

The Public Health Nurse in the Iran's Health System: an Ignored Discipline

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ABSTRACT

Background

Public health nursing system, which is an accepted universal model for improvement of the community health, has not yet attained its rightful status in Iran. The present study was conducted to evaluate the perceptions of the pioneers of health care about the public health nursing and the roles that a public health nurse can play in Iran's health system.

Methods

This is a qualitative study comprising nine participants purposively selected from nurses, nurse educators and physicians in Kashan University of Medical Sciences. Individual semi-structured interviews were used and qualitative content analysis method was used for data analysis.

Results

Three emerged main categories included perceptions about public health nursing, the roles of public health nurses, and barriers to establishing public health nursing. Additionally, five main roles were defined for a public health nurse. These involved the gatekeepers of the health system, direct continual care, health monitoring and disease prevention, health educator and health promoter. The disease oriented health system and the policy makers' viewpoints were also proved to be the main barriers to establishing public health nursing.

Conclusion

The study showed the positive attitudes of the front line health team about public health nursing. The five emerging roles, if established, may facilitate achieving the global objective of health for all. Efforts are needed to encourage policy-makers decide on this issue.

KEYWORDS: Public health nursing; Health care; Iran

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INTRODUCTION

Caring, is the ultimate goal of the health system and has been attributed to high-quality nursing practice. Therefore, the nursing system and its staff are of most important concerns of governments and the public.¹ Universally, nurses are active in two main systems, each having several subdivisions. These two main systems are hospital based and public health nursing (PHN). The first nursing system basically initiated since the time of Nightingale and the PHN was primarily introduced

by Lillian Wald in 1893.² Subsequently, PHN developed and established in many countries. In Canada, public health (community health) nurses contribute in many important ways to the improvement of the public health. In Ireland PHN was first established in 1960. Many other countries like United States, Australia and several European countries have also established the PHN to expand the range and the quality of health care throughout their communities, thereby achieving the universal and equitable goal of health for all.³

PHN has been defined as the practice of promoting and protecting the health of populations, nursing knowledge, and social, and public health sciences.⁴ The responsibility of public health nurses is to assist people either by caring for healthy or sick person in all situations including normal, emergency, or disaster. In addition, they should improve their profession's capability to ensure adequate healthcare services before and after a disaster.⁵

A recent study from Ireland has reported that there were 2291 active PHN on the Ireland in 2007. It was also predicted that 2500 people are served by one PHN. The study indicated that a large part of the health care services are delegated to the public health nurses.⁶ The Canadian Nurses Association designated community health nursing as a specialty practice in 2004.³ In the United States of America, public health nurses focus on maintaining the public health, in addition to performing their clinical role.⁷ In Australia, community nurses carry out the primary health care services including health promotion, health education, community development and disease prevention and community based clinical care.⁸ This type of individually focused care approach promotes a holistic assessment that encourages self-care and assists people to reach their maximum level of health and well-being. In the United Kingdom, public health nurses consist of district nurses, health visitors and midwives and are acknowledged as playing a main

role in achieving the primary care public health agenda.⁹ Different models of public/community health nursing are running across Europe. A qualitative study of Irish public health nursing showed that PHNs have a dual role, which is both preventive and therapeutic.⁶

Iran is a large country with a population of more than 75 millions. The proportion of people aged 65 years and older in Iran accounted for 6% of the population in 2005 and it is estimated to reach 19% by 2030.¹⁰ The health indicators of Iran show consistent improvement and the pattern of the burden of disease shifts toward non-communicable diseases.¹¹ For instance, the prevalence of diabetes in Iran, which was approximately 2103000 in 2000, is predicted to reach about 6421000 in 2030.¹² High blood pressure and cardiovascular diseases are also on the rise.¹³ The burden of road traffic injuries is also high in Iran.¹¹ All these issues indicate the necessity for an advanced health-care system with competent nursing staff on the front-line with an effective protocol addressing the needs and of priority health-care issues in Iran.

In order to meet the global aim of "Health for All", Iran's government revised its health-care system and developed a primary health-care network in the rural areas.¹⁴ Subsequently, an improvement in the provision of community health care became obvious. However, such system did not develop accordingly in urban areas. For this reason, Iran's Ministry of Health oversees a health-care project to improve the previous network and extend it to the urban areas and offer more extensive health care services. The family physician project is now starting to overcome the insufficiency in the health care system. However, the role of the nurses was ignored in this new project with rising criticisms. Given the socio-demographical changes in population, an increase in the age profile of the population, and shorter patients' hospital stay that have resulted in

an increasing number of dependent clients being discharged to the community, the need for establishing the public health nursing system is obvious. Therefore, the present study was conducted to evaluate the perceptions of the pioneers on the front line health care about the public health nursing and the roles that a public health nurse can play in Iran's health system.

