

# THE FUTURE OF COMMUNITY HEALTH NURSING

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## OPSOMMING

Gemeenskapsgesondheid word bespreek asook die aard en omvang van die konsep van omvattende gesondheidsdienste. Die opleiding van die gemeenskapsgesondheidsverpleegster word beskrywe asook die funksies wat sy na haar opleiding kan vervul. Haar rol in die verskillende opsette waar omvattende gesondheidsdienste geskep sal word, word voorgestel.

## INTRODUCTION TO COMMUNITY HEALTH

**T**HE methods whereby our culturally diverse people and the communities in which they live are provided with adequate systems of health care can never be static

because of constant social, economic, political, educational and professional changes within our society. This offers an exciting challenge to those of us with technical skills who also regard ourselves as reformers or agents of social change working for the betterment of public health. Despite much lipservice currently being paid to

the importance of "community health care" by many influential individuals and bodies, the complexities and difficulties of ensuring that everyone has access to health services within a community, are often not touched upon. The question arises what can a sincere and honest person achieve in the face of ignorance and superstition of a large part of the people, political overtones, inadequate funds and sometimes personnel of poor quality, or very inadequate personnel? It is necessary before attempting to describe various ways in which community health care systems may be organised in this country, to establish what elements are fundamental in such systems. **To begin with it is necessary to define what is meant by therapeutic or curative medicine, preventive medicine and public health.**

In this country **curative or therapeutic medicine** is concerned with the diagnosis and treatment of existing physical or mental pathology. Doctors in private practice or in the service of the four Provincial Hospital Administrations or the State Health Department's psychiatric hospitals all are involved in rendering curative medical care. They are assisted by the vast majority of practising nurses in this country in this task. Many of these nurses hold a variety of post-basic qualifications in specialised nursing fields associated with various aspects of curative nursing. The emphasis in curative or therapeutic medicine and nursing is on the individual patient.

**Preventive medicine**<sup>1</sup> on the other hand is concerned with attempts to focus attention on disease before it happens, that is, on prevention. Preventive medicine is practised at primary, secondary or tertiary levels. Primary prevention includes health promotion and attempts to prevent diseases from occurring, for example by immunisation programmes or health education. Secondary prevention attempts to diagnose existing disease early and by prompt treatment to limit its progression, for example, hypertension screening or Pap smears. Tertiary prevention encompasses the entire field of rehabilitation, that is, returning an individual who is wholly or partially cured back into the community to lead as full a life as possible. Preventive medicine is also directed at the individual and is practised by private practitioners, hospital medical practitioners and nurses and by medical and nursing staff employed by Local Authorities. In addition various industries employ medical and nursing personnel for the benefit of their workers.

**Public health** has been defined very comprehensively by Winslow<sup>2</sup> in 1920 as follows:

"Public health is the Science and Art of (1) preventing disease (2) prolonging life and (3) promoting health and efficiency through organised community effort for:

- (a) the sanitation of the environment
- (b) the control of communicable infection
- (c) the education of the individual
- (d) the organisation of medical and nursing services for the early diagnosis and preventive treatment of disease and
- (e) the development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health,

so organising these benefits as to enable every citizen to realise his birthright of health and longevity."

This definition is still acceptable in 1979 and the emphasis on the various components of the definition depends on the needs of the community being covered by the public health services. The Local Authorities in South Africa are responsible for the provision of these services at present and employ medical and nursing administrators and other categories of medical, nursing and health personnel for this purpose.

The goal towards which health planners in this country are striving, is the introduction of a comprehensive system of health care which combines all three elements described above and which will be available to all people living in South Africa and the independent states now evolving. The models being developed for this health care system vary in accordance with provisions of the Health Act No. 63 of 1977 in South Africa and the health legislation being promulgated in Bophuthatswana, Transkei and Venda.

## THE COMMUNITY HEALTH NURSE

The person today referred to as a Community Health Nurse has been variously designated in different countries and at various times. In this country she was previously known as a Public Health Nurse and also as a Health Visitor. She plays a key role in the services rendered by health departments of local authorities throughout the country and to hundreds of thousands of mothers and children throughout the country she symbolises the local health department. The post-basic qualification which a community health nurse must hold, also includes components which enable her to practice as an occupational health nurse, a school health nurse and as a district nurse, and this qualification will be discussed in greater detail later in this paper.

