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Pre-experimental study to evaluate the effectiveness of community competency protocol regarding community health care competency among public health nurses in selected health centers of U.P, India

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Abstract

Background: Community healthcare workers play an important role in preventive healthcare system in India. Community healthcare workers link the community to the health system of the country. As the population in India covers majorly in village, community healthcare workers are the face of the healthcare. These Community healthcare workers competencies are yet to be ascertained. The study was aimed to “A Pre Experimental Study To Evaluate The Effectiveness Of Community Competency Protocol Regarding Community Health Care Competency Among Public Health Nurses In Selected Health Centers Of U.P.”

Methods: A quantitative research approach with pre-experimental one group pre-test post-test design and non-probability purposive sampling technique was adopted. The sample consisted of 40 public health nurses. Modified observational practice checklist on community health care competency was administered on 1st day to observe the practices of Public health nurses and pre test was taken. Community competency protocol was implemented on 1st day. Post test was taken.

Results: Data obtained were analyzed and result showed in pre test, majority of the subjects 80% (32) were having average practice scores, 12.5% (5) was from good practice score and 7.5% (3) from fair practice score whereas in post test majority of the subjects 75% (30) were having good practice score and 25% (10) were having average practice score. The mean post- test practice checklist score is 16.6 which are significantly higher than pre-test practice checklist score of 10.2. And difference was found to be statistically significant. Findings of the study showed association between the post-test practices checklist score with the demographic variables.

Conclusion: The study concluded that Community competency protocol was effective in improving the knowledge regarding community health care competency among Public health nurses. There is need to develop more information regarding community health nursing among community health workers.

Key Words- community competency protocol, public health nurses, community healthcare competency

Introduction

Developing countries like India has double burden of disease and community level health care services are very poor. To get over with health issues the country requires health care professionals and healthcare facilities for providing required healthcare support. Global shortage of healthcare professional is directly related to health status of the country. Thus, every country requires good set of healthcare facility and expertise at community level for universal health coverage. Community healthcare workers play an important role in preventive healthcare system in India. Community healthcare workers link the community to the health system of the country. As the population in India covers majorly in village, community healthcare workers are the face of the healthcare. These Community healthcare workers competencies are yet to be ascertained.¹

The main role of Community healthcare workers are to emphasize the healthcare like services in maternal and child health, family planning, immunization vaccines, nutrition, basic water and sanitation, control of communicable diseases, and simple curative care for some frequent illnesses. Majority Community healthcare workers are females as most of the

focus is for the maternal health and child welfare activities, but males are also there. As per World Health Organization (WHO) Community healthcare workers are mostly the workers from the same community they work and support the healthcare needs of the community, so they need less training than the professional Community healthcare workers. Community healthcare workers are concerned with the improvement of the health of communities. These include community-based rehabilitation therapies, home-based care workers, USHA workers, Community health nurses, Auxiliary health nurses, Lady Health visitors, ASHA worker, etc. Hence for improving the quality of care providing to the community people it is necessary to improve the skills of these community health workers.²

Competency-based education (CBE) provides a useful alternative to time-based models for preparing health professionals and constructing educational programs. NHM describe the concept of 'competence' and 'competencies' as well as the critical curricular implications that derive from a focus on 'competence' rather than 'time'. These implications include: defining educational outcomes, developing individualized learning pathways, setting standards, and the centrality of valid assessment so as to reflect stakeholder priorities. National Health Mission (NHM) also highlight four challenges to implementing CBE: identifying the health needs of the community, defining competencies, developing self-regulated and flexible learning options, and assessing learners for competence. While CBE has been a prominent focus of educational reform in resource-rich countries, we believe it has even more potential to align educational programs with health system priorities in more resource-limited settings. Because CBE begins with a careful consideration of the competencies desired in the health professional workforce to address health care priorities, it provides a vehicle for integrating the health needs of the country with the values of the profession. Hence Competency based approach (CBA), Health professional's education (HPE), Competency based education (CBE) and National Health Mission (NHM) is some tools to assess the competencies of community health care workers to improve their skills.³

NEED OF THE STUDY

The Public Health Nurses (PHNs) are originally part of the Maternal and Child Health division of Department of health. They are primarily responsible for monitoring maternal and child health services in the district. The PHNs based on their seniority are promoted to the post of District Public Health Nursing Officers (DPHNOs). They were primarily responsible for supervising the family planning activities in the district. Public health nurses act as a bridge between health system and community in providing this care. Appropriate knowledge and communication skills of the workers are key to their confidence and elementary for the success of the system.

