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# *Health care system of reform and the scope of independence in decision making by environmental/family nurses. III. New concept of health care and currently provided scope of services*

Health care should develop in the direction of organized, intentional activity on behalf of health. To date, as much as 90% of expenditures for this purpose have been consumed by the programme for the repair of the health care system. The reports by Lalond and Dever indicated that each sphere which exerted a potential effect on the maintenance of health and reduction of mortality rates was incorrectly financed. Social activity was also engaged in an improper manner (7). Therefore, there appeared a need to carry out radical changes, not only in the behaviour of services providers but also services receivers.

The contemporary concept of health promotion and prevention differs from the traditional idea (1). Actions within the scope of these problems are characterized in a different way, according to whether they are biased towards an individual or local community oriented (5). The knowledge of the local community and its health problems guarantees the effectiveness of health promoting actions and long term prophylactic programmes, especially with respect to civilization diseases (4). Hence, the organs of the local government have become the actual creators of health policy at the regional level (6), whereas first contact physicians and environmental/family nurses – the performers of the strategy adopted in primary health care (PHC).

Meeting new health care concepts, a 'Frame programme of education for nurses and midwives in health promotion and health education' was developed in 1999. In order to achieve measurable educational results and actual health benefits, according to the WHO guidelines, the highlights of the programme tasks were clearly shifted towards actions shaping health promoting life style. Therefore, the offer of services provided by nurses had to be modified. Carrying out health promotion and prophylaxis simultaneously became a chance for independence in making decisions for this occupational group. For this reason, the answer to the following questions was searched for: 1. What services were offered to healthy individuals by environmental/family nurses? 2. Is prophylaxis carried out in relation with the recognition of primary risk factors of diseases?

## MATERIAL AND METHODS

The study was conducted among environmental/family nurses from public and non-public health units in the Biała Podlaska Region. The respondents were divided into 2 groups: experimental and control, according to the place of work. The first group covered the staff of new organizational forms of PHC, the second group – nurses employed in traditional organizational structures.

In general, 110 people were examined in 2000. A comparative analysis of the results obtained was carried out. The study material was statistically analyzed. A precise description of the research procedure and the population in the study has been published in a separate report*.

## RESULTS

The question concerning the type of decisions pertaining to health promotion, made with respect to patients with good state of health, was considered as an introduction to the scope of problems undertaken. Nurses qualified for the research and control groups replied in a similar way. Less than a half of the nurses from non-public health units – 46%, and 60% of those employed in public units, planned to continue actions with regard to healthy people. The remaining respondents – 54% and 40% respectively, ceased caring for healthy family members. A greater number of respondents from the experimental than control group (18% and 6.67% respectively) - the level of significance being $p<0.1$ – mentioned health promotion and prophylaxis among the tasks to be performed.

In order to verify the authors' research hypothesis concerning the scope of activities performed by nurses, the question was asked about how often various health programmes are carried out. The respondents could chose only one of several proposed variants of reply, i.e. "very frequently", "often" "rarely" or "not at all". The indicators concerning 2 extremely opposed qualifications: "very frequently" and "not at all" were considered to be most interesting. Therefore, only these results are described in the present article and presented in Tables 1, 2.

Table 1. Health promotion programmes offered by environmental/family nurses (%)

| No. | Programme contents | Health promotion programmes | | | | | |
|---|---|---|---|---|---|---|---|
| | | very frequently realized | | | not realized | | |
| | | experimental group | control group | significance | experimental group | control group | significance |
| 1 | Breast feeding | 32.00 | 63.33 | $p<0.01$ | - | - | - |
| 2 | Health promoting lifestyle | 72.00 | 55.00 | $p<0.01$ | - | 1.67 | - |
| 3 | Care of mother and child | 22.00 | 51.66 | $p<0.01$ | 4.00 | - | - |
| 4 | Environment protection | 22.00 | 18.33 | - | 40.00 | 22.00 | $p<0.05$ |

During the analysis of data concerning "very frequently" conducted programmes of health promotion, 3 non-accidental differences were noted (Tab.1). The staff employed in traditional

* Cf. A Ksykiewicz Dorota, B. Kamińska: Health care system reform and scope of independence in decision making by environmental/family nurses. I. Conditions for bearing responsibility for work results Annales UMCS, Lublin 2003,...