The public health nursing movement was started by a William Rathbone of Liverpool in 1859<sup>3</sup>. He had been much impressed by the care given to his terminally ill wife by a nurse and promoted the establishment of a visiting nurse service to the sick poor of his City. Mrs. Mary Robinson, the first nurse appointed to carry out this nursing task, had also to instruct her patients and their families in the care of the sick, the maintenance of clean and tidy homes and other matters related to healthful living. Eventually a special training school affiliated to the Royal Infirmary of Liverpool was established to provide specialised instruction for nurses taking up home visiting. Miss Florence Nightingale referred to these nursing graduates as "health nurses". From these small beginnings has evolved a training course which is perhaps one of the most complex of post-basic nursing diploma courses and which enables those who successfully complete it, to fulfill a variety of functions which include administrative, supervisory, staff and consultative positions.

## THE DIPLOMA IN COMMUNITY HEALTH NURSING SCIENCE

The South African Nursing Council, in Government Notice R43 dated 9 January 1970, laid down regulations



for the Diploma in Public Health Nursing (Health Visiting, School, District and Occupational Health Care and Mothercraft). Government Notice No. R1515 dated 21 July 1978 amended the main title of this diploma to the Diploma in Community Health Nursing Science. The syllabus which is covered during the course is as follows:-

- ( 1) **History**  
A brief general history of the development, particularly in South Africa, of public health, occupational health, school nursing, district nursing and mothercraft.
- ( 2) **Social Sciences**
  - (a) *Sociology*  
Introductory general sociology  
Social pathology  
Community resources
  - (b) *Psychology*  
Introductory general psychology  
Psychopathology  
Child psychology  
Mental hygiene
- ( 3) **Administration**  
General principles of administration  
Public administration, Central, Provincial, Local Government, Industrial, Voluntary organisations Administration of various categories of health service  
Epidemiology and vital statistics
- ( 4) **Personal and Community Hygiene**  
Health educational factors relating to physical and mental health for all age and race groups  
Environmental Health  
Epidemiology and control of communicable diseases
- ( 5) **Family Health**  
Maternal health, the infant, the pre-school child, the school child  
the adolescent, the adult, the family, the aged.
- ( 6) **Occupational Health**
- ( 7) **District Nursing**
- ( 8) **School Nursing**
- ( 9) **Health Education**
- (10) **Nutrition and Budgeting**
- (11) **Preventive dentistry**
- (12) **Professional practice**

This extensive course equips the community health nurse to evaluate the health needs of the people making up the community which she serves by applying epidemiological techniques<sup>4</sup>. She is aware of the differences in communities which exist as a result of their cultural backgrounds, their social, economic and educational status and of the financial and political influences which prevail.

## THE FUNCTIONS OF THE COMMUNITY HEALTH NURSE

As has already been stated, the community health nurse is active in a number of professional situations and her functions vary according to the appointment which she holds.

### I. The School Health Nurse

The School Medical Services for White scholars are rendered by the four Provincial Hospital Administrations and are essentially preventive in character in that schoolchildren are screened to detect physical or mental defects and when abnormalities are found such children are referred for appropriate treatment. The school health nurse very often undertakes this screening and refers any doubtful cases to the school medical officer. She works in close co-operation with parents, school principals and teachers and other members of the School Medical Services such as school dentists, clinical psychologists, speech therapists and others dealing with maladjusted or handicapped children. She also advises the educational authorities on common communicable diseases which she encounters in schools and their control. She also participates in safety and accident prevention programmes and in general health counselling and co-operates with community health education efforts.

### II The District Nurse

The district nurse may be employed by the Provincial Hospital administration as an extension of a curative service or by the Department of Health as an extension of its District Surgeon Service. Her function is essentially a curative one as her task is to nurse a patient in his or her home. When the patient has recovered, she withdraws her services. Because of her training however she introduces concepts of preventive nursing into her role as district nurse. She sees her patient, not as an individual, but as a member of a family within the community. She thus applies her knowledge of the psychosocial aspects of district nursing and educates both her patient and his family on matters relating to his disease condition and to his return to health. She is able to motivate both the patient and his family to adopt positive steps to improve their health.

### III The Occupational Health Nurse

As the urbanisation and industrialisation of the South African people increases, so more attention is being focussed on the health and welfare of the workers. Large organisations such as the mining, steel and petroleum industries have developed sophisticated systems of comprehensive health care for their employees. The vast body of industrial undertakings are however very backward in the provision of health services for the benefit of their workers and there are relatively few who employ qualified occupational health nurses. Some nurses with general qualifications only, have to try to develop occupational health services in the full sense.

