthcare delivery.

2.0 OBJECTIVES

By the end of this unit you are expected to:

- Discuss nursing process as applied to public health nursing
- Identify steps involved in planning community project
- Make community Diagnosis
- Identify Community Planning Group
- Conduct community programme evaluation
- Discuss steps in evaluation of programme plan.

3.0 MAIN CONTENT

3.1 Community Health Programme planning

A population –focused health planning is the application of a problem-solving process to a particular population. In population-focused health planning, communities are assessed, needs and problems are prioritized, desired outcomes are determined and strategies to achieve the outcomes are delineated.

Population-focused health planning can range from planning health care for a small group of people to planning care for a large aggregate or an entire, city, state or nation. Increased costs have placed heavy demands on the healthcare system which makes health planning essentially economically focused. Nursing process describe the components of and steps used in programme planning, the types of interventions appropriate for the community level, and the responsibilities of a public –community health nurse in planning and implementing care with population. The nursing process is dynamic as the needs of community are dynamics.

Assessment and analysis	Diagnosis	Planning	Implementation	Evaluation
It includes community members in process	It identifies health issues and problems	Involve community leaders	Select intervention. Health education Screening Direct health service	Outcome Community

3.2 Steps of Program Planning in Community Health

The planning process consists of a series of specific steps. Occasionally, several steps may be taking simultaneously or they may occur in slightly different order. The steps are as follows:

1. Assessment
2. Diagnosis
3. Validation
4. Prioritization of need
5. Identification of the target population
6. Identification of the planning group
7. Establishment of the programme goal
8. Identification of possible solutions
9. Matching solutions with at risk aggregates
10. Identification of resources
11. Selection of the best intervention strategies
12. Delineation of the intervention work plan.
13. Delineation of the intervention work plan
14. Planning for programmes evaluation.

Steps 8 to 14 are called operations planning. It should be noted that these 14 steps are included in the nursing process.

3.3 Community Diagnosis

After analyzing the data, the next step is to make a definitive statement (diagnosis) identifying what the problem is or the needs are. Nursing diagnosis for communities may be formulated based on the following issues:

1. Inaccessible and unavailable service.
2. Mortality and morbidity rates
3. Communicable disease rate
4. Specific population at risk for physical or emotional problems
5. Health promotion need for specific populations
6. Community distinction
7. Environmental hazards

3.4 Identification of the Planning Group

The nature and extent of the community's needs determine who should be involved in developing the plan. Consideration should be given to:

1. Persons for whom the plan is designed, that is, the target population.
2. Those who are concerned with health problem.
3. Those who appear best able to contribute resources to the plan.
4. Those who are most likely to follow through in carrying out the plan of actions.
5. Leaders of the groups e.g women leaders
6. Political leaders
7. Religious leaders

3.5 Community Programme Evaluation

Evaluation is the process by which a nurse judges the value of nursing care that has been provided. Public community health nurse seeks to determine the degree to which planning were achieved and to describe any unplanned results.

The purpose of evaluation is to facilitate additional decision making. Evaluation is based on several assumptions;

- That nursing actions have results, both intended and unintended.
- That nurses are accountable for their actions and care provided and
- That different set of actions results in resources being used differently.
- Evaluation involves two parts
- Measurement and
- Interpretation

In nursing process, the idea of measuring is to be sure if planned goals were achieved. This is the same as if results are outcome attainment, performances evaluation, results of effort and Evaluation of effectiveness. The result may also be described appropriate i.e. suitable for a particular occasion or use.

- Adequate – able to fill a requirement.
- Effective – producing an expected results

Evaluation of effectiveness of care that takes place after the interventions have been performed is known as summative evaluation while formative evaluation is evaluation that occurs throughout the nursing process but before the outcome of care.

3.6 Steps in Evaluation

Plan the Evaluation:

1. Review goals and objectives
2. Meet with stakeholders to identify which evaluation questions should be answered.
3. Develop a budget for evaluation.
4. Determine who will conduct the evaluation.
5. Develop the evaluation design (what will be done)
6. Decide which evaluation instruments will be used to collect information.
7. Analyze how the evaluation questions relate to the goals and objectives.
8. Analyze whether the questions of stakeholders are addressed.
9. Determine when the evaluations will be conducted (develop a timeline)

Collect Evaluation Data

10. Develop specific processes for collecting data through questionnaires, review of records or documents, personal interviews, telephone interviews and observation.
11. Determine who will collect the data.
12. Pilot the data collection instrument.
13. Refine the instruments based on data from the pilot.
14. Identify the sample of persons from whom evaluation data will be collected.
15. Collect the data.

Analyze The Data

16. Determine how the data will be analyzed.
17. Determine who will analyze the data.
18. Analyze the data, generate several interpretations and make recommendation.

Report The Evaluation Results

19. Determine who will receive results.
20. Determine who will report the findings
21. Determine format for the report, including and executive summary.
22. Discuss how the findings will affect the programme.
23. Determine which findings will be included in the report.
24. Distribute the report.

Implement The Results

25. Plan how the result will be implemented.
26. Identify who will implement the result.
27. Determine when the result will be implemented (develop a timeline).

SELF-ASSESSMENT EXERCISE

How will you evaluate community project?

3.7 Health Risk Appraisal

The health risk appraisal is a method for estimating an individual's health threat due to demographic behavioral and personal characteristics. The personal risk profiles are developed based on information from laboratory and other assessments.

One goal of the health risk assessment is to collect and organize personal data to provide an accurate, individualized assessment of risk factors that may lead to health promotion. A second goal of health risk assessment is to stimulate the necessary behavioral changes that may reduce health risk.

3.8 Screening

Screening is the process of using clinical test and/or examination to identify patients who required diagnosis and additional health-related interventions. The goal of screening is to differentiate correctly between persons who have a previously unrecognized illness, developmental delay or other health alteration and those who do not. Screening recommendation most often used for health screening events and routine health care appointment are based on clinical research and evidence-based preventive care.

SELF-ASSESSMENT EXERCISE

List the steps in planning of community projects

4.0 SUMMARY

After proper assessment, what follows is planning, then implementation and evaluation. The steps in planning, implementation and evaluation has been presented to you. This steps if well followed you will help you meet the needs of the community where you work.

5.0 CONCLUSION

This focused on helping you to gain a good knowledge of health program planning in the community where you are working. The steppes to follow in planning were presented.

6.0 TUTOR-MARKED ASSIGNMENTS

1. Discuss nursing process as applied to public health nursing
2. Identify steps involved in planning community project

7.0 REFERENCES/FURTHER READING

Guest C, Ricciardi W, Kawachi I and Lang I (2013); Oxford Handbook of Public Health Practice. Oxford University Press.

Maurer F A and Smith C M (2013) Community/Public Health Nursing Practice. Health for community and populations. ELSEVIER Inc.

MODULE 2 COMMUNITY INTERVENTIONS

UNIT 1 ANTHROPOMETRY

CONTENTS

1.0 INTRODUCTION

Growth Monitoring is a simple prevent way to identify the child is growing. It is used at the time growth is fastest which is first 36 months of life. Growth monitoring refers to regular assessment of the growth of children through weighing in the presence of the mother/caregiver from birth to five years to detect deviation from normal growth and the application of appropriate interventions.

2.0 OBJECTIVES

By the end of this unit you should be able to

- Describe growth development and monitoring
- Discuss nutritional assessment
- Determine Body Mass Index
- Discuss management of malnutrition

3.0 MAIN CONTENT

3.1 Growth Monitoring

Growth monitoring begins immediately after birth by taking the birth weight. The birth weights form the base line for growth monitoring. It shows underweight, overweight and or normal weight gain. This is done on a regular basis using road-to health chart. It is used until the child is five years (i.e. pre-school age). As a child grows, he gains weight so long as he remains healthy. Malnutrition and diseases disrupt this process of growth and can abnormally increase or decrease the weight. The kind of scale used depends on the age of the child. For example, for infants and young children 0-24 months, hanging scales is used in the rural areas where there is no Salter bowl type scale. For older children, bathroom type scale can be used.

Implementation of Growth Monitoring
Before a child is weighed, correct and accurate age to the nearest months of birth (birth month) should be determined from birth records. The growth charts were designed for mothers and families as means of communication between them and the health workers. It is a home-based records that need to be brought along with her to the health facilities whenever she has an appointment.

- Weights of children are taken on regular (monthly) intervals and plotted against the age (in moths) by joining the monthly Dot(.) made on the growth chart.
- The month is written in full (i.e. November, October)
- He chart is for use during the first five years of the child's life
- The graph has two weights-for-age curves or lines.
- The Upper one represents the 50^{th} centile (for boys) and lower, the 3^{rd} centile (for girls).
- The space between the two is called the "ROAD TO HEALTH" which most healthy children are expected to follow.
- In addition to the two standard curves described, some graphs may have a third curve, the 97^{th} centile.
- The shape of the curve of the normal healthy child's growth line is similar to that of the reference lines on the growth chart. The slope of the growth line is then compared with the normal average growth curve already printed on the card.