PHC forms statistically more often ($p<0.01$) mentioned that they dealt with the promotion of breast feeding in the environment on their own initiative (63.33% – control group and 32% – experimental group) and with the care of mother and child (51.66% and 22% respectively). This also concerned health promoting life style (72% – experimental group and 55% – control group). The greatest number of respondents carried out the programme of environment protection 'not at all'. Such an opinion was significantly more often expressed by the staff of new organizations – 40%, $p<0.05$, compared to other respondents – 20%.

Table 2. Prophylactic programmers offered by environmental /family nurses (%)

| L.p. | Programme contents | Prophylactic programmers | | | | | |
|---|---|---|---|---|---|---|---|
| | | Very frequently realized | | | Not realized | | |
| | | Experimental group | Control group | Signifi-cance | Experimental group | Control group | Signifi-cance |
| 1 | Cardiovascular diseases | 62.00 | 48.33 | - | - | - | - |
| 2 | Cancer | 32.00 | 25.00 | - | - | 1.67 | - |
| 3 | Addictions | 24.00 | 26.66 | - | 2.00 | 1.67 | - |
| 4 | Contagions diseases | 24.00 | 20.00 | - | 2.00 | - | - |
| 5 | Accidents, injuries and poisonings | 8.00 | 3.33 | - | 36.00 | 15.00 | $p<0.02$ |
| 6 | Dental caries | 6.00 | 6.67 | - | 38.00 | 13.33 | $p<0.01$ |
| 7 | Faulty posture | 6.00 | 3.33 | - | 40.00 | 15.00 | $p<0.01$ |

With respect to health education the greatest number of staff employed in new PHC organizational forms gave advice concerning the elimination of factors predisposing for the occurrence of diseases (52%). The remaining respondents working in traditional structures, while realizing educational function, carried out individual conversations with their patients concerning health promoting life style (65%). Within social care the respondents organized assistance (14% – non-public units) and reported problems to the social workers (30% – public units).

The other area for analysis of the research material concerned issues pertaining to the realization of programme tasks in the field of prophylaxis. Similar to health promotion, the results presented were limited to people who provided the answers: 'very frequently' or 'not at all'. In Table 2 the highest indicators with respect to the answer 'very frequently' occurred for the prevention of cardiovascular diseases (62% – experimental group and 48.33% – control group). The differences between these groups were not statistically significant. A similar situation occurred with respect to the prevention of cancer (32% – experimental group, and 25% – control group), addiction (24% – experimental group and 26.66% – control group), and contagious diseases (24% – experimental group and 20% – control group). The greatest differences between the staff employed in new and traditional organizational forms of PHC were observed while analyzing the lack of prophylactic actions of dental caries and faulty posture ($p<0.01$). A greater number of people who did not undertake the realization of these two programs were noted in the experimental group (38% – prevention of dental caries; 40% – prevention of faulty posture), whereas a smaller number – in the control group (13.3% and 15%, respectively). The percentages concerning the number of nurses employed in new and traditional organizational structures, who did not undertake in their practice prophylactic actions in the area of accidents, injuries and poisonings differed significantly; however on a different level – $p<0.02$. A statisti-

cally greater number of staff of non-public than public units (36% and 15%, respectively) chose the answer 'not at all' to the question concerning how often they realized in practice the above-mentioned scope of programmes.

The answers provided allowed us to obtain information about the methods applied with respect to patients with recognized occupational risk factors. Health education was most frequently mentioned, with no significant difference: 76% of respondents from the experimental group and 83.33% of those from the control group. A greater number of staff employed in public units used various forms of social activities in their practice – 51.67%, compared to nurses from non-public units – 24%. With respect to the prevention of further unfavourable changes, the nurses from the experimental group supervised patients' obedience to medical orders, determined the dates of control visits and tests (24%), whereas those from the control group counteracted complications associated with immobilization (20%).