The occupational health nurse has to promote and maintain the physical, mental and social wellbeing of all the employees of the industry which employs her. She must ensure that the working conditions are safe and she must endeavour to obtain the co-operation of management to eliminate or reduce chemical and other toxic hazards threatening the workers' health. She provides an emergency nursing service in the case of accidents and regularly treats minor illnesses and injuries at an early stage. She encourages those responsible to

provide a clean environment, clean ablution and sanitary facilities and proper nutritional facilities. She undertakes pre-employment screening of workers and also periodic screening of workers at risk to chemical or other health hazards. She ensures that workers suffering from tuberculosis, diabetes and hypertension receive regular treatment.

#### **IV The Community Nursing Administrator**

Local authorities in the Republic of South Africa vary greatly both in size and in character. Of the approximately 650 local authorities, many are comparatively small and have limited income resources. This means that the services which they can render to their communities have to be carefully evaluated in terms of their financial implications. At the other end of the scale, very large local authorities are also experiencing very great difficulty in balancing their budgets, as a result of escalating demands and static monetary resources. The findings of the Brown Commission, appointed to report, *inter alia* on local authority financial matters and fiscal policies are now expected to be published by the end of September 1979 and will have major implications for the future of local health services. Larger local authorities render the full spectrum of health services, namely, environmental health care, maternal and child health services, family planning, cancer prevention, control of communicable diseases, geriatric services, community psychiatric services and health education.

A full-time or part-time medical officer of health heads the local authority health team and he appoints a community nursing administrator who plans, organises, leads and controls the nursing services in the department, reporting regularly to the head of the department who must motivate the political leaders of the community to support the services morally and financially. The Department of Health acts as a local authority where such does not exist and is also responsible for paying part-refunds to local authorities for rendering approved health services. In order to implement these functions, the Department of Health also employs community nursing administrators at Head Office and Regional Office level.

#### **V The Community Nursing Supervisor**

In decentralised clinics of larger local authorities, in smaller local authorities, in homelands and in independent states in South Africa community health nurses are appointed in supervisory capacities at health centres or polyclinics to ensure that services such as district midwifery, primary health care services, family planning, tuberculosis control and health education are conducted in an efficient manner. Here the community health nurse acts as the leader of a team comprising midwives, general nurses, clinic assistants, health educators and clerks to ensure that a variety of curative and preventive services are available to and utilised by the local community.

#### **VI The Community Nursing Staff Member**

Numbers of community health nurses work as members of health teams, sometimes specialising in one or other branch of local health services, for example,

geriatrics, maternal and child health care, occupational health nursing, communicable disease control or family planning. In whatever capacity these staff members work, they should be able to co-operate with all other members of the health team including medical practitioners, nursing colleagues, health inspectors, clinical psychologists, etc. They should also be aware of and utilise all the community resources in their work areas and maximise the involvement of the people for whose benefit they render service. This involves a continuous effort to motivate their community, that is, to apply a process whereby eventually choices are made by persons among alternative forms of voluntary behaviour, which ultimately result in their adopting more beneficial health practices.

#### **VII The Community Health Nursing Practitioner**

As has previously been stated, the available health services in this country vary for a variety of reasons. It may therefore be the case that a community health nurse finds herself alone in a clinic serving a community of variable size and in a variety of geographical situations, with very limited resources. She must thus apply her knowledge to the full to create the most basic health services possible under the circumstances and with the means available to her.

In a report of the UNICEF/WHO Joint Committee on health policy<sup>6</sup>, the committee agreed on the following priority areas: care during pregnancy; childbirth and the postnatal period; promotion of breast-feeding and appropriate nutrition for both the lactating mother and the child; the proper supervision of growth and development of infants, including immunization; advice on fertility regulation; nutrition education to ensure the promotion of suitable weaning foods and the prevention and management of infant diarrhoea; the physical and psychosocial maturation of the child and adolescent; family self-reliance in matters of health; the management of prevalent diseases affecting mothers and children; and improved environmental sanitation.

It is interesting and significant, that the basis of this recommendation is in essence identical to the philosophy behind the appointment of the first "home visiting nurse" more than a century ago.