There are three shapes or three reference curve directions for growth monitoring which must be recognised and their implications understood.

(a) Upward direction : Good. The child is gaining weight and growing well (normal development). The mother should be commended.

(b) Horizontal or flat line : Warning sign. Child is not gaining weight (static). Growth has flattered. Something is wrong and requires investigation.

(c) Downward line: Very dangerous. Weight does not rise above the lower line. Child is losing weight. Very abnormal and urgent action must be taken. As and check for infection (treat if present). Breastfeeding and complimentary foods, personal and environmental hygiene are advised as appropriate.

As a guide, weight between 80-100% of the standard reference is good. Weights between 60-80% are referred to as underweight and such a child is said to be at risk of malnutrition. If a child's weight is < 60% of normal standard weight, he is said to be malnourished. He is either suffering from marasmus or kwashiorkor.

To be able to get the above percentage (%) is used

$$\frac{\text{Actual age of the child}}{\text{Standard Weight}} \times 100$$

3.1.2 Height Measurement

It is used to estimate the rate of growth of the individual and correlate the relation of height with general health.

The implementation includes the following:

- Inform the mother about the procedure and gain consent
- Lay the child on a flat even surface like table
- Hold the head and heel firmly
- Place two books or any flat non injurious objects one each at the head and heel level.
- Instruct the mother to remove the infant
- Place a measuring tape between the two blocks and measure height
- Record the height and inform the mother

To measure school children and adults

- Inform the client about the procedure and gain consent
- Instruct the client to stand against a wall on a flat surface or against the height rod with his feet together, arms and hands down, head erect and eyes straight, without footwear, feet parallel and heels, buttocks, shoulders and back of head touching the wall.
- Place the ruler on top of the head level and mark the area with pencil where the ruler touches the head.
- Instruct the client to move away from the area marked.

- Measure from ground level to the marked area with a measuring tape or if a height is used, read the measurement that appears at the point where the ruler touches the head.

3.2.1 Nutritional Assessment

Nutrition is the provision of energy and essential nutrients to maintain optimal growth and development. An adequate diet contains all kinds of food in the right proportion. To remain healthy, an individual (child, adolescent and adult) must have the right amount and kind of food. Inadequate diet may result in under nutrition, overweight or obesity (mal nutrition) there are four elements of nutritional assessment. These include the following:

- Biochemical data such as Hb, PVC and urinalysis
- Clinical data such as information about individual's medical history which include acute and chronic illness, diagnostic procedures or treatment which can increase or decrease nutrients.
- Dietary data taken during a nutritional interview about the meal taking during previous day previous twenty four hours. Estimating portion or size of food is difficult.
- Anthropometric measurement such as weight, height, write circumference, skinfold thickness, mid upper arm circumference, chest and head circumference are carried out for assessing the level of malnutrition in children while the body mass index (weight and height^2) in adolescents and adults.

3.2.2 Measuring The Mid-Upper Arm Circumference (MUAC)

Mid-Upper Arm Circumference is age independent measurement to assess the nutritional status or to screen malnutrition in children between ages one and five years. Measuring the mid-upper arm circumference is one of the direct anthropometric techniques of assessing the nutritional status of children between 1-5 years of age. It is one of the cheapest, easiest and quickest techniques. The MUAC changes with about 1cm or less from 1-5 years regardless of the sex of the child. At birth, it is between 7 and 9 centimeters and increases minimally in diameter between the first and fifth birthdays in healthy normal children. Any child whose MUAC is below 14.6centimeters within 1-5 years of age is undernourished.

The device for the measurement of MUAC is called SHAKIR strip (named at the developer) or MUAC tape. MUAC strip can be made from old X-ray films (previously washed). At its simplest form, the strip has a zero mark and three areas marked by colours green, yellow and red. "Green" signifies healthy baby, colour "yellow" indicates

caution/warning and that the child is not getting enough and not growing well. The colour "red" is generally noted for danger.

The three colours of the strip can be effectively used as nutrition educational tool for mothers. The colour "green" can be used to give information to the mothers on locally available food stuffs and encourage the mothers to give green leafy vegetables, yellow colour signifies the need to give food and fruits such as pawpaw, mangoes, pineapple, banana, yellow yam, oranges, and other yellowish fruits. Reds colour indicates the need for reddish foods such as palm oil, tomatoes, as good sources of carotene.

Implementation
Nurses implementation include:

- Collect appropriate requirements needed including Shorka's strip
- Greet and explain to the mother the reasons for using the MUAC strip/tape
- Ensure mother is well seated with the child on her laps
- Give the MUAC tape/strip to the child to examine or hold before applying it
- Push up clothing from the left arm
- Allow arm to hang freely
- Locate the middle point by measuring the length between the tip of the should (acromion) and the elbow (olecranon) of the left arm using non-stretchable fibre tape as the arm hangs freely.
- Place the MUAC tape/strip round the middle of the upper arm at the marked spot (i.e.mid-way).
- Put the end of the tape through the small slot in the wide of the tape
- Pull the tape/strip firm but not too tight that it pinches or pull the skin
- Read and record the colour where the tape/strip intercepts the original marked line on the strip (in-between the arrows)
- Counsel the mother accordingly to the result of the MUAC Tape (Nutrition Education).
- Green-Normal (commend good efforts)
- Yellow-Warning sign (child requires attention)

Red – Danger sign (child needs immediate attention with follow-up instructions on nutrition, personal and environmental hygiene and immunization.

3.3 Body Mass Index

Body Mass Index (BMI) can be described as a reliable indicator that measures generalized body fatness for adult adolescents and children. It is calculated by dividing the weight (kg) by height (m) squared. The average normal BMI for men and women is 24.99kg/m^2. Anything above 25kg/m^2 but less than 30.0 is regarded as overweight and when it is above 30 but less than 40, regarded as morbid obesity. The BMI for children and young adults' age 2 t0 20 years is expressed in percentiles. Regardless of gender when the BMI falls below the 5^{th}, it is referred to as underweight, when it is between the 5^{th} percentile and less than 85^{th} percentile, it is within healthy weight. When it is within 85^{th} but less than the 95^{th} percentile the classification is overweight and when the BMI for boys and girls 2 to 20 years can be numerically classified.

BOYS 2 T0 20 years	Girls 2 to 20 years
<14.8- Underweight	<14.4 – Underweight
14.8 – Healthy weight	14.4 – 18.0 Healthy weight18.4
– 19.2 Overweight	18.0 – 19.0 Overweight
>19.4 – Obese	>19.0 – Obese

BMI Formula= $\frac{\text{Weight in kilogrammes}}{\text{Height in metres}^2}$

The interpretation is as follows:

Less than 20	-	Inadequate nutrition
20 – 24	-	Normal
25 – 29	-	Overweight. Possibly obese
30 – 39	-	Moderately obese
40 and above	-	Grossly obese

3.4 Infant and Young Child Feeding

Infant and young child feeding (IYCF) encompasses the set of feeding practices needed to prevent malnutrition. These practices are essential for the nutrition, growth, development and survival of infants and young children. Breast feeding should be initiated within 30 minutes of delivery and infants should be exclusively breastfed for the first six months of life and thereafter breastfeeding should continue up to two years and beyond while safe complementary foods are introduced at six months after delivery.

Inappropriate breastfeeding practices are a major factor contributing to infant and child mortality in Nigeria. Children from 0-6 months who are not breastfed have five and seven times higher risk of dying from

pneumonia and diarrhoea respectively. In addition, these children are at higher risk of developing non communicable diseases in adulthood promotion of Exclusive Breast Feeding (EBF) for six months and continued breastfeeding with adequate complementary foods until 24 months and beyond constitutes the most effective preventive interventions reducing child morbidity and mortality.

Skilled behaviour change counselling and support for infant and you child nutrition should be integrated into all points of contact between mothers and health service providers during pregnancy and the first two years of life of a child. Community based support networks are needed to help support appropriate infant and young child feeding (IYCF) at all levels.

