Clinical Skills Of Nurses In Mobile Health Services

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"Ngicela ningitshele konke enikwaziyo mayelana nokusebenza kwabahlengikazi bomphakathi kumtholampilo kamahambanendluvana"

("Tell me everything that you know about the nursing skills in mobile health services in your area")

Abstract

The purpose of this study is to explore and describe the acceptability of the clinical skills of community nurses in mobile health services. An explorative, descriptive design was employed. After a literature study, interviews were conducted with patients, and analysed. the results were verified by means of observation of the mobile services. The clinical skills were described as favourable and not favourable by patients some of which were confirmed during the observation phase. Guidelines for a more user friendly service were written.

Uittreksel

Die doel van hierdie studie is om die aanvaarbaarheid van die Gemeenskapsverpleegkundige se kliniese vaardighede in mobiele gesondheidsdienste te verken en te beskryf. 'n Verkennende en beskrywende navoringsontwerp is gevolg. Nadat 'n literatuurstudie gedoen is, is onderhoude met pasiënte gevoer en ontleed. Die resultate is by wyse van waarneming in die mobiele dienste geverifieer. Die kliniese vaardighede van die gemeenskapsverpleegkundige is as gunstig en minder gunstig deur pasiënte beskryf, waarvan sommige tydens die waarnemingsfase bevestig is. Riglyne vir 'n meer gebruikers-vriendelike dienslewering is neergelê.

Introduction

Primary health care is the essential care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to the individuals, families and community. Being the first level of contact to health care systems, primary health care brings health care as close as possible to where people live and work, and this function is ensured by the use of mobile health services (WHO, 1978:16).

When analysing the above definition of primary health care by the World Health Organization, the researcher developed question marks on the functioning of mobile health services in a certain area in KwaZulu-Natal, i.e. Are the mobile health services universally accepted by the community? Why are the people in this area still flocking into the hospitals and private practitioners (including *inyangas*) where there are mobile clinics moving around?

This area has a population of approximately 100 000 people (Local Council Census Statistics, 1996), the local mobile clinic attends to approximately 2 500 people per month. The Provincial Hospital, which is the base hospital in this area, attends to approximately 5 000 people from the said area per month (Hospital statistics, 1997). Most of the people who attend the hospital have minor illnesses and preventable diseases which could be catered for by the mobile clinic of this area.

At one clinic point, patients were questioned by the researcher as to why there is poor attendance of mobile health services (as there were fewer people attending that day). Their reply was that people complain of poor care and bad attitudes from the community nurses working in mobile clinics. They also stated that the mobile clinic nurses do not possess the same working skills as doctors and nurses in other health services. This raised concern regarding the skills of the nurses working in mobile health services to the researcher. (The researcher is a supervisor of the mobile health services under research).
The primary health care mobile service is practised all over South Africa and covers rural areas. Although these services are available, it can be questioned whether the clinical skills of the nurses working in mobile clinics are acceptable to the communities they serve.

The objectives of the study are:

- To explore and describe the acceptability of the clinical nursing skills in mobile health services of a certain area in KwaZulu-Natal;
- To formulate guidelines so as to make the primary health care mobile services more user friendly.

Terminology

Primary Health Care
"The essential care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community through their

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full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination" (WHO, 1978:16).

Acceptability
The word 'acceptable' or 'acceptability' as used in the context of this study, is taken to mean the provision of an adequate service, approval by the individual, family and community of health services, and faith in the skills and services which are offered by the primary health care clinics.

Mobile services
Van Vuren (1990:8) gives the following definition of mobile health services:
"These are petrol driven minibus-type vehicles. Apart from the driver and front passenger seats, the remaining seats are removed and space created and modified to accommodate normal clinic activities. A tent can be attached to the clinic to provide additional accommodation. As the facility is mobile, it serves the population which does not have access to fixed clinics."

Clinical skills
The word *'Clinical'* related to the observation and treatment of patients attending the mobile health clinic. It is distinct from the theoretical study of nursing science, i.e. in a clinical setting, one is actually practising the theory that has been theoretically learnt (*Peninsula English Dictionary: 119). 'Skill'* means the ability coming from one's knowledge, practice and aptitude to do something well. It also means the competent excellence in performance (*Random House Dictionary,* 1983:1791). *'Clinical skills'*, therefore, means the ability or competent excellence to observe and treat patients during their attendance at the clinic.

A community
A community is an identifiable group of people who share a common interactive pattern and/or geographical location. An individual interacts with his family and his community (NWPT-RAU, 1990: 136-142).

