

Role of Nurses and other Health Care Providers in Promotion of Health In Pakistan

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ABSTRACT

According to WHO, "Health promotion is the process of enabling people to increase control over, and to improve, their health. It moves beyond a focus on individual behavior towards a wide range of social and environmental interventions". As like the other countries Pakistan also working on MDGs but the studies showed that the progress in achieving those goals is relatively slow. This review paper was aimed to see the role of health care providers especially nurses in context of health promotion in Pakistan. The search was relevant to the predetermined topic, performed by accessing the database Science Direct, EBSCO, CINAHL and MEDLINE, NCBI PMC were restricted to last 10 years. Literature shows that healthcare providers generally find eHealth beneficial for their professional development, and useful for the patients. It saves their time, and provides communication and learning opportunities to enhance their knowledge and skills. Changes to the role are necessary including increased education of the assistant manager CHNs and preparing administration to work with the assistant managers for effective leadership. To achieve competencies and maximum efficiency must consider the advance and ongoing education to evaluate the needs of community and build capacity about new emerging field like utilizing eHealth for promotion of community health

Key words: health promotion, nurse's role, Pakistan, community health nurse.

INTRODUCTION

Health Promotion is the art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice (O'Donnell, 2009).

Health promotion is a strategy that can help to reverse unequal health outcomes. The goal of health promotion is to enhance physical and psychosocial health. People can preserve and promote their own health by doing Health promotion activities. Pakistan is a developing country with over 65% of its population living in rural areas. Significant attempts to implement policies have occurred, first under the Safe Motherhood and later the Millennium Development Goal (MDG) initiatives, with a degree of success in improving services.



Physical : Fitness. Nutrition. Medical self-care. Control of substance abuse.

Emotional: Care for emotional crisis. Stress Management
Social : Communities. Families. Friend.
Intellectual: Educational. Achievement. Career development
Spiritual : Love. Hope. Charity (O'Donnell, 2009).

Yet despite these efforts, Pakistan is unlikely to meet the targets of the fifth MDG, which includes the reduction of maternal mortality and universal access to reproductive health care by 2015. Professionally there are some expectation of the role as community health Nurse leader which are , orient and evaluate all community health staff, implement and monitor current community programs, develop protocols for minor ailments and teach a community health course in addition to 'strengthening primary healthcare'(Gulza, 2013).

In public health, midwife is playing a positive role, promotes healthcare system for mother and child, and brings the good change in the maternal health conditions and newborn baby (2). Community midwife have a multipurpose role in maternal health, public health. In all these process, communication is very important. Empirical evidence shows that relationship between infant and primary health caretaker has significant impact on maternal health and baby health (3). The role of a midwife also includes working independently to promote normal birth, identifying deviations from the normal, carrying out emergency processes when compulsory, providing counseling and education for the woman and her family throughout pregnancy and child birth, and promoting health in the wider community (4). Midwife and maternal health has a strong relationship, which is a positive sign. Community midwife needs in community respect because she is very responsive. With encouragement and support, she can perform health-relating services efficiently and smoothly. At present, midwife has become a necessary and vital part in primary health care system (5). In Pakistan, childbirth cases are assisted by untrained community midwives (CMW). In urban areas of Pakistan, people can afford expensive medical services about maternal health but in rural areas where 70% populations are, living situation is worst. In rural areas basic health units are present but no woman doctors and nurses are available. Mostly people get medical services from untrained quacks and traditional community midwife. It is suggested that if government provide proper training to community midwife then maternal death rate can be decreased. Rural women feel hesitation from getting treatment by male doctors. Mostly community midwives are natives and preferred for treatment by female. (Tabbassam, 2014)

Literature shows that healthcare providers generally find eHealth beneficial for their professional development, and useful for the patients. It saves their time, and provides communication and learning opportunities to enhance their knowledge and skills. Use of e Health also increases communication and interaction between healthcare providers at different levels, reducing professional isolation for providers in remote areas. Health providers, especially nurses, also enhance communication and interaction with their patients using eHealth, strengthening the nurse-patient relationship leading towards better care. Healthcare providers also perceive eHealth to cost for the patients, increase their access to healthcare , provide better clinical care and management, and ensure continuity of care