Brown. Nancy -Schott et al 2018 A multisite collaborative team of community/public health nursing (C/PHN) faculty surveyed baccalaureate nursing faculty to explore their knowledge, skills, attitudes, and application of the Quad Council Competencies for Public Health Nurses (QCC-PHN). The result was summarized and statistically significant difference was found in skills based on years of experience in C/PHN and in the application of the competencies based on nursing specialty preparation. Variations in knowledge of the QCC-PHN are identified.⁴

A.S. Princy, M. Rajeswari 2018 conducted a survey study for Community healthcare workers (CHW) who play an important role in preventive healthcare system in India. By using structured questionnaire with 5 point Likert scale is implemented to evaluate the competency of CHW. Respondents are 35 participants including Accredited Social Health Activist (ASHA), Medical social worker and diabetes educator in and around Chennai. Suggested that community health workers are highly competent. More clarity in role of community healthcare workers is required. Government should initiate program to nurture the service quality of primary centers, equipment, manpower facility in health centers, etc.⁵

PROBLEM STATEMENT

“Pre experimental study to evaluate the effectiveness of Community competency protocol regarding community health care competency among public health nurses in selected health centers of U.P.”

OBJECTIVES

- To assess the competency regarding community health care competency among Public health nurses.
- To evaluate the effectiveness of community competency protocol regarding community health care competency among Public health nurses.
- To determine the association between post test score of competency regarding community health care competency with selected demographic variables.

HYPOTHESIS

- **H₁** -There will be significant difference of practice score between pre & post administration of Community competency protocol regarding community health care competency among Public health nurses as evidenced by observational checklist at 0.05 level of significance.
- **H₂**- There will be significant association between post test practice score regarding community health care competency who attended the Community competency protocol with selected demographic variables at 0.05 level of significance.

METHODOLOGY

Research approach- A **quantitative research approach** was adopted for the study.

Research design- In this study Pre-experimental one group pre & post test research design was selected.

Setting- Health centers (CHC Dasna, CHC Muradnagar, CHC Modinagar and CHC Bulandshehar)

Population- population comprised of Public health nurses of Health centers of U.P

Sample- Public Health Nurses working in Health centers of U.P

Sampling Technique: Purposive sampling technique

Sample Size: 40 Public health nurses.

Description of tool and intervention:

The following tools after content validity from experts were used to collect the data.

The tool developed by the researcher included the following sections:

TOOL I: Socio demographic data

TOOL II: Modified observational practice checklist on community health care competency.

Ethical consideration

- Formal Permission was obtained from the principal of “Nightingale Institute of Nursing, Noida.
- Formal Permission was obtained from selected health care setting.
- The informed consents were obtained from samples. Confidentiality and privacy of participants has been maintained.

Results-

Section-I description of demographic data

- In the public health nurses group, the majority of the subjects 37.5% (15) were in the age group of 26-30yrs, 20% (8) were in age group of 20-25 years, 25% (10) were in group of 31-35yrs and 17.5% (7) were in the group of more than 36 yrs. of age group.
- In marital status of public health nurses majority of them 62.5% (25) were married and 37.5% (15) were unmarried.
- Educational qualification of the majority of subjects 70% (28) were from GNM, 12.5% (5)

were from B.sc nursing and 17.5% (7) were from post basic nursing.

- In public health nurses group 75% (30) were from Hindu religion, 5% (2) were from Muslim religion and 20% (8) were from Christian religion.
- Majority of Public health nurses have monthly income of Rs 29,973- 49,961 90% (36) and 10% (4) have 49,962-74,755.
- Working area of majority of public health nurses were Community Health Center 75% (30) and 25% (10) were from Public Health Center.
- In public health nurses group 80% (32) were having 1-3 yrs of working experience and 20% (8) was from 4-6yrs of working experience.

SECTION II

- Findings related to practice score of samples before and after administration of structured teaching program.
- Findings related to Mean, median, standard deviation and “Z” test value of pre-test and post-test.

This section deals in pre test, majority of the subjects 80% (32) were having average practice scores, 12.5% (5) was from good practice score and 7.5% (3) from fair practice score whereas in post test majority of the subjects 75% (30) were having good practice score and 25% (10) were having average practice score.

Hence, teaching programme was effective in improving the knowledge regarding community health care competency among Public health nurses.

N=40

PRACTICE SCORE	MEAN	MEDIAN	MEAN DIFFERENCE	STANDARD DEVIATION	Z TEST VALUE
PRE TEST	10.2	9	6.4	2.7	11.03*
POST TEST	16.6	16		2.5	

*At 0.05 level of significance z = 1.96

SECTION III

Table 4- Fisher’s exact test was used to describe the association between the post-test score of selected demographic variables.

