

The place of public health nurse in national health policy in Nigeria: A review

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ABSTRACT

The aim of this paper is to highlight the role of public health nurses in providing the appropriate primary health care in Nigeria. The national health policy of Nigeria is highlighted as it concerned primary health care. The practice, role and activities of public health nurses were outlined and health statistics of Nigeria without public health nurses in Local Government system were shown. It is concluded that the poor health statistics of Nigeria can be improved only when public health nurses are allowed to take their proper position in primary health care in Local Government system in Nigeria.

Keyword: National health policy, public health nurse, public health practice, health statistics.

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INTRODUCTION

The national health policy and strategy to achieve health for all Nigerians was promulgated in 1988. Before this, in August 1987 Federal Government launched the primary health care in line with Alma-Ata declaration. Few years after the promulgation of the National health policy there was a widely perceived urgency for change of the policy and a health policy was endorsed formally by the government in 2004 (FMH, 2004).

National health policy in Nigeria

The national health policy constitutes a suitable framework for the design and successful implementation of a government led comprehensive health sector reform in Nigeria. It provides concise statements on ancillary policies of the main health programmes such as HIV/AIDS, malaria, immunization, population, reproductive health, health management information system and traditional medicine (Lambo, 2004).

The overall objective of the revised national health policy is to provide effective, efficient, quality, accessible and affordable health services that can improve the health status of Nigerians in tandem with millennium development goals. The target of the policy includes:

1. Reduce by two-thirds between 1990 and 2015 the under-five mortality rate.
2. Reduce by three quarters between 1990 and 2015 the maternal mortality rate.
3. Stop new spread and reverse the incidence of HIV/AIDS by the year 2015.
4. Stop new transmission and reverse the incidence of malaria and other major diseases by the year 2015.

The health policy has seven major thrusts. Public health nurses is directly involved in health system based on primary health care. The health system based on primary health care has the following elements:

- i) An articulated programme on information, education and communication (IEC) which should also include specific programmes on school health services.
- ii) Promotion of food supply and proper nutrition.
- iii) An adequate supply of safe water and basic sanitation.
- iv) Maternal and child care including family planning.
- v) Immunization against the major infectious diseases.
- vi) Prevention and control of local endemic and epidemic diseases.
- vii) Appropriate treatment of common diseases and injuries.

viii) Provision of essential drugs and supplies
 ix) Promotion of a programmes on rural health system which is expected to:

- a) Reflect the economic conditions, socio-cultural and political characteristics of the community
- b) Address the main problems in the communities providing promotion, preventive, curative and rehabilitative services accordingly.
- c) Involve communities in health policy formulation.
- d) Promote maximum community and individual self-reliance.

At this point, it is important to then consider public health nursing practice and see if it has some things to do with these policy objectives.

PUBLIC HEALTH NURSING PRACTICE

Public health may be defined as the organized efforts of society to keep people healthy and prevent injury, illness and premature death. It is a combination of programmes, services and policies that protect all citizens (Last, 2001). A public health nurse is a registered nurse whose roles and activities are focus on health promotion, health protection, disease and injury prevention, health surveillance, population, health assessment, as well as emergency preparedness and response (Canadian Public Health Association, 2010).

It is important to compare the practice of public health nurse in Nigeria with the practice in other part of the world to know if there is a missing link.

According to American Nurses Association (2002) the practice of public health nursing focused on:

- i) Entire populations and sub-populations that have similar health concerns or characteristics.
- ii) Assessment of population health status that is determined through a community health assessment process.
- iii) Consideration of the broad determinants of health which include:
 - a) Income and social status
 - b) Social support networks
 - c) Education and literacy
 - d) Employment
 - e) Social environments
 - f) Physical environments
 - g) Personal health practice and coping skills
 - h) Healthy child development
 - i) Biological and genetic endowment health service
 - j) Gender and
 - h) Culture
- iv) Consideration of all levels of prevention, with a focus on primary prevention.

v) Consideration of all levels of practice by including a community focus, a systems focus, and individual/family focus:

- a) Consideration of all levels of practice by including a community focus, a system focus, and individual/family focus.
- b) Community – focused practice aimed at entire population within a community
- c) System-focused deal with system that have impact on health e.g. policy
- d) Individual/family focused practice largest on individual or as part of a family.