Table 1: Interventions Focusing on Infant and Young Child Feeding. (Pls. correct the font/or use this

Intervention	**Description**	**Target Population**	**Potential Dietary Platform**
Breast feeding promotion and support, taking into account policies and recommendations of HIV and infant feeding.	Early initiation of breast feeding within 30 minutes of delivery EBF for 6 months and continued breastfeeding until 2 years of age and 12 months for HIV exposed infants.	Pregnant mothers and parents of infants under 6 months of age	Health Facilities Community structures Campaigns/Outreaches. Home Visits
Complementary feeding promotion	Behaviour change promotion to follow international best practices Provision of CIYCF counselling provision of nutrient dense complementary foods for children under two.	Pregnant mothers and parents of infants and young children under two years of age.	Health Facilities Community structures Campaigns/Outreaches Home Visits
Strengthening of optimal feeding of a sick child during and after illness and exceptional circumstances	Encouragement of breastfeeding increase frequency of eating during	Pregnant mothers and parents of infants and young children	Health Facilities Community Structures Campaigns/Outreaches. Home Visits

	and after illness.	under 5 years of age.	
Advocacy for monitoring and strengthening enforcement of the international code of marketing of breast milk substitutes	Advocate for increased monitoring and enforcement that supports breast feeding promotion	Legislators	Health Facilities Community structures campaigns/outreaches. Home Visits

Sources: Nutritional policy- National strategic plan of action for nutrition in Nigeria (2014-2019)

3.5 Management of Severe Acute Malnutrition in Children Under Five Years

Health workers who have contact with infant and young children should be oriented on the early signs and dangers of under nutrition. They should know how to identify the underlying causes of under nutrition, be able to recognize poor child caring practices and advices caregivers on corrective action and be equipped with screening tools for acute under nutrition and appropriate information for referral and follow up. Children with acute malnutrition are at higher risk of dying particularly those with (SAM) Severe Acute Malnutrition and require feeding with appropriate treatment.

Table 2

Intervention	**Description**	**Target Population**	**Potential Dietary Plat Form**
Prevention and management of moderate under nutrition in children 0-23 months of age		Population with high prevalence of children 0-23 months of age with weight for age	Health Facilities Community structures Campaigns/Outreaches. Home Visits
Treatment of Severe malnutrition	Identification of SAM and subsequent treatment	Children 6-59 months of age with weight to height (with or without oedema) or with MUAC<110cm	Health Facilities Community structures Campaigns/Outreaches.

Source: Nutritional policy – National strategic plan of action for nutrition in Nigeria (2014-2019)

Micro Nutrient Deficiency Control

Vitamin A and mineral deficiencies contribute to morbidity and mortality among children by impairing immunity, impeding cognitive development and growth thereby reducing physical capacity and work performance in adulthood.

Micro nutrient deficiencies of public health importance in Nigeria include Vitamin A, Zinc, Iron, Folic acid and iodine. Multiple strategies are needed to control these deficiencies.

Table 3: Intervention Focusing on Micronutrient Deficiency Control (PI. Use this format)

Intervention	**Description**	**Target Population**	**Potential Delivery Platform**
Vitamin A Supplementation	Bi-annual doses for children. Used in the management of measles infection	Children 6-59 months	Health Facilities Community Structures Campaigns/Outreaches
Zinc Supplementation	As part of diarrhoea management	Children 6-23 months of age	Health Facilities Community structures Campaigns/Outreaches
Multiple Micro nutrient powders	Micronutrient powders for in-home fortification of complementary foods	Children 6-23 months of age	Health Facilities Community Structures Campaigns/Outreaches
Deworming	Two rounds of treatment per year	Children 12 months-59 months of age	Health Facilities Community structures Campaigns/Outreaches.
Nutrition Education on Bio-fortified foods	Promote consumption of fortified foods.	Parents and caregivers	Health Facilities Community structures Campaigns/Outreaches.

Sources: Nutritional policy-National strategic plan of action for nutrition in Nigeria (2014-2019).

Diet Related Non Communicable Diseases (DRNCD)
diet related non communicable diseases (DRNCD) such as obesity, diabetes mellitus and cardiovascular diseases are increasing in public health importance in Nigeria. Researchers have empirically identified the link between non-communicable diseases and globalization, urbanization, demographics, lifestyle transition socio-cultural factors, poverty, poor maternal, foetal and infant nutrition.

Table 4: Intervention focusing on DRNCD (PI. Use this format)

Intervention	Description	Target Population	Potential Delivery Platform
Awareness of DRNCD	Identify risk factors providing education and increasing service for DRNCD	General population	Health Facilities Community structures Campaigns/Outreaches.

Sources: Nutritional policy – National strategic plan of action for nutrition in Nigeria (2014-2019)

SELF-ASSESSMENT EXERCISE

List the anthropometrical measurements.

4.0 SUMMARY

The assessment of individuals in the community is another aspect that will help you to function better in the place of work. Anthropometric measurement is presented to you here. It is the best way to identify malnutrition in the community.

5.0 CONCLUSION

The methods utilized to assess nutritional problem were presented to you to help you be more effective in your community practice.

6.0 TUTOR MARKED ASSIGNMENT

1. Describe growth development and monitoring in Children
2. Discuss nutritional assessment of under five children
3. Describe the use of Body Mass Index in assessing adult health.
4. Discuss management of malnutrition in adults

7.0 REFERENCE/FURTHER READING

Nutritional policy – National strategic plan of action for nutrition in Nigeria (2014-2019)

UNIT 2 FAMILY HEALTH RECORDS

CONTENTS

1.0 INTRODUCTION

In Unit 4 you have learnt about the Family Nursing Intervention which focuses on assessing the health needs, planning, implementing and evaluating the care. So once you have done this, you would like to record the case. How do you do it? This is explained in Unit 5. In this Unit, you will learn about health records; types of health records which are maintained for family health; what type of information is recorded and criteria for recording. This would also help you in filing and storing health records.

2.0 OBJECTIVES

In this unit you will learn about family health records and evaluation of family health service. After going through this unit, you will be able to:

- explain what family health record means
- list the purposes of maintaining family health records
- write up in family health records keeping in mind the criteria for recording identify different family health records maintained in the agency you are working
- evaluate the importance of information included in family records for further health care planning
- arrange family records as per filing and storage system of records in the agency you are working
- decide on the type of records which you wish to maintain for the family under your care.

3.0 MAIN CONTENT

3.1 Family Records and Purposes

Maintenance of family health records is one aspect of the total records system of a health agency. In most of the agencies the record system comprises a mixture of prescribed and standard forms often identical to those of other agencies, which can be designed or modified to meet the needs of particular agency. Use of common forms for records facilitates inter-agency and inter-unit comparisons and makes reporting of service data easier. Even if these forms are supplemented or modified still they retain enough similarity to provide a base for comparison.

Maintenance of family health records and evaluation of the family health service are complementary to each other. Records are necessary for continuation of delivery of family health care services and its evaluation. And evaluation of family health services is necessary to identify now and continuing family health needs.

Family records include information based on factual events, observation results or measurements taken, like height, weight, body circumference or investigations carried out like hemoglobin, urine test, stool test and sputum examination depending upon the problem of the family. These also have records of immunization, nutritional status, medical prescriptions and curative procedures carried out. Demographic data and individual personal history is also included in the family folders. We shall now discuss about purposes of records, criteria for recording in family health records and types of family health records in the following subsections. Let us begin with purposes.

3.1.1 Purposes

Purposes of family health records are:

1. to serve as guides to nursing care,
2. to provide the practitioner or community health nurse with data that is required for improvement of family health care,
3. to provide the staff, administrator or governing body with documentation of services that have been rendered, and
4. to provide data that are essential for program planning and evaluation.

The purposes of documenting family health history, which is an important component of family health records, are:

1. to provide facts that are necessary for evaluating health situation of the family; it should also describe the nature and impact on

health threat. It should describe the health condition and interacting forces within the family in their daily living,

2. to afford an opportunity for mutual exploration of the health situation by the nurse and by the family so that they can explain to each other their concerns, expectations and probable actions,
3. to provide baseline and periodic data from which to estimate the long-term changes, services provided and response of the family to these changes and services.

Family health records should represent a comprehensive, systematically organized data and information that are essential for nursing care decisions. The community health nurse must assure adequate records support for her actions. It is the grass-root level workers who write most of the family history and progress record. You as a community health nurse and other grass-root level workers have much to gain if these records are comprehensive, available and relevant to service needs.

Though each agency has its own system of recording, the community health nurse can find her own ways of adapting family history and progress record to her own practice, style and informational needs. Her records may be a valuable resource when agency records are being revised or the system is being reorganized.

The community health nurse may need to build into the records, methods for incorporating information necessary for case planning and assessing health service utilization.

3.1.2 Criteria for Recording in Family Health Records

The criteria should reflect both the purpose and process of community health nursing practice.

1. Record should concentrate on the family and community as focus of care. It should reflect not only the health of the members of the family but also the ways in which the functioning of the family as a unit has an impact on the health of the family as a whole. It should also specify the ways in which family functions within its physical and social environment.
2. Family health records should serve as guides for comprehensive care. These should include health threats and health behaviours that have significance for family health. For example, an adequately immunized family may have a health threat from emotionally immature and impulsive parents.
3. An apparently healthy family may have poor nutritional habits and poor house keeping practice inviting accidents. It is important that

records show the problem as it develops so that the change can be identified.