Research Design and Method

An exploratory descriptive, contextual study was conducted. The research method was divided into two phases (interviews and observations) based on a literature review. Interviews were conducted with patients attending the mobile health services at the area under research. The interviews were conducted to determine the acceptability of the clinical skills of community nurses working in mobile health services. Six groups of patients interviewed were selected, i.e. from 23 clinic points, six clinic points were randomly selected and from these clinic points, a convenience, non-probable sample of 12 respondents was selected from patients attending the service who happened to be at a clinic point on the day of the interview. The criteria was that patients should be above 18 years of age, and have attended the clinic more than once.

Data collection

Focused group interviews were conducted until the data collected was saturated. The purpose of the research was explained to the respondents to gain their trust and co-operation. A broad focused question was asked which focused the whole interview session. The question was: "*Ngicela ningitshele konke enikwaziyo mayelana nokusebenza kwabahlengikazi bomphakathi kumtholampilo kamahambanendlwana*" ("Tell me everything that you know about the community nursing skills in mobile health services in your area"). Some probing was done and guiding questions systematically asked, which were focusing on the skills of community nurses. The language used was isiZulu. A tape recorder was used to tape the whole interview session and the researcher made some field notes.

Parse's data analysis method was used:

- Data was analyzed from the findings of the focused group interviews (with patients as respondents) which was collected by the use of a tape recorder and the researcher's field notes.
- The researcher listened carefully to the cassettes taped in the original isiZulu language.
- Data was transcribed from the cassette tapes to the written scripts, i.e. the exact words of the respondents were transcribed in isiZulu.
- The researcher then compared the transcripts with her written notes to check for missing data.
- The core ideas and core concepts were determined, interpreted and synthesized into more meaningful and scientific data.
- The data was then translated from isiZulu to English after analysis and synthesis thereof.
- The external decoder assisted with the coding of data.
- Common information from all the groups interviewed was extracted and reorganized to form the findings of the research for Phase 1.

Observation of the clinical skills of community nurses in mobile health services was conducted as the second phase of the study. The goal of this phase was to verify or reject statements made by Phase 1 respondents. A purposive, non-probability sample was chosen amongst the community nurses working in mobile health services at the area under research. The selection was done by the researcher as supervisor of the mobile clinics. The criteria for selection was the following:

- The nurse should have in excess of one year's experience in mobile health services; and
- She should be registered with the South African Nursing Council.

During this phase the data collection and data analysis was done as follows:

- The skills of community nurses were observed with the assistance of an observational list designed from the findings of the interviews with the focus groups.
- Each nurse was observed whilst conducting different services, i.e. family planning service, health education sessions, immunization service, ante-natal care service, and the treatment of minor illness service. These services are the only ones available at the mobile health services under research.
- The services were categorized under the headings of promotion of health, maintenance of health, and restoration of health.
- The community nurses were observed by the researcher whilst conducting her routine supervision as a supervisor of the clinic. The researcher played a role of being the participant-observer whose intentions were unknown to the nurses in order to avoid a change of behaviour which could result if nurses were aware of being observed. This could bias the findings of the research. For data analysis, the observation list consisted of all the findings from Phase 1 interviews with a "Yes" and a "No" column against each finding. The "Yes" column was all those behaviours observed and that confirmed what the Phase 1 respondents had revealed. The "No" column was all those behaviours reported by Phase 1 respondents, but were not observed by the researcher.
- From the observation list, and the researcher's field notes, the findings were generated.

Findings

The findings were extracted from the response made by the patients during interviews, the observations made by the researcher on the clinical skills of community nurses in mobile health services. Observations were conducted to confirm

or reject the statements made by the patients during interviews - there were some serendipitous findings as well.

Findings: interviews with patients

During the interviews, patients revealed that the community nursing skills in mobile health services are favourable and sometimes not favourable.

Skills that are favourable to the patients

The following favourable views were given:

* The patients were grateful that their health needs are attended to by the community nurses, irrespective of the problems they encounter with the service;
* During health education sessions, the patients are pleased to be given more knowledge on health matters for them to become healthier and their life preserved;
* Immunization services conducted by the community nurses are helpful in preventing childhood diseases;
* During family planning services, an individual is issued with a family planning method of her choice, after being given information on different types of birth control methods.
* The patients receive advice, education and treatment on the diseases that affect them and they are educated on how to care for themselves at home.
* The patients receive treatment and medication that helps in curing their illnesses.
* During consultations, the patients are screened inside the mobile-car tents opened from the sides of the car for privacy and are made to sit comfortably next to the nurse where they are able to ventilate their health problems freely.