The roles of public health nurse

According to Minnesota Department of Health (Health, 2000), the key roles of public health nurses include health promotion, disease and injury prevention, health protection, health surveillance, population health assessment, emergency preparedness and response.

Health promotion

Health promotion is the process of enabling people to increase control over and to improve their health. Health promotion programme help individuals, communities or groups to reach a state of complete physical, mental and social well-being. It also help individuals to realize aspiration, to satisfy health needs and to cope with the environment (Ottawa, 1986).

The nurse encourages the adoption of health beliefs, attitudes and behaviors that contribute to the overall health of the population through health policy, community-based action, public participation and advocacy:

- a) Support public policy changes to modify physical and social environment that contribute to risk.
- b) Assist communities, families and individuals to take responsibility for establishing, monitoring and improving their health.
- c) Encourage skill building by communities, families and individuals.
- d) Initiate and participates in healthy promotion activity

Disease and injury prevention

Disease and injury prevention has been extended from preventing the onset of diseases to early diagnosis and treatment of sick persons with the aim of preventing advanced disease and reversing damage and restoring function (Lucas and Gilles, 2003).

- i) Reduce the risk of infectious diseases outbreak by:

- a) Early identification
- b) Investigation
- c) Contact tracing
- d) Preventive measures and
- e) Activities to promote safe behaviors (Butler-Jones, 2008)

ii) Apply epidemiological principles and knowledge of the disease process to manage and control communicable diseases using:

- a) Prevention technique
- b) Infection control
- c) Behavior change counseling
- d) Outbreak management
- e) Surveillances
- f) Immunization
- g) Episodic care
- h) Health education

iii) Use appropriate technology for reporting and follow up.

iv) Use effective strategies to reduce risk factors that may contribute to chronic diseases and disabilities.

Health protection

Health protections are those actions taking that aimed at protecting and preserving the health of the people.

The public health nurse acts in partnership with public health colleagues, government, and other agencies to:

- i) Ensure safe water, air and food
- ii) Control infectious diseases
- iii) Provide protection from environmental threats
- iv) Take lead in identifying issues of public health interest.
- v) Works with others in providing safe living, work and play environments.

Health surveillance

Health surveillance means the exercise of continuous scrutiny and watchfulness over the distribution and spread of infection and the related factors, with sufficient accuracy and completeness to provide the basis for effective control (WHO, 2000). The public health nurse:

- i) Is aware of health surveillances data and trends, applies these knowledge to day-to-day work.
- ii) Integrates eco-social surveillances that focus on broad multi-level conditions that contribute to health inequalities.
- iii) Mobilizes formal and/or informal networks to systematically and routinely collect and report health data for tracking and forecasting health events or health

determinants.

iv) Collects and stress data within confidential data system, integrates, analyzes and interprets these data

v) Provides expertise to those who develop and/or contribute to surveillance system, including risk surveillances.

Population health assessment

The objective of population health assessment is to identify and deal with health problems of the population. The activities of health assessment range from the investigation of an acute epidemic outbreak to longer-term definition of the priority health problems and their determinants. The information gathering provides a sound basis for making decision about the best approach for dealing with the disease.

The public health nurse:

i) Uses health surveillances data to launch new services or revise those that exist.

ii) Contributes to population health assessments and include community viewpoints.

iii) Plays key role in producing and using knowledge about the health of community and the functions that support good health or health risk.

Emergency preparedness and response

A disaster condition is defined as a significant natural disaster or man-made event which overwhelms the affected state and necessitates both Federal Public Health and medical care assistance. Terrorism created the need for public health nurses to prepare against agents that are threats. Public health nurses are in a position to come up with creative solution to handle disasters and emergency conditions (Cherry and Jacob, 2005).

The public health nurse:

i) Contributes to and is aware of public emergency.

ii) Plans for and takes part in evaluating the response to both natural disasters and man-made disasters.

iii) Communicates details of risk to population subgroups of highest risk and intervenes on their behalf during public emergencies.

Activities of public health nurse

The activities of public health nurses according to US Dept of Health (2001) are outlined as follows:

- i) Advocacy
- ii) Capacity building

- iii) Care/counseling
- iv) Case management
- v) Communication
- vi) Community Development
- v) Consultation
- vi) Facilitation
- vii) Health Threat response
- viii) Leadership
- ix) Outreach
- x) Policy Development and implementation
- xi) Referred and evaluation
- xii) Resources management, planning and coordination
- xiii) Screening
- xiv) Surveillance
- xv) Team building and collaboration

The activities fitted in well in meeting the targets of the national health care policy going by the Federal Ministry of Health (2004).