4. The record should indicate the expected outcomes and also the degree to which outcomes are achieved. This means that the goals of care to a family are also defined in the records.
5. The family health record should have specific actions planned for the family actions actually taken and distribution of responsibility to family and other community resources so that necessary activities are carried out. Action taken should be recorded in such a way that it can be easily located and future planning can be done.
6. The family record should indicate family response to nursing action.
7. Since initial planning and implementation can redefine a problem the record must show revision in the status of the problem so that further planning can be done accordingly.
8. Record systems should possess sufficient uniformity to make recording, tabulation. and collection easy and to permit inter-unit in-service comparisons and easy reference.
9. Maintenance of records should require minimal amount of time. Unimportant and irrelevant data reading may also require more time and lengthy records may result in errors.
10. Family records should be quickly available to the user. Accessibility is not always easy to achieve. Compiled individual and family records can be made available at a central location for easy reference, only for professional use.
11. Family records require reasonable storage space. As number of individuals are added, the records also increase and require more storage space and facilities.
12. Depending upon the number of years records should be retained, according to agency policies and storage space will be required.
13. Family record system should provide confidentiality of record content. For example, sometimes a mother in the family may not like information about family planning methods she has adopted to be shared with other members of the family or her neighborhood women. There should be provision for such confidential information and sometimes official records in the agency do not have provisions for such recording. The community health nurse must find her own ways to incorporate such summarization into her recording so that priority needs can be attended to first.

3.1.3 Types of Family Health Records

Different family health records which are commonly used are grouped in different ways. These may be grouped according to:

Age of family member for whom records are used such as:

1. Newborn care
2. Road to health card
3. Toddler card
4. Adult card
5. Old age or elderly card
6. Mother-child link card

Health care requirement cards as per health conditions and morbidity status

7. Pregnant women or antenatal card
8. Labor record
9. Person with illness: for example
   - Tuberculosis record
   - Diabetic record
   - Hypertension care card
   - Malaria record.
10 Drug addicts or alcoholics record
11. Any chronic care record
12. Immunization record.

    Records used in the Clinic, Home and Head Office.

    These records are in the form of Cards, Folders, File, Charts, etc.

Usually for family health services a family folder including different cards is maintained. This includes socio-demographic information, children health status (including height, weight, immunization and feeding habits, etc.) maternal records, morbidity records and observations -of general health status of family and the environment of the family. These records have individual formats and styles of recording which is prescribed for each agency. The method of recording is usually a standard one and general instructions are provided. Examples of records for infant, toddler, antenatal women, immunization and family planning are shown in Appendices 1 to.3 (which is given at the end of this block) and, similar kind of record you may find in the agency where you are working.

3.2 Filing and Storage of Records

We have discussed about the purposes, criteria and types of records. Let us discuss how these records are filed, as given below.

To have quick access to records for efficient use of records, a proper filing system must be adopted. In a primary health care set up in community health nursing this aspect needs special attention. Filing will depend upon the type of records. If it is a family folder, it is filed as per geographical location or as per house number in the area. These family folders may be

filed as per the name of the head of family. If community members and the health worker is familiar with house numbers, it is as per house number in the area. In a rural community where a family is known by the name of the head of the family, the folder is filed as per the name and arranged alphabetically. Since these records are preserved for a long period of time and needs frequent handling, they should be kept in the pro; filing space or in a shelf with labels so that a file can be easily traced when a family member is visiting the health centre or a family visit is to be planned.

At a health centre, when cards are maintained as per age groups or type of morbidity conditions, these may be filed under these headings. The record system requires reasonable space for storage. The proliferation of records as! well as increase in number of people under care, may create a serious problem or r storage. The period for which records are maintained is usually the agency's policy; often the period of retention is as low as five years. A short retention period does save space but it also presents problems, since community health needs and methods are changing and the period over which care is provided to the family is likely to be more prolonged.

SELF-ASSESSMENT EXERCISE

List the importance of family health record

4.0 SUMMARY

In order to assemble in one place the comprehensive family information needed by a community nurse providing general family care, it is necessary to have a record system that permits quick and easy transfer of information among the care providing team members. The individual practitioner on the community health team must be able to assure adequate record support for her own actions. It is mostly the grassroot level practitioner who writes most of the family history and progress record. It is she who has most to gain if records are comprehensive, available and relevant to service needs.

5.0 CONCLUSION

Using of family history and progress records is as important as developing and maintaining them. It is important to find and read the record as a basis for planning and taking nursing action for the family. Thus the nurse who uses records can value and monitor her own recording program.

6.0 TUTOR-MARKED ASSIGNMENT

1. Write up in family health records keeping in mind the criteria for recording identify different family health records maintained in the agency you are working
2. Discuss the importance of information included in family records for further health care planning

7.0 REFERENCES/FURTHER READING

Hunt R (2009); Introduction to Community-Based Nursing. Wolters Kluwer Health Publishers, New YORK

UNIT 3 EPIDIMIOLOGICAL PERSPECTIVE

1.0 INTRODUCTION

Epidemiology is the investigate study of disease trends in populations for the purposes of diseases prevention and health maintenance. Epidemiology and relies on statistical evidences to determine the rate of spreads of diseases and the population of people affected by the diseases. It is used to evaluate.

(1) Effective of disease prevention and health promotion activities.
(2) It is used to determine the extent to which goals of health promotion is active.
(3) It is used to determine diseases prevention initiatives have been met.

2.0 OBJECTIVES

By the end of the unity you should be able to:

- Discuss the role of epidemiology in Community Health Nursing
- Describe the use of epidemiology in community health nursing.
- Identify the epidemiological triangle
- Discuss the types used in the epidemiological process.
- Use proportion and ration to determine disease incidence, prevalence, morbidity rate and outlook rates.

3.0 MAIN CONTENT

3.1 Definition of Epidemiology

Epidemiology is useful for public-community based nursing in providing a broad understanding of the spread and transmission of disease. This understanding often forms the basis of community health presentation using the scientific problem – solving method, the nurse is able to pinpointhealth needs in the community and develop appropriate approaches. Community/public health nurses are in the unique position of being able to identify cases, recognize patterns of diseases, eliminate barriers to disease control and provide education and counseling targeted of a disease condition or specific risk factors.

Epidemiology refers to the study of the distribution of diseases in human population against the background of their total environment. It includes the study of pattern of disease as well as a search for the determinants of disease.

3.2.1 Epidemiological Process

Epidemiological process involves the following steps:

1. Determine the nature, extent and possible significant of the problem. During the step, the nurse collects information from as many sources as possible. This information is then used to determine the scope of the problem.
2. Utilization of the gathered data formulate a possible theory. At this top, the possible explanation are projected and explored for consideration.
3. Gather information from a variety of sources in order to narrow down the possibility. At this step assessment of all possible site to gather information related to the disease process. The plausibility of the proposed hypothesis is evaluated.
4. Make the plan: In this step of the process, the nurse focuses on breaking the cycle of disease. All factors influencing the spread of the disease must be considered and identified. Priorities are established to break the chain of transmission and to control the spread of the diseases.
5. Put the plan into action: The nurse use all available means, the plan for controlling the disease is put into actions.
6. Evaluation of plan: The nurse gathers all pertinent information to determine the success of plan. Using this plan, evaluate the success in prevention of the spread of the diseases.
7. Report and follow up: The nurse synthesizes evaluation data into a format that is understandable. Evaluate success and failures and base follow-up on the evaluation information.

3.2.2 Epidemiology method

The basic tool of epidemiology is rate – That is relating the number of cases to the population at risk. The rate is expressed as the number of events is on arbitrary total.

(1) Incidence: This describe the new cares. It is calculated by

$$\frac{\text{Total number of new cases detected X 1000}}{\text{Total population}}$$

(2) Prevalence: This is the existing disease in a particular population at a particular time.

$$\frac{\text{Total number of cases in population of a specific time X 1000}}{\text{Total population}}$$

(3) Mortality rate: The rate of death per 1000 no of death X 1000
Total population

(4) Mortality rate or attack note

No of people at risk, who developed & certain disease
Total number of people at risk

3.2.3 Design of Epidemiological Study

The three designs of epidemiological are:

(1) Descriptive epidemiology:- This is a study in which the distribution of disease is described in terms of the three major variables: people, place and time.
(2) Analytical epidemiology which is divided into two types
(i) Case: Control studies:- In this type a group of affected people is compared with a suitable matched control group of non-affected persons.
(ii) Cohort study:- In this study a group of persons who are exposed to the suspected aetiological agents are compared with matched control subjects who have not been similarly exposed.
(3) Experimental epidemiology:- This involved studies in which one group which is deliberately subjected to an experience is compared with a control group which has not been a similar experience.

3.3 Communicable Diseases

Communicable diseases are characterized by the existence of a living infectious agent which is transmissible. Epidemiology involved the study of the relationships among an agent, a host and on environments. These three are referred to epidemiology triangle. There interaction determines the development and cessation of communicable diseases. They form a web of causalities which increases or decreases the risk for disease.