#### **THE FUTURE OF COMMUNITY HEALTH NURSING**

As explained in the introduction to this article, attempts are being made by health care administrators to evolve systems whereby the presently fragmented components of health services, namely curative and preventive medicine and public health, are welded together into a unitary system of comprehensive community health care. Whatever systems are eventually evolved, their application will of necessity have to be very elastic in order to meet the diverse needs of the communities to be served, their financial resources and their manpower resources. It is in this last category that the community health nurse will have to play a key role. Her background and present utilisation have already been discussed, and it will not be possible to implement comprehensive health services without using this category of community orientated nurses.



A comprehensive health service has the following components:- environmental health, maternal and child health, control of communicable diseases, prevention and early diagnosis of non-communicable diseases, health education, community health nursing, curative and rehabilitative services, statistics, community resources and involvement.

In order to implement these services it has been proposed to extend hospitals into the community by expanding out-patient departments and establishing local clinics, halfway houses and home care programmes outside the hospitals. Other proposals would rather build service systems around neighbourhood health centres than around hospitals. These centres would provide basic medical services and take responsibility for continuing patient care and only use hospital resources for sophisticated investigations, major surgery and capital intensive treatment facilities.

In addition to these out-of-hospital services, most conceptions of future health systems provide for deliberate integration of hospitals into a community-based system of health facilities and services and for limiting the expansion of individual hospitals according to geographic needs. These systems all provide for rationalization of the use of health personnel in order to deal with chronic manpower shortages and effect more efficient utilization of health staff.

The third major consideration is the cost-factor in providing effective health services. Most proposals call for prepayment arrangements to finance comprehensive coverage for preventive, diagnostic, treatment and aftercare services in and out of hospitals. Such payments would also act as incentives for the development and use of comprehensive health systems. A key to future successful planning will be the preparedness of various decisionmakers to work together to a far greater extent than they do now.

#### **A MODEL FOR COMPREHENSIVE HEALTH SERVICES IN AN INDEPENDENT BLACK STATE**

A suggestion for a hospital-orientated community-based comprehensive health care system is a Black independent state where there are no pre-existing, self-delineated health services is illustrated in Plan I. The major teaching hospital would provide highly specialised services and facilities, for example organ transplants and other complicated specialised surgical procedures, cobalt bomb therapy, and expensive investigative techniques. A number of geographically strategically placed regional hospitals could provide intensive care, general surgery, acute psychiatric treatment and general laboratory services. Each regional hospital would admit patients for its services only on referral from its health centres, again established with a view to accessibility to their satellite clinics. The health centres would control and supervise their satellite clinics and be responsible for the keeping of statistics. Each health centre would be responsible for environmental health control of its

area, for curative and rehabilitative out-patient services, maternity inpatients, paediatric and child guidance services, minor laboratory and X-Ray facilities. Satellite clinics would be graded Type I and Type II depending on the number of staff members serving the Clinic. Type I clinics would offer maternal and child health services community health nursing (including district nursing, school health nursing and occupational health nursing) community psychiatry, community geriatrics, prevention, treatment and control of communicable and non-communicable diseases and health education. Community involvement would be sought by the establishment of Clinic Committees. Type II clinics would provide basic services only as they would be manned by a single nurse.