SUBJECTS AND METHODS

A qualitative design was adopted for this study, because it is a challenging issue in Iran, and the qualitative investigations are appropriate for exploring the perspectives in relation to this type of socio-cultural issues.

Participants

Participants were purposively selected from nurses, nurse educators and physicians in Kashan University of Medical Sciences. Data collection began with nurse educators and then extended to nurses and physicians. The study included 9 participants including 4 nurse educators, 3 nurses and 2 physicians. The criteria for selection of participants included having more than 5 years of professional experience, and willingness to participate.

Data Collection

Individual semi-structured interviews were used as the main method of data collection. Interviewing stopped when data saturation occurred. Each interview session took about 20-30 minutes, and the collected data were analyzed during the first 3 months in 2012.

The main researcher briefed the potential participants about the objectives of the study and if they agreed to comply, an interview was planned. Participants were then interviewed in a private room in the work places. The interview guide consisted of a few open-ended questions. The main questions were "what perceptions did they

have about the public health nursing", "which roles do a public nurse can play in the community health", "did they like to be a public health nurse?" and "What barriers existed for the nurses to play their role in the community health?"

During the interview sessions, the researcher's role was to assist participants to reflect. He tried to be an attentive listener and asked questions to help them give more details of their perceptions. Brief notes were made about the issues raised during the interview. Questions were asked later if these issues had not been clarified. All interviews were audiotaped and precisely transcribed for consecutive analysis.

Data Analysis

The Cheevakumjorn method was used for qualitative analysis of the data.¹⁵ First, the researcher read and reread the interview transcripts and then the research questions were chosen as a primary coding tool. As a result, a basis for categorization of data was established. The data were then reread and the key concepts, phrases, and words related to each question were identified, underlined and categorized.

After data analysis, each participant was given a full transcript showing their own coded interviews with a summary of the categorized data to determine whether they were true or matched their responses. Two faculty members also peer checked approximately half of the transcripts. The researcher attempted to perform precise documentation of the direction of the research to provide clarity that will make it easier for other researchers to follow.¹⁶

Ethical Issues and Approval

Permission to conduct this study was obtained from the research and Ethics committee in the nursing faculty of Kashan University of Medical Sciences. Other ethical issues in this study involved the assurance of confidentiality and anonymity of the participants and their responses.

Having been briefed on the purpose and the design of the research, all participants gave informed consent and volunteered to take part in the study.

RESULTS

The characteristics of the participants are presented in (table 1). Three main categories were emerged which included ‘perceptions about public health nursing’, ‘roles of public health nurses’ and ‘barriers to establishment of public health nursing’. Five main roles relating to public health nurse consisted of the gatekeeper of the health system, direct continual care, health monitoring, prevention, and health educator and health promoter. The disease oriented health system and the policy makers’ viewpoints also appeared to be the main barriers to establishing public health nursing. The following abbreviations are used in underlying section to refer to the participants: E=Nurse educator, N=Nurse, P=Physician

Table 1: Characteristics of nine participants

Group	Number	Age	Professional experience (Years)
Nurse educator	4	39.25±6.39	9.75±5.18
Nurse	3	33.0±3.60	7.33±2.5
Physician	2	41.50±7.05	9.50±3.53

Perceptions about Public Health Nursing

The participants’ definition of public health nursing was based on two factors which included their experiences and perceptions. The participants’ experiences were based on the primary health care system currently available in rural areas but their perceptions were based on what they have read about PHN in books or heard from relatives or friend who spent sometimes abroad.

One of the participants pointed out the primary health care in rural areas and said:

“We have a primary health care in our villages in which a Behvarz performs the role of public health nurse in such areas. She visits homes, makes health assessments, carries out simple health educations and takes primary care of mothers and babies. She also manages simple treatments and prescribes some drugs. This was a successful project. Now we have many educated nurses which can serve as public health nurses both in rural and urban areas” (E2).

Another participant said:

“When I was a nursing student, I took a course in public health in a village, where a Behvarz did many health care services not only for the sick but for all. This was an exciting experience for me and as nurse wished to be more efficient as she had been (N3).

The participants’ perception of public health nursing and its role is derived from the definition of nursing as an art and science for caring for humans in health and disease.

One nurse said:

“Now we work in hospital and have no formal role in the community, but I remember when I was a nursing student, our teacher defined nursing as a caring profession. She told us that nurses should care for all ill and healthy people (N1).

One nurse educator also referred to the definition of nursing as:

“The definition of nursing dictates that we have roles to play in caring for our people in the community. However the ministry of health has confined us within the hospitals (E4).

Another nurse educator who was studying in a PhD course referred to the meta-paradigms of nursing and commented:

“We have 4 major concepts in nursing that are nursing, human, health and environment. We have not the disease as part of our major concepts. Thus, the territory of our profession is the community not only the hospital. Hospitals are a very small part of the community. If we should do healing

care, then our first line of service should be in community. We should care for healthy persons so that they remain healthy and do not need to come to the hospitals (E1).