Agent: This is the animate or moninole object that causes the disease they include:

(a) Infectious agents that way be viruses, bacteria or fungi.
(b) Physical agents that way be trauma, genetics, noise and temperature
(c) Chemical agents that may be drugs, fumes and toxins

Host:- This is the living being that will be affected by the agent. The host may be.
(a) Susceptible individuals with altered immunity

Altered resistance

Risk characteristics like genetics, gender age, physiological status, prior disease state social class, cultural group and occupation.

(b) Non-susceptible host are those with active immunity and passive immunity.

The Environment:- The environment is the setting or surrounding that sustains the host. The environmental reservoirs and modes of transmission include:

- Human reservoir
- Temperature
- Rainfall
- Socioeconomic factors
- Availability of resources
- Access to health care
- Living condition

Vector: Vectors are intermediary living things that serve as a reservoir to the infection agents. They include mosquitos, fleas, rodents and birds.

Carriers: A carrier is a person who harbours the infective agent without schooling signs of disease but is comparable of transmitting the agent to other persons. A carrier may be classified as

- A healthy carrier:- Who remains well throughout the infection.
- An incubatory or precocious carrier who excretes the pathogens during the incubation period before the onset of symptoms
- A convalescent carrier is one who continues to harbour the infective agent after recovery from the illness.

3.4 Route of Transmission

Route of transmission refers to the mechanism by which an infectious agent is transferred from one person to another or from the reservoir to the new host. It may be:

1. Contact: This may be either directly, person to person or indirectly through contaminated objects called fomites. This is common in places of overcrowding.
2. Penetration of skin: This may be directly by the chistosomiais or by bite of a vector eg malaria or through wound by tetanus.
3. Inhalation of air-born infection:- This occur in poor ventilation, over-crowding in sleeping quarters.
4. Ingestion:- This is from contaminated hand, food or water.
5. Transplacental infection:- Infective agents cross the placenta to infect the foetus in the wound.

3.5 Methods of Control

There are three ways to control communicable disease they are- elimination of reservoir.

- Interrupt the pathway of transmission
- Protect the susceptible host.

(1) Elimination of the reservoir:-
   - Human reservoir: This is controlled
   - Isolation
   - Quarantine

   Quarantine refers to the limitation of movement of persons who have been exposed to infection through the period of time equal to longest duration of the incubation period of the disease.

(2) Animal Reservoir (200noses) measures taken on the level of association of the animal with human. If it is a pet, the animal will be treated and vaccinated where possible. If vectors like rat effort is made to eliminate them from human environment.

Interruption of transmission involves maintenance of personal hygiene and environment hygiene as well as control of victors by use of pesticide agents.
Protection of the susceptible host: This may be achieved by use of antimicrobial agents or by active or passive immunization.

3.6 Investigation of Disease Outbreak

The steps to conduct investigation of infectious disease outbreak include

1. Verify the diagnosis of the disease that is suspected the following factors are considered.

i. Laboratory test: - The investigator must make sure that the results are reliable from confirmed test from a reliable laboratory.
ii. Use clinical criteria that are in tandem to the laboratory results.

2. There should be established existence of outbreak.

i. Identify unreported cases that may be part of the outbreak.
ii. Determine the population at risk for developing the disease in question.
iii. Compare the incidence of new cases of the disease in the population of present with previous period.

3. Characterize the distribution of cases by person, place and time.

i. The variable time is used to being the construction of on epidemic curve. A point source of exposure is suggested if all cases occur within one incubation period of the disease. Common source outbreak of disease result from exposure of individuals to the same causal factor.

ii. The place can be used to detect a source of infection by identification of spatial clustering of cases. Cases can be plotted by the place individual reside, work or attend.
iii. Person can be used to compare the characteristics of the population contracting the disease to the characteristics of the population without the disease.

4. Develop and test the hypothesis.
i. Demonstrate the difference in the attack rates of people who were exposed and not exposed to the sources of infection.
ii. Apply statistical tests to the data to indicate statistical differences between cases and control.
iii. Collect clinical and environment specimens if they are available for processing in an appropriate laboratory.
iv. Formulate conclusion based on evidence from the result.
v. Report all aspect of the investigation for it to be replicated.

3.7 Prevention of Epidemics:-

Primary Prevention: This involves preventing disease onset.
- Elimination the organism in their material reservoir.
- Environmental protection:- This is done by ensuring a safe drinking water supply and safeguarding the food supply.
- Interrupting the chain of transmission: This is done by controlling the insect victor, rodents and modifying behaviour and personal hygiene.
- Reducing susceptibility in the host: This is done by reversing malnutrition and micronutrient deficiency to boost people's immunity in low income countries help to prevent the spread.
- Vaccination:- This is the most successful preventive measure. It helps in global eradication of smallpox.
- Health Education and community participation: This help promote victor control programmes, personal protection like insect repellents and mosquito nets.

Secondary Prevention:-This involved early arrest of the progression of established disease. This include
- Screening: Where there is an asymptomatic or pre-asymptomatic period in the infection process screening programmes are useful
- It also involved outbreak/epidemic investigation which aimed of identifying the conative agent, route of transmission and risk factors for outbreak.
- It also involved in developing and implementing control and prevention strategies and provide advice to prevent a similar event in the future.

Tertiary Prevention: This involves limiting the consequences of established diseases. This is the rehabilitation of the clients that suffered the infection.

SELF-ASSESSMENT EXERCISE

List the epidemiological process

4.0 SUMMARY

Epidemiology is used in prevention and control of diseases. It is one of the tools in preventive health care. The steps have been presented to you and is expected that you will use in your care.

5.0 CONCLUSION

This unit presented to you the epidemiological methods that are used in public health. This unit tried to help you understand better way to care for your client in the public using epidemiological principles.

6.0 TUTOR MARKED ASSIGNMENTS

1. Describe the use of epidemiology in community health nursing.
2. Identify the epidemiological triangle
3. Discuss the types used in the epidemiological process.

7.0 REFERENCES/FURTHER READING

Goldsteen RC Goldsteen K and Dwellle (2015) Introduction to Public Health promises and practices and Ed springer publishing company New York page 133-134.

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MODULE 3 MANAGEMENT IN PUBLIC HEALTH NURSING

Unit 1 Assigning, Delegation and Supervision in Public – Community Health
Unit 2 Conflict Resolution
Unit 3 Staff Development and time Management in Public-Community Health Nursing

UNIT 1 ASSIGNING, DELEGATION AND SUPERVISION IN PUBLIC – COMMUNITY HEALTH

CONTENTS

1.0 INTRODUCTION

Assignment is the process of transferring both the responsibility and accountability to client care to another member of the health care team while delegation is transferring the authority and responsibility to another to complete a task while maintaining the accountability. Supervision is the process of directing, overseeing and monitoring the performance of the task by another member of health care team.

2.0 OBJECTIVES

By the end of this unit ,you should be able to:

- Outline factors to be considered when assigning and delegating duties
- Discuss guidelines for delegation of duties

3.0 MAIN CONTENT

3.1 Factors to be considered on assignment and delegation

Assignment: - The factors include:

1. Client factors
   - Complexity of care needed
   - Specific care needed
   - Need for special precautions
2. Health care team factor
   - The skill of the staff
   - Experiences of the staff
   - Nurse-to-patient ratio

Delegation:-The following factors are considered.

1. Task Factors:-
   (a) Predictability of outcome
   - Will the completion of the task have a predictable outcome?
   - Is it a routine procedure?
   - Is it a new treatment?

   (b) Potential for harm
- Is there a chance that something negative may happen to the client?
- Is the client's condition unstable?

(c) Complexity of care
- More computer task should not be delegated.

(d) Need for problem solving and innovation
- Will a judgment need to be made while performing the task?
- Does it require nursing assessment skill?

(e) Level of interaction with the client or community
- Is there a need to provide psychological support or education during the performance of the task?

3.2 Delegate factor

Consideration for selection of on appropriate delegate include:

1. Education; training and work experiences
2. Knowledge and skill to perform the task
3. Level of critical thinking required to complete the task.
4. Ability to communicate the task
5. Demonstrated competence
6. Agency policy and procedure

7. Licensing legislation

Care that cannot be delegated according to nursing professional practice standard includes care related to

1. Nursing process
   - Assessment
   - Diagnosis
   - Planning
   - Evaluation

2. Nursing judgment

3.3 Guideline for Delegation

1. Right task
- Identify what tasks are appropriate to delegate for each specific client
- Delegate activities to appropriate level of team members based on professional standards of practice, legal and facility guidelines.

2. Right circumstances
- Assess the health status and complexity of care required by the client.
- Match the complexity of care demands to the skill level of the health care team member.
- Consider the workload of the team member

3. Right person
- Assess and verify the competency of the health care team member. The task must be within the team member's scope of practice and the team member must have the necessary competence/training.
- Continually review the performance of the team member and determine care competency.
- Assess team performance based on standard and when need be, take step to remediate future to need standards.

