

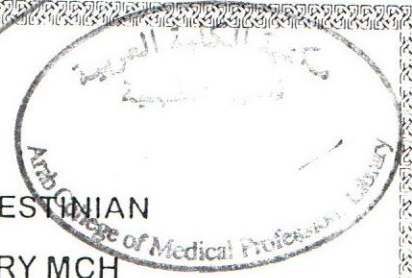
postnatal care. Furthermore, training of nurses in this area must be emphasized.

It was evident among the participants that nurses still did not perceive their role as a diagnostician, where the majority of them answered by never being able to diagnose certain conditions. So more emphasis on the nursing process is recommended by the nursing educators, as the nursing process guides the future nurse in providing quality care to the childbearing family in any setting. By following this process the nurses can determine the health problems of the client, and can develop effective strategies to respond to current and potential needs while promoting family health.

Regarding the types of health care services most of the respondents did immunization, well baby care, and health education, while breast examination and pap smear were the lowest provided services. However, since these are considered important issues in promoting women health, they must be stressed in the nurses preparation and practice.

Most of the respondents agreed that certain factors may influence their activities as shortage of nursing, lack of job descriptions, non nursing work, lack of CE activities, years of experience and inadequate equipment. Again in an attempt to improve the provision of care in the primary health care settings, these items should be seriously taken into consideration.

THE CARRIED OUT ROLE OF THE PALESTINIAN
MCH NURSES IN DIFFERENT PRIMARY MCH
CARE CENTERS IN THE WEST BANK



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ABSTRACT

Knowing the role of each health care provider would facilitate communication, promote collaboration and enable the health care team to best use the strength of each type of provider. Of particular interest in this respect is the role of the maternal child health nurses, where they provide a broad range of services to mothers and their children. Therefore studying the carried out role of the MCH nurse was of interest to the researcher and considered worthwhile.

A descriptive study was conducted to explore the carried out role of the MCH nurse in primary health care centers in the West Bank. Thirty two government and UNRWA maternal child health centers were selected, and a self administered questionnaire was used to collect the data, the questionnaire was completed by (97%) of the total MCH nurses who were targeted in the study.

One of the major findings is that ninety four percent of the respondents always taught women about breast feeding, and 87.8% taught about vaccination , while counseling and teaching about contraception, postpartum care, and the process of delivery was less focused.

Most of the respondents agreed for certain factors to influence their chores as shortage of nursing, lack of job description, the inadequate medical supplement, and the non nursing work. Thus in an attempt to improve the provision of care in the PHC centers, these items should be seriously taken into consideration.

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CHAPTER I

INTRODUCTION

Central to the concept of primary health care is that individuals, families and communities take the major responsibility for their own health. The role of the health professionals and health systems is to assist and support this process. New roles are now being demanded of health professionals and institutions. Their functions must change from being providers to enablers. Of particular interest in this respect is the role of the maternal child health nurse.

MCH nurses have a crucial role which involves direct personal care to the pregnant women and their children as well as the related activities of teaching, counseling, and supervising during the various phases of the mothers child bearing experience, and the child's growth and development.

These nurses utilize their knowledge and skills independently and in collaboration with others for diagnosing individual, group, and community health states. They identify needs for education, preventive and rehabilitative services, and help mobilize community action for development and change. They plan, provide, and supervise health services and they help women, families, and communities to develop and utilize their potential for healthful living.

In this study the researcher describes the provision of care in the primary health care centers in Palestine, to help in exploring the role of the MCH nurse in these centers. Research questions and assumptions of the study are included in this chapter, and finally definitions are provided for specific terms and variables of the study.

A. Statement of the Problem:

MCH nurses offer a broad range of services to the mothers and their children, but the description of the nature of these services is lacking in Palestine. Therefore, and as a result of inadequate data to describe the process of care that is given in the primary health care settings, the investigator attempted to explore the role of the MCH nurse in the primary health care (PHC) centers in the West Bank by describing the nurses carried out roles in the United Nations Relief and Works Agency (UNRWA) and governmental MCH clinics.