S.NO	SAMPLE CHARACTERSTICS	BELOW MEDIAN ≤16	ABOVE MEDIAN >16	P VALUE	SIGNIFICANCE LEVEL
1	AGE (IN YRS)				
	20-25	4	4	1	NS
	26-30	10	5		
	31-35	7	3		
>36	4	3			
2	MARITAL STATUS				
	Married	20	5	0.4	NS
	Unmarried	10	5		
	Widow	0	0		
Divorcee	0	0			
3	EDUCATIONAL LEVEL				
	GNM	20	8	1	NS
	B.SC NURSING	4	1		
	POST BASIC NURSING	5	2		
	M.SC NURSING	0	0		
4	RELIGION				
	Hindu	22	8		

	Muslim	2	0	1	NS
	Christian	5	3		
	Sikh	0	0		
	If others... specify	0	0		
5	MONTHLY INCOME				
	Less than 10,001	0	0		
	10,002-29,972	0	0	0.1	NS
	29,973- 49,961	30	6		
	49,962- 74,755	2	2		
	More than 74,755	0	0		
6	WORKING AREAS				
	Sub centers	0	0		
	PHC	10	0	0.3	NS
	CHC	25	5		
	Health & wellness centers	0	0		
7	Working experiences (in yrs.)				
	Less than 1	0	0	0.04	S
	1-3	30	2		
	4-6	5	3		
	More than 6	0	0		

*NS= NOT SIGNIFICANT, S= SIGNIFICANT

DISCUSSION

Present study conducted to assess the effectiveness of Modified Observational Practice Checklist regarding community health competencies in terms of knowledge among Public health nursing in selected health centers of Uttar Pradesh. A number of studies have been included in the chapter dealing with review of literature.

The knowledge scores of Public health nurses in pre-test, majority of the subjects 80% (32) were having average practice scores, 12.5% (5) was from good practice score and 7.5% (3) from fair practice score whereas in post test majority of the subjects 75% (30) were having good practice score and 25% (10) were having average practice score.

Lynn Christy, 2018; The Quad Council of Public Health Nursing Organizations adopted and disseminated the Quad

Council Public Health Nursing Competencies in 2003. This non experimental, descriptive study employed a cross-sectional survey to explore the familiarity and implementation of the Quad Council Public Health Nursing Competencies by public health nurses (PHNs) in a rural state. Invitations to participate in and disseminate an electronic survey were sent to Montana’s 58 local health jurisdictions. Forty PHNs completed the survey; 47.5% (n=19) of the respondents were familiar with the document and 16.6% (n=6) were currently using the competencies. They concluded efforts to promote the diffusion of the Quad Council Public Health Nursing Competencies should continue.

There was a significant Association between post-test knowledge score the fisher’s exact test was used to find out the association between the post-test practices checklist score with the demographic variables. On computation it was found that there was significance association between public health nurses post score with working experiences demographic variables as P value obtained is less than at 0.05 level of significance.

Whereas it was found that demographic variables age, marital status, educational level, religion, monthly income and working areas were found non- significant which shows there is no significant association between post test scores with these variables as the P value obtained is greater than 0.05. Hence, research hypothesis is partially accepted.

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REFERNCES**JOURNALS-**

1. Community/Public Health Nursing [C/PHN] Competencies (Quad Council Coalition, 2018) [Internet] [cited 2021 Jan 6] available at https://www.cphno.org/wp-content/uploads/2020/08/QCC-C-PHN-COMPETENCIES-Approved_2018.05.04_Final-002.pdf
2. Lisa A Campbell, Quad Council Coalition community/public health nursing competencies: Building consensus through collaboration, [Internet]. October 2019 [cited 2021 Jan 8] Available at https://www.researchgate.net/publication/336344301_Quad_Council_Coalition_communitypublic_health_nursing_competencies_Building_consensus_through_collaboration
3. Barbara L. Joyce, Community/public health nursing faculty's knowledge, skills and attitudes of the Quad Council Competencies for Public Health Nurses, [INTERNET] 02 May 2018, [cited 2021 Jan 8] Available at <https://onlinelibrary.wiley.com/doi/10.1111/phn.12409>
4. M. Harmon using core competencies in community public health nursing practice [internet] may, 2019 [cited 21 Jan 2021] available at <http://aphn.wildapricot.org/resources/pictures/using%20core%20competencies%20in%20public%20health%20nursing%20practice%202001177.pdf>
5. AACN. (2013). Public Health: Recommended Baccalaureate Competencies and Curricular Guidelines for Public Health Nursing. A Supplement to the Essentials of Baccalaureate Education for Professional Nursing Practice.

BOOK REFERENCE-

- Park k, Text book of preventive and social medicine.25th ed. Jabalapur. M/S Banarasidas Bhanot, 2019 p.481.