Skills that are not favourable to the patients

The following findings are relevant:

During health education sessions, patients complained that the nurse stand in front of the group of patients and gives a lecture method which is boring; the nurse mixes the languages which makes it difficult for the patients to understand her; health education sometimes is regarded as a waste of time. Patients were quoted as saying, "We become very bored if the nurse stands in front of us and lectures. Why can't she make us sing some health songs, or show us nice pictures about what she's teaching us?"

During family planning service: Patients complained that no physical examinations are being conducted if the patient is sick, findings of investigations are not explained to the patients; there is too much scolding if patients have not brought their cards along. No family planning method is given if the card is not available; nurses sometimes are very rough when giving injections (some have long fingernails); pregnancy tests are not done before the issuing of a method. Patients were quoted saying: "We request that we can be thoroughly examined and be told what is wrong with us".

During ante-natal care service: In some other clinic points, this service is not available. At those clinic points where this service is available, patients complained that examination findings are not explained to them; patients are not told anything about their blood results. Where the ante-natal clinic service is not available, patients were quoted as saying: "The nurses don't take care of pregnant mothers in this clinic".

During immunisation services: Patients complained that nurses scold a lot if the mother has no card, even if she explains that the card was lost. There's no examination of the baby; no explanation given about the vaccines and why they are given. Nurses do not teach the mothers about the baby's Road to Health card. No explanation is given to the mother about the after-effects of immunizations (e.g. some mothers complained that babies developed fever after immunizations). Patients were quoted as saying: "Nurses are scolding a lot about lost cards even if you give sound reason about the loss".

During the treatment of minor illness: Patients complained that physical examinations are not conducted; Nurses do not explain the actions, side-effects and contra-indications of medicines; findings of investigations, observations and examinations are not explained; some nurses are unfriendly, unapproachable and cheeky. Patients were quoted as saying: "We need to be properly examined so that nurse may discover other diseases that we were not aware of".

Patients' rights: Most of the patients' rights were neglected.

Findings: observations of community nurses

During the observations of the community nurses skills, the researcher confirmed most of what the patients said in Phase 1. Other nurses' behaviour mentioned by the patients were not observed, e.g. the nurses' clothes were fancy, and they had long nails. The researcher observed that some nurses were lacking skills of taking correct history from the patients. Sometimes there was scanty information of self-care at home. Individual health education was sometimes not given. Some nurses are difficult and unapproachable in so much that some patients are afraid to ventilate all their problems and may even go back home with their problems unsolved.

The serendipitous findings

The patients were not comfortable and open when communicating with the nurses. Most of them seemed to be very shy. The observer could see that most of the problems the patients came for were not ventilated and were left unsolved. The spiritual of social concerns of the patients were neglected, i.e. religious affiliations were not catered for. Patients were rarely asked about their social life and family histories. Also their cultural beliefs were neglected. There was no community involvement, even with health education sessions. The researcher also observed the following:

- There was a lack of sufficient space in mobiles.
- Shortage of staff was a problem.
- There was a shortage in equipment.
- Nurses appeared to be exhausted from the tasks of driving and travelling to the clinic area, opening up of the tents, transferring equipment into and out of the cars, and preparing the work station before they started seeing patients. These assumptions of the researcher were presumed to be the cause of nurses' lack of interest in caring for the patients and the poor skills they (the nurses) rendered.

Conclusions

The conclusions were drawn by analysing the findings from Phase I (interviews) and Phase II (observations) i.e. from the focused group interviews with patients and from the observation of the clinical skills of community nurses working in mobile health services. Both findings are then compared to determine the acceptability and unacceptability of some of the clinical skills of community nurses working in mobile health service. A review of the literature has also been conducted.

Nurses seem to fail at the task of communicating the elements of health education which the members of a community need to know. Part of the problem is perceived as being caused by the nurses mixing different languages, using medical jargon which is difficult to understand, and always using a lecture method of instruction, which induces boredom and lack of concentration.

These factors are deemed to be unacceptable because the patients stop listening and trying to understand, and as a result will learn nothing about the prevention of diseases and promotion of health. This could in turn result in the increase of morbidity and mortality rates within the community.

The failure of community nurses to perform physical examinations could result in wrong diagnoses being made, with subsequent incorrect treatment of patients being administered. The scolding of patients could result in patients finding the mobile service unacceptable to them, and cause their reluctance to attend the clinics, and could be the reason for patients preferring to consult private doctors, or attend hospitals. The failure of the nurses to clearly explain their findings to the patients could result in the patients failing to comply with instructions given and could constitute a health risk to patients.

The failure of nurses to check the growth and development of infants could be detrimental to the health status of the babies, and the failure of nurses to give proper guidance to mothers about immunisation, problems with mass, and other growth problems of the infant could result in the mothers being ignorant about the importance of these aspects and therefore increase the health problems of their infants.