B. Significance of the Problem:

Hirschfeld (1992), discussed the conclusion of a resolution that was approved by all member country delegates attending the forty fifth world health assembly in May 1992. This resolution states that it is urgent to better utilize the important contribution of nurses in primary health care centers. The resolution expressed concern at the present decline in the numbers of nurses and midwives all over the world, and the low profile of their work. So, their education, practice and involvement in health care policy should be given

urgent attention by all countries. Furthermore, the world health organization (WHO) states that the national strategies of health for all cannot be effectively carried out without the participation of the MCH nurses and the midwives.

In Palestine, Health promotion and disease prevention are closely interwoven in the work of the MCH nurse, as those nurses offer a broad range of services; the MCH nurse informs, educates, and supports the whole family partners. MCH nurses also have a crucial role in reducing neonatal and maternal mortality rates, and in preventing birth related complications, as well as in providing school health, and health education. Therefore the work of the MCH nurse must be geared towards these situations and respond to the changing - needs of the community. More than ever it is essential in Palestine to clarify the fundamental role of the MCH nurse, as the Palestinian ministry of health is building the infrastructure of the MCH clinics which suffered from several years of neglect during the Israeli occupation.

C. Purpose of the Study:

a. General Purposes:

1. To explore knowledge, perception, and practices of the MCH nurses regarding their role.
2. To provide a base line data to facilitate the development of job descriptions for the MCH nurses in Palestine.

- the MCH nurses.
4. What are the factors that may affect the provision of care conducted by governmental and UNRWA primary health care centers in Palestine?
 3. What are the types of care mostly offered by the MCH nurses in the governmental and UNRWA primary health care centers?
 2. What is the carried out role of the Palestinian MCH nurses in the in Palestine working at the government and UNRWA sectors?
 1. What are the personal and professional qualifications of the MCH nurses
- This study attempted to answer the following questions:

D. Research Questions:

1. To assess the professional profile of the MCH nurses working in the primary health care centers in Palestine.
2. To clarify the view of the role of the MCH nurse in Palestine.
3. To explore the type of care mostly offered by the MCH nurses working in the PHC centers in Palestine.
4. To deduce the factors that mostly affect the health service activities performed by the MCH nurse in Palestine.

b. Specific Objectives:

3. To enrich the body of knowledge in mother and child health care, and expand the literature size in this area.

E. Assumptions:

The study is based on the following assumptions:

1. Participants of the study in all target institutions will respond to the research questionnaire truthfully and thoughtfully.
2. The department of nursing at the Palestinian Ministry of Health will facilitate the conduction of the study.
3. The results of the study will benefit the nursing department in the future, including those in service and academia.
4. No major political interruptions will take place, which may affect the process of conducting this research.

F. Limitations of the Study:

The following were the expected limitations of the study:

1. Limited literature on similar studies in Palestine.
2. Difficulty in reaching specific resources for getting the required literature because of the political situation and closures.

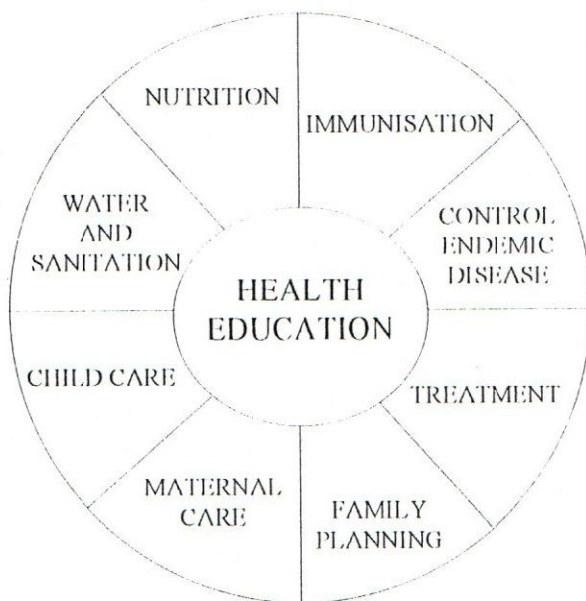
G. Definition of Terms /Variables:

1. Primary health care (PHC): "It is the essential health care based on practical, scientifically sound and socially acceptable methods and technology, made universally accessible to individuals and families in the community through their full participation and at a cost the community and country can afford to maintain at every stage of their development in the spirit of self-

reliance and self-determination". (Abbatt & McMahon ,1990, p8). WHO has defined eight elements of PHC, these elements are:

The health education, nutrition, immunization, maternal and child health and family planning, water and sanitation, control of endemic disease, treatment of common diseases, and provision of essential drugs. Figure 1 shows the circle of Primary Health Care.