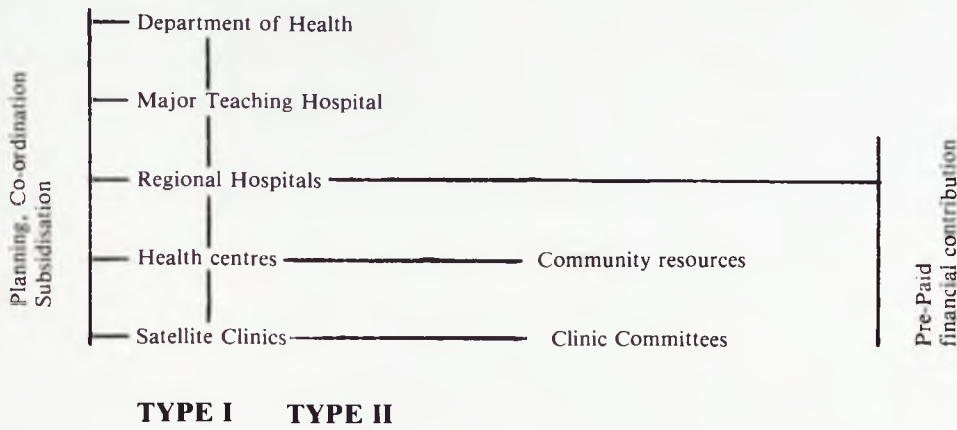
#### **A MODEL FOR COMPREHENSIVE HEALTH SERVICES IN THE R.S.A.**

In the Republic of South Africa, the establishment of a comprehensive system of health care is fraught with greater difficulties because of the already existing rigid demarcation between curative and preventive health services. It seems that the most practical way to evolve a co-ordinated system of health care would be to accept the fact that it should basically be locally orientated, that is, function from health centres provided by local authorities. (Plan II). It is a fact that there are no hospitals in many parts of the Republic whereas there are local authorities or State Health Department staff throughout the country. Accepting this premise, the health centres would also have to fall into different categories depending on the size of the local authority involved and also its character, for example, rural or urban, highly industrialised or agricultural. The health centres would provide the complete spectrum of comprehensive services, referring only cases requiring in-patient treatment to the nearest regional hospital. Regional hospitals would not be permitted to develop highly specialised facilities as these would be available at a limited number of major hospitals only. Finally, teaching hospitals alone would be permitted to undertake expensive and exceptional surgery and highly specialised investigative and therapeutic measures. The financial aspects of the comprehensive health service would necessitate a reappraisal of the services covered by present medical aid and medical benefit schemes. Involvement of private medical practitioners and private hospitals in the comprehensive health service would also be of great importance and the way in which such involvement could be achieved warrants urgent attention.

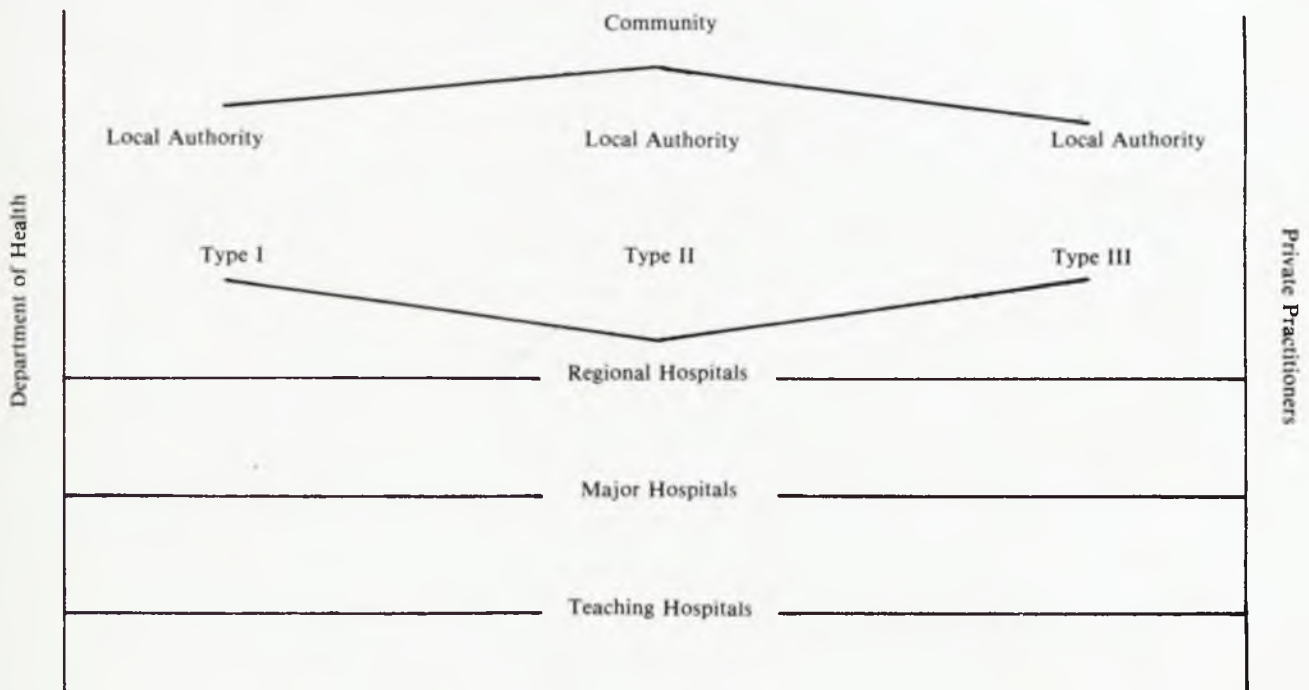
#### **CONCLUSION**

If the ideal of a comprehensive system of health care, available to all and utilised by all, is to be reached, community health nurses must all play an active and leading role in attaining this goal. Their training enables them to reach all the different individuals in the community which they serve and to meet the challenge of the future.

### PLAN I



### PLAN II



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