When the researcher asked the participants if they liked to be a public health nurse, most of them gave positive response. They frequently referred to the present situation in the hospital nursing and added:

"It is in the field of the public health that we can practice true nursing and establish our profession as an independent and prestigious entity"(N2).

Roles of Public Health Nurses

The Gatekeeper of the Health System

The theme 'gatekeeper' emerged to describe the participants' descriptions about the main role of the public health nurse. Words or phrases such as "the first line of health system", "a continual observer for health" and "a holistic care provider" were frequently used by the participants to explain the role of a public health nurse.

One nurse said:

"Public health nurses are the first line in the health system and should continuously monitor the health of families"(N1).

Direct Continual Care

Participants believed that establishment of the public health nursing can guarantee the continuity of care. One of the participants pointed out to the discontinuity of health care in the present health system and said:

"When a patient is discharged from hospital, the process of health care and observation will be disrupted, unless the patient is readmitted to the hospital or referred to a physician. But by having an operational public health nursing system, a public nurse may pay regular home visits and deliver necessary care. This will prevent many complications and readmissions" (N3).

Health Monitoring

According to the participants, public

health nurses can conduct a cost-effective health monitoring at family level. "Health monitoring", "screening" and "timely detection and referral" were among the duties of a public health, a point frequently brought up by the participants. Regarding family physician project, one of the participating physicians was quoted as saying:

"The family physician project is a beneficial program, but the charge for doctor visits is more than that of nurses, our nurses are knowledgeable now, and may pay regular home visits and refer the family members to the family physician if necessary "(P1).

This is the comment of another participant: *"a trained public health nurse can make the basic health assessments and deliver primary health care and health educations to the families. He or she can do many screening testes" (E2).* According to the participants, health monitoring by the public health nurses can be done for all people. One participant said:

"Public health nurses can provide holistic care and health check to everyone, including babies, children, adults and elderly, because you as a public nurse will know all members of the family in their context ,and are in close and long- term contact with them" (E3).

Prevention

According to the participants, the public health nursing, if established, would consider all aspects of prevention with a focus on primary prevention. One participant commented:

"Although this type of nursing takes the necessary care of ill persons, it primarily focuses on preventive measures taken to solve and prevent problems. They can help, people in families, schools, offices, and districts, promote healthy conducts and reduce the number and exposure to risk factors" (P1).

One participant referred to a movie shown on TV. several years ago called 'the

village nurse' and added:

"In this movie a nurse regularly visited all families in the village and delivered her services on all types of preventions. Her diverse activities included direct care such as dressing and wound care, family and district education, screening, performing health examinations, and rehabilitation procedures. She also referred the patients to physicians or hospitals, if necessary" (N2).

Health Educator and Health Promoter

Participants believed that a public health nurse can be an efficient health educator and supporter of the community. The following comment was made by a physician about a patient when discharged from hospital.

"I frequently felt that there is something missing when we discharge our patients from hospital. Presently, we and nurses are very busy and cannot train the patients. This can be done by referring our patients to a public health nursing system if available, enabling nurses to continue taking care of patients and reducing many unnecessary readmissions"(P1).

Another participant commented that public health nursing focuses on health promotion, basically regarded as an educative task. He said:

"If we aim to have a healthy community, investing on public health education is indispensable and it can be a main task for a public health nurse. This will impact the attitudes of general public, values, and conducts ,a large gap to be filled by authorities concerned"(E1).

Barriers to Establishing Public Health Nursing A Disease Oriented Health System

Participants frequently referred to the barriers to establishment of public health nursing in Iran. The barriers were summarized in the category of "the disease oriented health system". They believed that our present health system is founded on the concept of disease and not on the health issue. One participant pointed to the name

of the ministry of health and said:

"Formally we have a ministry called the ministry of health but I think that the present ministry is the ministry of disease because our health system is waiting for people to become ill and then refer to a hospital or to a physician. I think they do not want people to remain healthy but prefer more people to be ill" (N3).

One of the participants commented about the curriculum of general medicine and nursing: *"taking a look at the curriculum of medical and nursing schools shows that the contents are mostly about disease and not health. Physicians and nurses do little or nothing in regard to health matters"*(E2).

The People and the Policy Makers' Viewpoints

Some of the participants attributed the existing problem to the cultural aspects, and one of them commented:

"In the present culture, when people are ill they are ready to pay for their treatment but when healthy they do not spend much, I think this is the main problem"(N2).