MATERIALS AND METHOD

The search was relevant to the predetermined topic, performed by accessing the database Science Direct, EBSCO, CINAHL and MEDLINE, NCBI PMC were restricted to last 10 years. Keywords used were used health promotion, nurse's role, Pakistan. Criteria for inclusion in this review were the research studies conducted within 10 years and assessing the health promotion activities conducted by nurses and health care workers in Pakistan. Full text articles and abstracts were reviewed, to choose studies that fit the criteria.

RESULT AND DISCUSSION

Soon after the Alma-Ata Declaration, it was recognized that community participation was important for the provision of local health services, promotion of health and for delivering interventions at the community level. Community support groups and women's groups are now increasingly becoming a core component of community service package comprising of community

representatives for health promotion. The goal is to enable the community to provide support to individuals especially women and families. Communities are motivated to find out obstacles to care and select the most appropriate interventions for their situation. Community deployment helps to educate them about available resources, identify danger signs of disorders and importance of taking help from professionally trained health care workers in case of emergencies. A range of promotive messages, quality care and scale up coverage for Maternal and Neonatal Health can be delivered through community workers and women's groups (Lassi, 2014). Nurses, midwives and other health care workers are the important source of their advocacy on upper level to raise their issues and communication should be clear to promote collaboration among all health care providers.

Issues for Nurses in Care Provision

Lack of communication with other health care professionals as a barrier in providing quality care by limiting their opportunities for knowledge enhancement as highlighted by nurses. The main reason identified was the distance between health facilities and lack of internet or telephone facilities at the centres. Nurses also highlighted their lack of competencies in certain areas which hindered provision of holistic care to the patients at their respective health facilities. (Khoja, 2013).

Issues for Community

Ahmad (2011) in his study compared involvement of parents in community-based health promotion activities of their children and primary schools in rural and urban settings. Children's health knowledge and behaviors improved as a result of the intervention but they were less successful in communicating with and influencing their families. However, there was greater influence when parental education levels and socioeconomic status were higher. Parents in village communities were more accepting of children's health initiatives than city parents, perhaps because of a greater sense of security and familiarity with each other.

In previous studies nurses shared that due to shortage of health care facilities in their region, community found it very difficult to access the services. They had to travel from far-flung areas to reach the next level facility causing delays in care, increasing cost, and difficulties for the sick patients to travel on difficult roads in harsh weather. Community health nurses are the backbone of Nurse-Family Partnership's success. Nurse-Family Partnership helps at-risk, first-time mothers have healthy pregnancies, improve child health and development, and become more economically self-sufficient. Because of their specialized knowledge, the public health nurses who deliver the Nurse-Family Partnership program in their communities establish trusted relationships with young, at-risk mothers during home visits, providing guidance for the emotional, social, and physical challenges these first-time moms face as they prepare to become parents. But most importantly, Nurse-Family partnership.

There are many efforts and struggle going on by the community health providers to meet the needs of individual and population healthcare needs within developing countries on a daily basis. Expectations of those within the role must be synchronous with the realities they face, along with meeting target goals for improving health at the local, provincial and national levels. Analytical and other research studies are extensively needed by nurses as the data was not sufficient.

In Pakistan community health nurses must include comparison of their work on provincial and the community's level in context of health promotion. Surveys would be helpful to find out their educational requirements in compare to position description. At community level, home visitation, community mobilization and training of community health workers and traditional birth attendants have the maximum potential to improve a range of maternal and newborn health outcomes. There is lack of data to establish effectiveness of outreach services, mass media campaigns and community education as standalone interventions. Future efforts should be concerted on increasing the availability and training of the community based skilled health workers especially in resource limited settings where the highest burden exists with limited resources to mobilize.

CONCLUSION

To achieve competencies and maximum efficiency must consider the advance and ongoing education to evaluate the needs of community and build capacity about new emerging field like utilizing eHealth for promotion of community health.

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