Figure 1 The circle of Primary Health Care*



* "Abbatt, F., and Mc Mahon, R.M., (1990) Teaching health care worker, a practical Guide, (4th edition), London, Macmillan educations Ltd. p51."

CHAPTER VII

DISCUSSION

A- Major Findings:

Part One: Professional Profile:

Regarding the respondents professional profile, major findings suggested that the nursing profession specifically in MCH centers is still dominated by females. As fifty four nurses of the respondents comprising (98.2%) were females. This also was confirmed by the findings of the Palestinian council of health (1997) where (73.8%) of nursing personnel in the West Bank were females. However, we should not forget that female nurses are more preferable than males in the area of MCH.

The majority of the respondents (74.5%) were above thirty years old. This finding was indirectly confirmed with the years of experience in nursing and in the area of MCH, since (70.9%) of the respondents were experienced in nursing for 10 years and more. It can be noted here that primary health care centers usually employ the more experienced personnel. One other factor may be that most of the governmental MCH clinics are operated by one nurse only while doctors tend to visit these clinics one or two times a week. This necessitates the employment of an experienced nurse.

The obtained data indicates that thirty nine (70.9%) of the respondents were auxiliaries, (34 practical nurses, 4 practical midwives, and

one aid nurse). This result was similar to the findings of PCH (1997). Which reported that a total of 709 (62.7%) of nursing staff in PHC were auxiliaries and aid nurses. However, auxiliary nurses may lack the essential principles of primary health care as their education and training is considered a hospital base with limited focus on community work. According to the literature, MCH nurses should be adequately prepared in attitudes, skills, and knowledge to influence health care policy for both mothers and children. Even though there is a great need for midwives in the PHC settings due to family planning programs, collected data revealed a low number of midwives in the study setting.

About the continuing educational activities, data revealed that regardless of their educational level twenty nine (52.7%) of the respondents participated in continuing educational activities within the last two years. This can be related to the greater emphasis on maternal child health by different health institutions in the West Bank especially for certain topics as breast feeding, family planning, antenatal care and nutritional care of the mothers.

The majority of the respondents were married, this could be related to the fact that married nurses do not favor hospital shift rotations, while they prefer the morning shift, which can be achieved by working in the MCH clinics.

Nine types of MCH services were examined. The findings suggest that most of the respondents offered immunization, well baby care, and health

education. The reason could be that women in the Palestinian society perceive the MCH clinics as the place to only offer well baby care and vaccinations. Forty three (78.2%) offer antenatal care. However pregnant women may prefer the medical examination throughout the antenatal period as they can get ultrasounds in their clinics which is not found in the MCH clinics. Also women whose previous pregnancies had successful outcomes tend to believe that participation in the antenatal care is unnecessary. Although post natal care is offered by (56.4%) of the respondents, and while (50.9%) offer family planning, we still need to emphasize these services as an essential part in the area of MCH.

Breast examination and pap smears were the least provided services. The reason could be that there is no mammography, or pathological studies in these clinics.

Part Two:

First Section: The carried out role of the MCH nurse:

Health education was a common practice by the respondents. It is found that (94.6%) of the respondents always taught women about breast feeding and (87.8%) taught about vaccination. These results are compatible with the mostly provided services of vaccination and well baby clinics previously mentioned. On the other hand, counseling and teaching about contraception, postpartum care and the process of delivery was less focused

on due to the fact that MCH nurses may perceive these topics as a hospital trends, or may be due to the lack of follow up care with women during the postpartum period.