The activities of the public health nurse are much more relevant in the implementation of national health policy in Nigeria. The public health nurse is prepared with the core competencies to all that are needed to achieve the objectives of National health policy in Nigeria.

Policies in favor of minimum staffing ration have been identified as expensive and financial arguments in favor of increasing staffing toward higher threshold levels have also been accepted as better option (Agi and Bryan, 2012). For a given cost, employing fewer but better qualified personnel is the optimal approach to delivering safe care in terms of mortality reduction (Newbold, 2008). That is not the case in Nigeria where public health nurses are replaced with less qualified personnel. Effort to replace public health nurses with cheaper workforce (community health practitioners) can be felt by the increased number of this cadre of workers trained from 1990 to 2010. According to FMH (2010), Nigeria has 20 per 10,000 of community health practitioners and they are all posted to Local Government Areas. The result of this action by the Government is poor health indices recorded by in recent times in Nigeria.

PUBLIC HEALTH NURSING PRACTICE IN NIGERIA

What is the practice of public health nurse in Nigeria? In the early 1980s, public health nurses were in charge of all the health centers in Nigeria and almost every town had a functional health centre. By August 1987 the Federal Government launched her Primary Health Care (PHC) in line with Alma-Ata declaration. By August 1989 Expanded Programme on Immunization (EPI) was said to have been established in more than 300 out of 449 Local Government Areas (LGAs). The concept of essential drug was introduced.

A lot of nurses were ready to be trained as public health nurses. Public health nurses served as the

foundation health team members in the introduction of primary health care (PHC) in 1987 in line with Alma-Ata declaration. With the promulgation of National health policy in 1988 effort were made by the Federal Ministry of Health to replace public health nurses with community health extension workers. The Chairmen of Local Government Areas started to retrench Nurses/Midwives in their area whom were considered relevant but expensive in the implement of PHC. Due to hostile working environment most of the public health nurses resigned to join the Teaching Hospitals and State Ministry of Health where the working environment were more conducive but they had to abandon the roles and functions as public health nurses.

Today few public health nurses in Local Government system found themselves in offices but not in the field. The remaining few nurses in the LGA function more as conference and workshop organizers for the Community Health Extension Workers that were used to replace them in the fields. The effect of the absence of public health nurses in the field resulted to the following health statistics (WHO, 2000; WHO, 2010; FMH, 2004):

- i) The Nigeria's overall health system performance was ranked 187th among the 191 member states.
- ii) Life expectancy was put at 48 years for male and 50 years for female. Healthy life expectancy (HALE) for both sexes was put as 42 years and Nigeria only ranked higher than 5 countries.
- iii) Nigeria also accounts for 10% of global maternal mortality figure with 59,000 women dying annually from pregnancy and child birth.
- iv) Only 39 per of births are delivered by skilled health professionals and the risk of a woman dying from child birth is 1 in 18 in Nigeria while it is 1 in 61 in other developing countries and 1 in 800 in developed countries.
- v) Disease programmes like HIV/AIDS, TB and malaria and other programmes like reproductive health are currently implemented within a weak health system and have had little impact.
- vi) Routine immunization coverage rate that reached over 80% in the early 1990s (when the public health nurses were in-charge) nose-dived in an all time low according to FMH (2004).
- (vii) A very high proportion of primary health care facilities serve only about 5 to 10 of their potential load, due to consumer's loss of confidence in them.

CONCLUSION

There is a need to coordinate the primary care team closely with public health nurses and with other health and social care professionals in Nigeria to ensure that Nigerian populace receives timely, appropriate and effective care. Replacing public health nurses with extension workers as is obtainable in Nigeria today is not

for the interest of the public. If Nigeria wants an improved health statistics, public health nurses must be allowed to take their rightful place in Local Government system as is obtainable in other countries of the world.

RECOMMENDATIONS

The followings can be recommended to improve the poor health records (statistics) in Nigeria:

1. Local Government chairmen should be mandated by law to employ Public Health Nurses in their areas.
2. Association of public health nurses in Nigeria must be more proactive in fighting for their right place in PHC.
3. Public health nurses in Nigeria should conduct research and expose to the world the irregularities in the implementation of primary health care in Nigeria that is responsible for the poor health statistics.

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