Some of the participants believed that the problem was associated with the policy-makers' perspectives, since one of them said:

"Our health policy-makers like to invest for returning health and not for maintaining the peoples' health , perhaps they think that the hospitals will be closed if people are healthy" (E1). She mentioned about the existence of some public health nurses in Iran and stated: *"several years ago a major in public health nursing was established in some of the nursing schools. This major is still open but none of the graduates are active in public health because this position was not included in our health system. All graduates occupy a position in nursing schools. They only teach, and believe that no one can apply what they teach"*.

Another participant pointed out to the health centers in the rural areas and queried about authorities' concern about giving the same responsibilities to educated nurses? He said:

"You see in the rural areas, our authorities

gave responsibilities of a public health nurse to a person who is not sufficiently qualified, but why such tasks were not assigned to a graduate nurse?"(N1)

The project of family medicine and the role of policy-makers in ignoring the nurses' position was brought up by a participant who commented:

"Recently the project of the family physician was approved by the ministry of health but again, the role of nurses in this project and in the community was overlooked. It seems that our health ministry is more inclined to create jobs for physicians, rather than paying more attention to the public health" (E4).

DISCUSSION

Public health nursing is a specialty in nursing that strives to achieve the goal of nursing in preserving and promoting health as a basic resource of everyday living. It was accepted and is practiced in several advanced countries. It has been delegated basic roles in the community care and in achieving the universal and equitable goal of health for all.^{3,6} In Iran, although there is a university major in PHN, the graduates have no role in the public health. To the best of our knowledge, this is the first study about the roles and the barriers of PHN in Iran. Because of the nature of the study, the qualitative method was adopted to help clarify the issue.

Our participants had a positive attitude about PHN. They were dissatisfied with being confined into the hospitals, and were interested in applying their profession to the community. The participants' perspective on PHN was based on their experiences of the primary health care system in rural areas and on what they have studied or heard of, about the role of PHN in some of the developed countries. Our participants' understanding of public health nursing and its role have been derived from the definition of nursing as an art and science of caring for the human

in health and disease. Recently several Iranian researchers have focused on the nurses' problems and needs in Iran. These studies have been focused on the nurses' potential and empowerment,^{17,18} nurses and their roles in the hospitals efficiency,¹⁹ nurses' stressors and coping strategies,²⁰⁻²² and the barriers to clinical decision making and evidence- based nursing practice.^{23,24} In a review study on the opportunities and challenges of nursing profession in Iran, a need to establish community-based nursing care has been identified.¹ However, the barriers to establishment of PHN have not been studied.

The present study defined five major roles for the public health nurses. These included gatekeeper of the health system, direct continual care, health monitoring, prevention, and health educator and health promoter. In a recent study, the main theme of 'Jack of all trades' was emerged to describe the vast range of the clinical care given by public health nurses and their scope of practice. Such a broad range of services of the PHNs employed in Ireland was based on the socio-demographical changes of the population, increasing age of the population, immigration and the shorter hospital stays and early discharge from hospitals.⁶ These are similar to changes in the population's characteristics in Iran during the past two decades. In the statement issued by the Canadian Public Health Association about the roles and activities of public health nurses in Canada, six roles were identified including health promotion, disease and injury prevention, health protection, health surveillance, population health assessment, emergency preparedness and response.³ These roles are somewhat in agreement with the roles emerged in the present study. However, our participants did not comment on the role of PHN in the emergency preparedness and response.

Other researchers have also reported that public health nurses can play major roles in providing health management and

assistance at all disaster levels including pre-event, event, and post-event.^{5,25} In Australia, nurses perform a vast range of tasks in primary health care including health promotion, health education, community development and disease prevention, and community based clinical settings.⁶ The findings of the present study along with those of the previous investigations confirm that nurses can be effectively engaged in the community health care services.

The participants in the present study have reflected about the barriers to establishment of public health nursing in Iran. The disease-oriented health system and the people and the policy makers' viewpoints were the two important barriers highlighted in our findings, which are similar to the results of previous studies on the barriers and challenges of quality nursing in Iran.^{7,19,21} Therefore, involving nurses in community-based health care services is essential for improving public health standards,¹ and efforts are needed to encourage policy-makers' decisions on this issue.

Study Limitations

The sample size in this study was limited and a larger number and more extensive range of respondents might have been preferable, although data saturation was achieved. As this was the first study in this connection, similar researches in other regions of the country are warranted to obtain a more comprehensive view, including the perspectives of policy-makers on this very important issue at the ministry of health.

CONCLUSION

The study showed the positive attitudes of the front line health team members about public health nursing. According to the participants five roles of the gatekeeper of the health system, direct continual care, health monitoring, prevention, and health educator and health promoter, can be assigned to the public health

nurses. The disease- oriented health system and the policy makers' viewpoints were emerged as the main barriers to establishing public health nursing in Iran. Hence, efforts are needed to encourage appropriate measures to be taken by the policy-makers on this highly important issue.

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