Absence of proper ante-natal services at some clinic points is a health hazard to the pregnant mothers and the foetus, as it can lead to an increase in the health problems of both the mother and the foetus, and also in increased maternal and foetal mortality rates. However, free health services are now offered to pregnant women, and should soon be implemented at all the mobile health services.

Inadequate or absence of physical examinations (as noted by the patients) poses a serious threat to the service as a whole. This could lead to an incorrect diagnosis and treatment of patients which could result in the onset of complications of the diseases, causing prolonged convalescence, or even death.

Failure to inform patients about the results of the findings and observations may result in patients not conforming to the treatment issued to them and this could prevent or delay recovery from an illness.

Negative attitude of nurses, which included the scolding of patients, could be the reason why patients often prefer to attend hospitals and private doctors instead of the mobile health services in their area.

Concentration by nurses on only the physical aspect of individuals, and treating only the symptoms of the disease instead of considering the patient holistically, i.e. psychologically, socially, and spiritually, is considered to be unacceptable.

Failure to explain the actions, side-effects and contra-indications of drugs to the patients poses a serious threat to the life of a patient, as he may not understand the importance of continuing with the treatment at home. The patient could also under-dose or over-dose the drug, leading to further complications.

Failure to take an adequate case history can lead to a wrong diagnosis and incorrect treatment of patients.

When treating minor illnesses, an adequate history should be obtained from the patient. Any necessary examination of the patient should be undertaken, and after a proper diagnosis has been made, the correct intervention methods should be applied. If necessary, a patient should be given a referral for further treatment. Appropriate medication should be prescribed and dispensed, along with full instructions as to its proper use, and warnings about its misuse. The dispensing of the medication should then be properly recorded (Department of Health, 1993).

The lack of attention to the rights of the individual patient could result in community nurses being charged with negligence in a court of law. The Bill of Rights contained in the new Constitution of the Republic of South Africa (1996) states that the rights of all people should be respected and maintained. Failing to respect the individual's rights is regarded as a criminal offence.

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Guidelines for Rendering a User Friendly Mobile Health Service

Guidelines are formulated with the intention of showing the community nurses the real meaning of the primary health care concept, that was accepted by the Alma Ata Conference in 1978, which states: "Primary health care is the essential care based on practical, scientifically sound and socially acceptable methods and technology made universally acceptable to individuals and families in the community.....". This means that through these guidelines, the concept of primary health care should make the transition from being only words to becoming real actions, i.e. this essential care should be based on socially and medically acceptable methods which are universally acceptable to the community.

The guidelines are also formulated to improve the practice of primary health care (if further similar research is going to be conducted), and to make mobile health services more user-friendly" (WHO, 1978:6). The presentation of the guidelines follows the structure of the promotion of health, maintenance of health, and restoration of health.

a) Promotion of health - health education

From the findings and conclusions, it was revealed that patients regard the health education as a waste of time because of the manner in which it is conducted. This is regarded as unacceptable because health education is the foundation of primary health care in the sense that it helps people to promote health and prevents the occurrence of diseases. In order to improve health education the following guidelines are formulated:

° The teaching strategy of health education must be improved to make it more interesting to patients. This could be done by, amongst other methods, the use of panel discussions, role plays, stories and songs. Nurses should use the lecture methods of teaching less often.

° The participants in health education should be involved in interesting discussions to that they remain mentally alert and do not become bored.

° Interesting teaching aids should be used to arouse the curiosity of participants.

° Health education should also be promoted by initiating and celebrating 'health days', and the community should

be encouraged to involve themselves as much as possible.
° Community nurses should receive intensive in-service training as health educators so that they are able to give adequate and interesting presentations.
° Community nurses should learn to impart proper knowledge fluently to the patient. They should not try to impress the patients by showing them that they know medical terms. The message should be simple and to the point.
° Planned and proper health education should be given at the clinic points at all times.

b) Maintenance of health

Family planning

° Community nurses should timeously receive family planning in-service updates to that they are always equipped with correct information on family planning.
° Evaluation of family planning services should be conducted timeously by supervisors to detect whether the nurses:
- still have adequate knowledge of family planning methods, i.e. the advantages, disadvantages, actions, side-effects and contra-indications;
- are conducting physical and vaginal examinations correctly, and also that the Papinocular smears are done routinely;
- are issuing the family planning methods as a choice of the individual;
- the nurses are providing proper health education to patients on family planning;

° Pregnancy tests should be done on all first visits when the patient is unsure of the dates of their last menstrual period.
° Proper instructions should be given about the taking of any family planning method at home.