4. Right direction/communication:- The communication may be in writing or oral.
   - State data that need be collated
   - Method and timeline for reporting, including when to report concerns.
   - Specific task to be performed expected results

5. Right supervision:- The delegating public health nurse should.
   - Provide supervision directing or indirectly.
   - Provide clear directions and understandable expectation of the task to be performed
   - Monitor performance
   - Provide feedback
   - Intervene if need be

- Evaluate the client and determine if outcomes were met.

SELF-ASSESSMENT EXERCISE

Define the term “delegation”

4.0 SUMMARY

5.0 CONCLUSION

Personnel management is very important in providing a good community care services. This unit provides you an in-depth knowledge of skills you needed to handle your staff in order to provide good services.

6.0 TUTOR MARKED ASSIGNMENT

1. Describe factors to be considered when assigning and delegating duties to a staff.
2. Discuss guidelines for delegation of duties

7.0 REFERENCES/FURTHER READING

Lucas AO and Gillas H M (2003) short textbook of Public Health Medicine for the Tropics. Revised Edition. Georgina Benttiff page 29-36.

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UNIT2 CONFLICT RESOLUTION

CONTENTS

1.0 INTRODUCTION

Conflict is the result of opposing thoughts, ideas, feelings, perceptions, behaviours values, opinion, or actions between individuals.

2.0 OBJECTIVES

On completion of this unit you will be able to:

- Define conflict
- Discuss the advantage and disadvantages of conflict in public health organizations.
- Outline type of conflicts
- Discuss causes of conflicts
- Outline methods of conflict resolutions

3.0 MAIN CONTENT

3.1 Conflict

It is on inevitable part of professional, social and personal life and can result in constructive or destructive consequences.

- Conflict estimate growth and open honest communication
- It increases group cohesion and commitment to common goals.
- Facilities understanding of problem solving

- It motivates groups to change
- It stimulates creativity

Disadvantages of conflicts

- Conflict brings divisiveness if not resolved well.
- Where it is not resolve it courses misperception, distrust and frustration among members.
- It leads to group dissatisfaction with the outcome of the organization lack of conflict in an organization create organizational stasis, while to much conflict can be demoralizing, produce anxiety and contribute to burnout. The desired goal in resolving conflict is for both parties to reach a satisfactory resolution. This is called a win-win resolution. A win-win solution is not always possible. There is the possibility of a solution in which one party wins while the other loses as well as a lose-lose solution in which both parties lose.

3.2 Types of Conflicts

1. Intrapersonal conflict
   This occurs within the person. This way involve internal struggle related to contradictory values or wants.
2. Interpersonal-conflict
   This occurs between two or more people with differently values, goals and/or belief. Interpersonal conflict in the health care setting involves disagreement among nurses, clients, family members and within a health care team. This is assignment issue in nursing, especially in relation to new graduates nurses, who bring new personalities and perspectives to various health care settling interpersonal conflicts contributes to burnout and work-related stress.
3. Inter-group conflict.
   This occurs between two or more groups of individuals, departments or organizations. This may be due to new policy or procedure, a change in leadership, or a change in organizational structure.

3.3 Organizational Conflict in Public-Community Health Nursing

Organizational conflict disrupts the working relationship and creates a stressful work environment. It inhibits the community involvement. It must not be allowed to exist. If conflict exist to the level that productivity and quality of care are compromised, the unit leader must do everything possible to identify the course and attempt to resolve it.

The common causes of organization conflict include:

- Ineffective communication in the unit
- Unclear expectations in the team members in their various roles.
- Poorly defined or actualizing organization structure.
- Conflicts of interest and variance in standards.
- Incompatibility of individuals
- Management of staffing
- Variation in age, gender and training

Organizational negotiations in conflict resolution: Negotiation is the process in which the parties involved in the conflict try to resolve the conflict by agreeing upon courses action. They bargain for collective advantage by attempting to design outcome that serve the organization mutual interest.

3.4 Organization Communication in Conflict Resolution

Open communication among the parties in conflict can help resolve the conflict. The two-way process in communication is needed.

The communication must be assertive to allow each parties to express directly, honestly and appropriately ways that do not infringe upon the right of the other parties. Assertive communication is a communication style that acknowledges and deals with conflict, recognizes others as equals, and provides a direct statement of feeling.

3.5 Methods of Conflict Resolution

There are about five major ways conflicts can be resolved.

1. **Compromising:-** This method involve each party to give up something. It is considered a win-win solution because something most valuable must be fulfilled. If one party gives up more than the other, it become a win-lose solution. There must be some compromise both sides which may be equal or unequal.
2. **Competing:-** This method involves one party pursues a desired solution at the expenses of others. This is usually a win-lose solution. Managers may use this when a quick or unpopular decision must be made. The party who loses something usually feel anger, frustration, and a desire for retribution.
3. **Cooperating/Accommodating:-** In this method one party sacrifices something, allowing the other party to get what it wants. This is the opposite of competing. This is a lose-win solution. The original problem may not actually be resolved. The solution may contribute to future conflict.

4. **Smoothing:**-This method one party attempts to "Smooth" another party. This decreases the emotional component of the conflict. It is often used to preserve or maintain a peaceful work environment. The focus may on what is agreed upon but this will leave the conflict area mostly unresolved. This is a lose-lose solution.
5. **Avoidance:-**In this method both parties know there is a conflict, but they refuse to face it or attempt to resolve it. This is appropriate for minor conflicts or when one party holds more power than the other party or if the issue may work itself out over time. Since the conflict is still remained on resolved, it may re-surface again a later date and escalate over time. This is also a lose-lose solution.

SELF-ASSESSMENT EXERCISE

Outline methods of conflict resolutions

4.0 SUMMARY

Conflict is something that cannot be avoided completely. The best way to handle the situation is to master the causes of conflict and ways to resolve it. As a public health nurse you will be faced with conflict in the community, homes and place of work. This course has equipped you.

5.0 CONCLUSION

In every work setting there is high chances of having conflict. this unit presented to you causes of conflict and methods of conflict resolution in public health nursing. This is to help you have control of conflict in the community health nursing.

6.0 TUTOR MARKED ASSIGNMENT

1. Discuss the advantage and disadvantages of conflict in public health organizations.
2. Describe type of conflicts in the community.
3. Discuss the causes of conflicts in places of work

7.0 REFERENCES/FURTHER READING

Whitebead D K, Weiss S A and Tappin R M (2010) Essentials of Nursing Leadership and Management. F C Davis Company , Philiadelphia.

UNIT 3 STAFF DEVELOPMENT AND TIME MANAGEMENT IN PUBLIC-COMMUNITY HEALTH NURSING

CONTENTS

1.0 INTRODUCTION

The quality of care given to the communities is directly related to the educational and competency of health care providers. The staff development is intended to enhance the competency of all staff and help to meet standards set for the community programmes. Staff development may be provided by conferences, seminars and in-service training.

2.0 OBJECTIVES

By the end of this unit you will be able to:

- Methods of Staff development.
- Outline the steps in performance improvements.
- Discuss time management in public health

3.0 MAIN CONTENTS

3.1 Methods of Staff Development

Staff can be developed by

- Indoctrination:- This is the process by which a person is taught the beliefs or ideology of a culture without discouraging independent through.
- Socialization:- This is a process by which a person learn the values and culture of new setting.

The staff development begins during interview and orientation. Staff orientation help new public health nurses translate knowledge, principles, skills and nursing theories into practice.

It help new nurses to gain competence, which is the ability to meet the requirement of a particular role. The unit heads can maintain competencies by

- Use of checklist to provide a record of opportunities and the level of proficiency in relation to skills.
- Use peer observation to access competence.
- Sending staff to school for higher education.

3.2 Steps in Staff Performance Improvement

Performance improvement is the process used to identify and resolve performance deficiencies. Performance improvement includes measuring performance against asset of predetermined standards.

The steps in performance improvements include.

Steps I: This is the time standards are developed and approved by programme committee.

Step 2: Here is where the care is provided according to the set standard this include performance audit. The audits can be classified in terms of time. Timing of audits includes.

- Retrospective audits which is done after the care has been given
- Concurrent audit occurs while the care is being given
- Prospective audit is used to predict future outcome of care.

Audits can also be classified as types. This include

- Structure audits that evaluate the influence of elements that exist separate from or outside of the community and/or patient-staff interaction.
- Process audit:- this review how care are provided and the relationship between the nurse and quality of care provided.
- Outcome audit: This is used to determine results of the care provided.

Step 3: At this step corrective actions in form of education is provided if the standard is not met.