In a rough attempt to investigate the effect on health education as reflected by the respondents years of experience, educational level, participation in CE activities, and the service group, the results indicate a high effect of the first three items, while the service group had a mild effect, as in both UNRWA and Government MCH sectors it is noted that health education was given by nearly the same percentage of respondents.

Regarding the role of the MCH nurse as a supervisor, (60%) of the respondents always supervise the whole work in the clinic. It is noticed that although most of the respondents were auxiliaries, yet most of the supervision is their full responsibility in most of the MCH clinics.

Concerning the carried out role as a practitioner, it is found that a higher percentage of the respondents always record vaccination, offer well-baby care and observe the pregnant women and fetal growth. This emphasis may be due to the fact that MCH nurses are considered as health care providers primarily for mothers and children who attended the clinic, as only (29.1%) of the respondents visited the mothers at home, and only (12.7%) formulated special schedules for home visits. This could be due to the lack of special criteria to follow through home visits, no assigned nurse for this type

of care, and no relieving nurse to cover for the nurse who goes on a home visit, and keeping in mind that most of the clinics are run by one nurse only.

One of the major findings is that only (29.1%) of the respondents participated in some studies or researches related to the MCH. This may be indicative that MCH nurses need to be more oriented to the statistical studies and its important in improving maternal child health.

Twenty nine nurses tend to clean the clinic by themselves, of them (96.5%) were employed by the government. It is suspected that lack of cleaning services in the governmental PHC centers forces nurses to spend much time in non nursing activities. It should be added however, that few nurses are paid extra money for this type of service. Cleaning works must not in any way be part of the nurses job regardless of her educational background. This is most important if effort is expended on improving the image of nurses and nursing and promoting nursing as a profession.

Also (54.5%) of the respondents always offered type of pharmacy services due to the lack of a pharmacist in each clinic, and these nurses were trained to give this type of services.

It is found that MCH nurses were not always able to diagnose different conditions as breast cancer or cervical cancer. It could be due to their perception of diagnosis to be only a medical issue, while the experienced MCH nurses usually tend to do their own diagnosis according to the

situation. However a promising result was that (70.9%) of the respondents stated that they could detect the risk signs of pregnancy at early stage.

Finally most of the respondents perceived themselves as a role model for women in the community.

Section Two:

Regarding the factors that may negatively influence the role of the MCH nurse. Most of the respondents agreed on the following eight items to reflect a strong negative effect on their role as MCH nurses. These factors were: shortage of nursing, large number of referrals, lack of necessary equipment, time spend in filing, time in non nursing chores, limited experience, no participation in CE activities and lack of job description.

B- Conclusion:

In this section, the investigator highlights a number of important issues related to the main activities provided by the MCH nurse in the primary health care setting in the West Bank. It is hoped that this discussion can summarize the answers to the research questions, posed in the beginning of this study.

Female nurses comprised 98.2% of the respondents, it is perceived culturally that female nurses are more preferable in the area of MCH, but we should not neglect the important role that can be provided by male nurses in certain tasks as counseling and supporting the family members. Consequently

male nurses should be more oriented to the area of MCH during their basic nursing education and future practice. This also needs parallel community awareness strategies to enhance the acceptance of male community nurse.

In both UNRWA and Government sectors, auxiliary nurses, who have more than 10 years of experience in nursing are the majority among the staff in the MCH area. Although this approach is used to lower the cost, it may compromise the provided care, unless those nurses were properly oriented to the community needs. This community orientation can also be gained during their basic education, training, and through the long period of experience in the primary health care centers.

It can be concluded that although there is a large number of MCH nurses who provide health education for mothers undergoing the different stages of the childbearing age, not enough attention is given to important topics such as contraceptives, postpartum care, and the delivery process, where these issues require more emphasis as they largely contribute to women's health and the teenage mothers who have no experiences.

Most of the respondents were concerned with immunization and well baby care, while a minority of them did home visits and follow up of care for women and their children, consequently, planners and providers of care in the area of MCH should develop special programs within the PHC sector for home visits, and out reach activities to promptly identify pregnant women in high risk groups and to ensure that women obtain early antenatal and