Immunisation service

° Community nurses should explain all the effects to different vaccines to the mothers when issuing the vaccines to their babies. Mothers should know what vaccine the baby has or has not received, when the baby is due to have a certain vaccine, and how it is going to be given to the baby.
° Community nurses should be taught to check the growth development of children to avoid discovering complications very late in life when no help can be given.
° Mothers should receive frequent group and individual health education about the importance of immunisation.
° Communication with the mothers should always be good so that they will be motivated to bring their babies for immunisations. No scolding should be done, because the mothers might be afraid to bring their babies for immunisations, and prefer to remain at home. This could increase morbidity and mortality rates.
° Mothers should be taught about the 'Road to Health' card so that they will be able to detect any abnormality in their babies themselves, e.g. mass los.
° Community nurses should give guidance to individual patients regarding nutrition and basic child care.

Ante-natal care service

° This service should be extended to all clinic points and not just to some as it is necessary that all mobile health services render this service.
° Community nurses should raise the awareness of pregnant mothers as to the importance of attending the ante-natal care service at the mobile clinic.
° Community nurses should educate pregnant mothers on the importance of attending ante-natal care services so that abnormalities that might affect both the mother and child can be detected early and treated.

c) Restoration of health

Treatment of minor illnesses

° Community nurses should be well trained on conducting thorough physical examinations, i.e. chest examination, abdominal examination, examination of patients from head-to-toe (all systems). Nurses should be sure of what abnormalities they are looking for when conducting these examinations and must conduct them honestly and thoroughly.
° Evaluation of this service by the trained staff should be done timeously in order to check that the service is conducted correctly.
° It is important the community nurses be taught the importance of communicating the findings of their examinations, the reasons for, and expected results to the recommended treatment, and the side-effects and contra-indications of prescribed drugs. It appeared that this was largely neglected by most community nurses, and this neglect could be extremely detrimental to the health, and even the life, of the patient.
° Communication skills should be taught to the nurses so that they learn to be friendly and patient with the people.
° History-taking skills go hand-in-hand with communication skills, and nurses should learn how to extract adequate and full case histories, so that they will be able to obtain important information about the patient's physical, social and psychological problems that could be a contributory cause of the disease. This would lead to better diagnosis and treatment of the patient.
° Nurses should learn to provide the patients with proper instructions regarding self-care at home, the taking of treatment, and the importance of follow-up clinic attendance.

Patients' rights

° Patients should be taught about the Bill of Rights as outlined by the new Constitution of the Republic of South Africa (1996). Booklets on the new constitution should be ordered and distributed to literate patients for their information. For those unable to read, they should verbally be educated on their rights as patients. Bill of Rights' posters, relevant to clinic patients, should also be displayed on the walls of clinics for patients to read.
° In order to avoid any possibility of being sued in a court of laws, community nurses should respect and maintain the patient's rights.

General guidelines

° Nurses should be motivated to read professional books, articles and journals in order to update their knowledge and skills.
° They should be motivated to attend in-service training. In fact, it is recommended that the attendance of in-service training should be compulsory.
° In the findings of this research, it was revealed that patients need some services that are not available to the mobile health services - eye care services, oral-health services, care for youth, care for the elderly, and good referral and rehabilitation services. It is suggested that the primary health care authorities should pay attention to these aspects of health care.
° Community nurses should encourage community participation in their services, i.e. the involvement of community-based organizations and the community itself in the health matters of their community.
° Liaising with other health workers (e.g. non-governmental organizations such as the South African National Cancer Association (SANCA)), would help enhance the services offered. Environmental health workers and community developers should also be involved.
° Nurses should be taught to respect the cultural and religious beliefs of patients and should cater for the physical, psychological, social and spiritual aspects of the individual as mentioned in the definition of health by the World Health Organization.

Conclusion And Recommendations

The first objective of this research was to explore and describe the acceptability of some clinical skills of community

nurses working in mobile health services. It was discovered from the interview findings that some skills were regarded as acceptable whilst others were regarded as unacceptable by those patients who were interviewed while attending the clinic. To verify the perceptions of the patients during interviews, the researcher conducted observations of the clinical skills of community nurses. She (the researcher) concluded that some actions by the community nurses were acceptable and others were unacceptable.

The second objective was that guidelines would be formulated to make mobile health services more user-friendly. The guidelines are aimed at changing the unacceptable skills of community nurses into acceptable skills. Community nurses need to be perceived by the community as being concerned about the well-being of the community in which they serve.

It is recommended that the guidelines be implemented and evaluated by means of a pre- and post-test survey.

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