3.3 Time Management in Public Health Nursing

Time management is the art of making the best use of time available to achieve specific tasks. Most of the activities in public community are time specific. Advantages of time management include:

- It facilities greater productivity
- It decreases work-related stress
- It helps to ensure the provision of quality care
- It help appropriate prioritizing community care
- It decreases burnout by increasing personal and professional satisfaction. Poor time management leads to
- Stress
- Dissatisfaction with care provided
- Increases the omission of care
- Result in error of care

Time can be wasted on
- Socialization
- Poor planning that leads to crisis
- Reluctance to delegate work
- Not having the right equipment for a procedure
- Poor proficiency
- Procrastination

Priority setting in time management includesto determine
- What needs to be done immediately
- What needs to be completed by a specific time to ensure client safety.
- What must be done by the end of the shift
- What can be delegated

SELF-ASSESSMENT EXERCISE

Outline methods used in time management

4.0 SUMMARY

Staff development is one of the ways to improve the efficiency of the organization. The staff perform better when they are allowed to develop their talent. The organizations also improve their efficiency through proper time management. Allying these principles will help you in your work as a public health nurse

5.0 CONCLUSION

This unit focused on giving you the necessary knowledge and skills you needed to manage staff and clients in the community.

6.0 TUTOR MARKED ASSIGNMENT

1. Outline the steps in performance improvements.
2. Discuss time management in public health

7.0 REFERENCES/FURTHER READING

Whitebead D K, Weiss S A and Tappin R M (2010) Essentials of Nursing Leadership and Management. F C Davis Company, Philiadelphia.

MODULE 4 VIOLENCE AND DISASTER NURSING

Unit1 Violence in Community
Unit 2 Disaster Nursing

UNIT 1 VIOLENCE IN COMMUNITY

1.0 INTRODUCTION

According to Mandela (2002), the twentieth century will be remembered as a century marked by violence, less visible but even more widespread is the legacy of day-to-day, individual suffering. It is the pain of children who are abused by people who should protect them, women injured or humiliated by violent partners, elderly persons maltreated by their caregivers, youths who are bullied by other youths and people of all ages who inflict violence on themselves.

2.0 OBJECTIVES

By the end of this unit you will be able to:

- Describe the nature of violence.
- Discuss factors associated with violence
- Discuss the control of violence
- State types of violence
- Discuss the cost of violence in public health.

3.0 MAIN CONTENT

Violence is often seen as an inevitable part of the human condition- a fact of life to respond to rather than to prevent. Encouraged by the success of public health approaches to other environmental and behavioral related health problems, these assumptions are changing. Violence at home and in the community is an issue of concern in public – community health nursing. Violence consists of no accidental acts that result in physical or emotional injury.

3.1 Basic Facts About Violence

- Men are likely victims of violent crimes by strangers whereas women are more likely to be victimized by intimate partners, relatives, friends or acquaintances.
- Close to 8 in 10 sexual assaults against women are committed by intimates, relatives, friends or acquaintances.

- After spousal homicides, children filled by their parents are the most frequent type of family homicide. Most children who are killed are male and offenders are made.
- About 16% of male murder victims and 9% of female murder victims were killed by strangers, and strangers were responsible for about 42% of all violent crimes.
- Intimate partner violence is the primary crime against women.
- Overall, violence crimes are more likely to occur during the day (6am to 6pm) except rape, which occur at night (6pm to 6am).

3.1.2 Factors Associated with Risk of Violence

The following are factors associated with violence.

1. Sociological factors include
   - Low socioeconomic status
   - Involvement with gangs
   - drug dealings
   - Access to guns
   - Media exposure to violence
   - Community exposure to violence

2. Psychological factors
   - Alcohol or drug abuse
   - Rigid gender role expectations
   - Peer pressure especially adolescents
   - Poor impulse control
   - History of mental health problems
   - Unemployment
   - Younger than 30 years
3. Family factors
   - History of intergenerational abuse
   - Social isolation
   - Verbal threatening of children by parents
   - High levels of family stress

3.2 Roles of Public-Community Health Nurse in control of Violence

The health sector has both a special interest and a key role to play in preventing violence. A key requirement for addressing violence in a comprehensive manner is for people to work together in partnership of all kinds and of all levels to develop effective response. The public health nursing approach to dealing with violence threat to well-being involves the following four steps:

1. Defining and monitoring the extent of the problem.

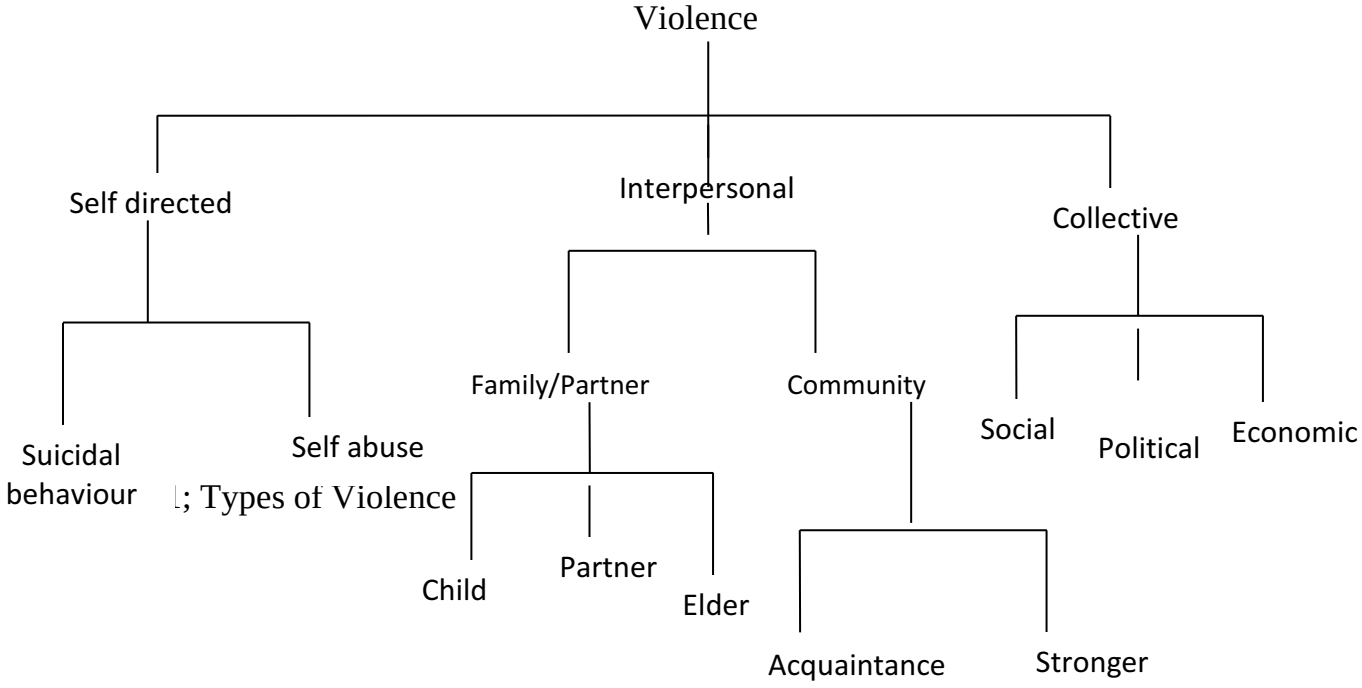
2. Identifying the causes of the problem.
3. Formulating and testing ways of dealing with the problems.
4. Applying widely the measures that are found to work.

3.3 Types of Violence

This public-community health nursing approach is science based.
WHO defined violence as the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. The definition encompasses interpersonal violence as well as suicidal behavior and armed conflict. It goes beyond physical act to include threat and intimidation, psychological harm, deprivation and mal-development that compromised the well-being of individuals, families and communities.

The three broad categories of violence are:

1. **Self-directed violence** which include suicidal behavior and self-abuse.
2. **Family/Partner violence**: It is violence between family members and intimate partners, usually through not exclusively, taking place in the home.
3. **Community violence:** violence between individuals who are unrelated and who may or may not know each other, generally taking place outside the home.



; Types of Violence

Data on violence are collected from

1. Health data on disease, injuries and other health conditions resulting from violence.
2. Self-reporting data on attitude, beliefs, behaviours, cultural practices, victimization and exposure to violence.
3. Community data on population characteristics and level of income, education and employment.
4. Crime data on the characteristics and circumstances of violent event and violent offenders.
5. Economic data related to costs of treatment, social services and prevention activities.
6. Policy and legislative data.

These data can come from a variety of sources including individuals, agency, institutional record, local programmes, community and government record and population based and as well as special studies.

3.4 Cost of Violence

In calculating the cost of violence to a nation's economy takes into consideration besides the direct cost of medical care and criminal justice include:

1. The provision of shelter or other places of safety and long term care.
2. Lost productivity as a result of premature death, injury, absenteeism, long-term disability and lost potential.
3. Diminished quality of life and decreased ability to care for one'sself or others.
4. Damage to public property and infrastructure leading to disruption of services such as health care, transport and food distribution.
5. Disruption of daily life as a result of fears for personal safety.
6. Disincentives to investment and tourism that hamper economic development.

3.5 Violence Prevention

1. Create, implement and monitor a national action plan for violence prevention. A national plan of action is important for preventing violence and for promoting effective response that can be sustained over time. It should take into account of the human and financial resources that are and will be made available for its implementation and should include elements such as the review and return of existing legislation and policy, building data collection and research capacity, strengthening service for victims and developing and evaluating preventive responses.

2. Enhance capacity for collecting data on violence: The national capacity to collect and analyze data and violence is necessary in order to set priorities, guide programme design and monitor progress. System must be designed that are simple and cost-effective to implement, appropriate to the level of skills of the staff using them and confirming to both national and international standards.
3. Define priorities for and support research on the causes, consequences, costs and prevention of violence. There are many reasons to undertake research on violence, but the main priority is to gain a better understanding of the problem in different cultural context so that appropriate responses can be developed and evaluated.
4. Promote primary prevention responses. Some of the primary prevention interventions for reducing violence include:

a. Prenatal and perinatal health care for mothers, as well as preschool enrichment and social development programmes for children and adolescents.
b. Training for good parenting practices and improved family functioning.
c. Improvement to urban infrastructure, both physical and socioeconomic.
d. Measures to reduce firearm injuries and improve firearm related safety.
e. Media campaigns to change attitudes, behavior and social norms.

5. Strengthen responses for victims of violence: National health system as a whole should aim to provide high quality care to victims of all types of violence as well as rehabilitation and support services needed to prevent further complications priorities include:

a. Improvements to emergency response systems and the ability of the healthcare sector to treat and rehabilitate victims.
b. Recognition of signs of violent incident or on-going violent situations and referred of victims to appropriate agencies for follow-up and support.
c. Ensuring that health, judicial, policing and social services avoid a renewed victimization of earlier victims and that those services effectively deter perpetrations from re-offending.
d. Social support, prevention programme and other services to protect from him at risk of violence and reduce stress on caregivers.
e. Incorporation of modules on violence prevention into the curricula for medical and nursing students.

6. Integrate violence prevention into social and educational policing and thereby promote gender and social equality: Much of violence has links with gender and social inequalities that place large sections of the population of increased risk. Wage full, basic infrastructure deterioration and steady reductions in the quality and

quantity of health, education and social services are linked with violence.

7. Increase collaboration and exchange of information on violence prevention: Better working relations between international agencies, governor, researchers, networks and NGO engaged in violence prevention are needed to achieve better sharing of knowledge, agreement on prevention goals and coordination of action.
8. Promotion and monitor adherence to international treaties, laws and other mechanisms to protect human right.
9. Seek practical internationally agreed responses to global drugs trade and the global aims trade.

3.5 Bullying

This is a pattern of physical, verbal or other behaviours directed by one or more children toward another child that are intended to inflict physical, verbal and emotional harm. Bullying is common in high schools. Boys use more physical forms of bullying whereas girls use more relational forms of bullying like exclusion, isolation and initiation of rumors. Bullying has health implications like bedwetting, headaches, anxiety, fatigue and loneliness.
The school nurses are likely to identify students who are bullies or who have been bullied.

3.6 Gang Violence

Gangs are flourishing in both rural and urban communities. In Nigeria they are cult members gang members may be male or female and the age range is 8 to 55 years.

The reason people join gangs are:

- No job available
- Peer pressure
- For protection
- Companionship
- Excitement

Violence is part of everyday life for gang members.

SELF-ASSESSMENT EXERCISE

List types of violence

4.0 SUMMARY

Violence is a common problem in community. The rate is even increasing in today's world. Causes of violence and it management has benen presented to help you. You have been guided on how to manage victims of violence.

5.0 CONCLUSION

The world today is a world of violence. This unit is to equip you on how to cope with this current problem in our community.

6.0 TUTOR MARKED ASSIGNMENT

1. Describe the control of violence
2. Outline types of violence
3. Discuss the cost of violence in public health.

7.0 REFERENCES/FURTHER READING

Veenema T G (2007) ; Disaster Nursing and emergency preparedness for Chemical, Biological and Radiological Terrorism and other Hazards.

UNIT 2 DISASTER NURSING

CONTENTS

1.0 INTRODUCTION

Disaster is a threatening or occurred event that is natural or non-made that caused human suffering anand creates human needs that victims cannot alleviate without assistance (American Red Cross 2008). It can also be defined as any material catastrophe (including hurricane, tornado, storm, high water, tidal wave tsunami, earthquake or regardless of course like fire or explosion that course damage of sufficient seventy and magnitude to warrant major assistance from the Government.

2.0 OBJECTIVES

- Define disaster
- Explain types of disaster
- Describe triage in disaster nurses
- Discuss the care of communities in emergency

3.0 MAIN CONTENT

3.1.1 Types of Disaster

There are two types of disaster
Natural and non-made: Natural disaster include tornadoes, flood, typhoon while non-made include war, accidents, food and water contamination.

3.1.2 Impact of Disaster

The impact of disaster is determine by the following factors:-

- Vulnerability of population, the people that are most affected by disaster are the vulnerable people like those that are physical handicapped, mentally challenged young children.
- Environmental factors:- The environmental factors include time, weather condition, utilities like electricity, water supply.
- Warming time:- Situational variables include the amount of warming time before disaster occurs, the nature and severity and availability of emergency response.

3.1.3 Dimensions of Disaster

The dimensions of disaster include:
- Prediction ability: - Some events are more easily, predicted while some cannot be predicted.
- Frequency and location:- Most disasters appear in carton geographical location e.g. typhoon in Asia, and holocaine in Caribbean islands.
- Controllability:- Some disaster have contract measure mitigation is a term used in disaster planning that describe actions that can be used to reduce the damage
- Scope and interiority:- Scope refers to the geographical area and social space dimension impacted by the disaster agent. Intensity refers to a disaster agent's ability to inflict damage and injury. The scope and intensity of disaster is considered reportedly in planning.

3.2 Phases of Disaster

The phases of disaster are
Prominent Phase:- This is the phase before a disaster. This is the time for disaster planning and mitigation before the actual occurrence. This is the time for assessment of probabilities and risks of occurrence of certain types of disaster. The role of the nurse during the warning period varies depend on employer's role in disaster responsibility. Public Health Nurse may assist in preparing shelters, and establish contact with other emergency service group. Help the families to establish their own emergency responses. Emergency communications are also established.

Impact Phase:-This is the phase of at which the disaster occurs. It is time of hardship, injury and people try to survive. It is time to render help. The impact phase continues till the threat is over. The nurse is responsible for assigning health needs and providing physical andpsychological support

to victims in the shelter. The nurses apply triage and morgue facilities are established and coordinated. Search and rescue operations are organized.

Post-Impact Phase:-This phase had two component.

- The emergency phase begins at the end of the impact phase and ends when there is no longer any immediate threat of injury and destruction.
- Recovery phase begins during the emergency phase and ends with the normal community order and function. The more take part in the debriefing and the modification of disaster planning if need be.

3.3 The Role of Community Health Nurse in Disaster Planning Include

- Help in developing a disaster response plan based on the threats.
- Educate the community on the disaster warning system and how to access it.
- Making a list of agencies that are available and coordinate training for them.
- Define the role of nurses and principles of triage.
- Locate all equipment and supplies needed for disaster management.
- Check the equipment to be sure they are working.
- The nurse takes part in disaster response by
- Activate the disaster plan
- Perform triage and direct the disaster victims
- Treat the victims physically and psychologically. At the post-disaster phase the nurse.
- Evaluate the area affected.
- Create on-going assessment and surveillance report
- Evaluating the efficiency of the disaster response team
- Estimate the length of time for recovering of the community.

3.4 Role of Community Health Nurses in Disaster Management

The Public health nurse take part in the risk assessment by:

- Determine population of risk within the community.
- Review the previous disaster history of the community. This include natural and man-made.
- Identify the community disaster plan.
- Identify the warning system available in the community.
- Outline the members of the disaster team eg volunteers, nurses, doctors, firemen etc.

- Evaluate the resources available hospital, shelter food and water storages.
- Means of evacuation should be identified.

SELF-ASSESSMENT EXERCISE

Explain disaster preparedness

4.0 SUMMARY

Disaster may or may not be predictable. It may be man-made or natural. Whichever way, man has learnt to prepare for it. Whenever it occurs the public health nurse is involved in the management. You have been prepared for disaster preparation and management.

5.0 CONCLUSION

This unit is designed to help you provide care under in emergency situation before, during and after disaster. The skills needed are provided.

6.0 TUTOR MARKED ASSIGNMENT

1. Describe triage in disaster nursing
2. Discuss the care of communities before, during and after a disaster.

7.0 REFERENCES/ FURTHER READING

Veenema T G (2007) Disaster Nursing and emergency preparedness for Chemical, Biological and Radiological Terrorism and other Hazards.