## DISCUSSION

The prevention and health promotion, which have been applied for years, were aimed not only at the prevention of diseases, but also the strengthening of health, but did not bring about the anticipated results. The dissemination of health promotion did not result in changes in behaviours considered as behavioral risk factors of 'life style diseases'. In practice, negative incentives and hardly probable, too distant consequences were referred to. Currently, indicating hazards is considered to be an effective method of modifying health promoting behaviour, while with respect to fixing or strengthening of already existing or new heath promoting changes – a positive influence on the cognitive and emotional sphere (2). Therefore, the essence of nursing and its contents was not subject to great changes. The current classification of prevention, the recognition of social and environmental conditioning of health affected only the direction and manner of effect exerted by health promotion, educational and prevention of diseases (1, 3). Prophylaxis and the preparation of patients for self-care and/or self-nursing were incorporated into the promotion tasks (11). While carrying out education, so-called social engineering, i.e. various legislative, fiscal, organizational and environmental actions, cannot be omitted (10).

Three educational models function in the system of health care: health, risk factors and disease oriented. The most important educational tasks on the levels I, II and III of prevention, defined as intervention actions, are ascribed to nurses (8). In order to recognize the scope of their current offer of services, studies were conducted among people who realize their occupational functions within the first sphere of effect, i.e. direct interaction with patient/family. There is no doubt that environmental/family nurses are to a considerable degree responsible for the strengthening of health, early diagnosis of potential occupational risk factors. Thus, the identification of the goals of care and the development of individual/family plans of procedures to be performed which should cover various health programmes, scope of education and the necessary support, remain in close connection.

The results of the study show that in practice nurses confine their own occupational activities, to the promotion of health favouring life style (72% – experimental group), breast feeding, care of mother and child (63.33 – experimental group and 51.66% – control group), and prevention of cardiovascular diseases (62% non-public units and 48.33% – public units).

## CONCLUSIONS

1. A health-biased attitude contributed to the consideration of health-promoting activities in the everyday practice of PHC nurses. Nearly 50% of environmental/family nurses in the study performed tasks for healthy people. A greater number of staff employed in public health units, compared to non-public units, 'very frequently' and on their own initiative implemented the programme of breast feeding and care of mother and child. Those working in new organizational forms promoted primarily the desired life style; pro-ecological activities, however, very often neglected.

2. The activities within the scope of prophylactic function are reflected in practice. Nurses undertake health education with respect to cases in which the risk factors have been recognized. The activities associated with the prevention of cardiovascular diseases were most often realized, followed by prevention of cancer, addiction and contagious diseases. A significantly greater number of respondents did not consider in their work the actions biased towards the prevention of faulty posture, dental caries, accidents, injuries and poisonings.

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SUMMARY

Until recently, corrective medicine and narrowly-understood prophylaxis have remained the focus of attention of health care staff. Various factors influenced the modification of current health activities. Providers of medical services, especially those engaged in PHC should react to the change in the concept of health care by expanding the present services offered. According to the WHO concept, dealing with healthy people is not a waste of time. Therefore, an attempt was undertaken to discover whether in the practice of environmental/family nurses, tasks were proposed to patients in the area of health promotion and prophylaxis. The studies covered 110 environmental/family nurses from the Białystok Region. The material obtained in two groups of health care units – public and non-public – was then compared. Significant statistical differences with respect to 'very frequent' realization of health promotion programmes were observed between nurses employed in public health care units and those from non-public units. These programmes most often concerned breast feeding, and care of mother and child. In the area of prophylaxis, however, both groups undertook a 'very small' scope of actions on behalf of environment protection and prevention of three of the health problems recognized: prevention of faulty posture, dental caries and counteracting accidents, injuries and poisonings. Prophylactic tasks concerning cardiovascular system diseases, cancer, addictions and contagious diseases were more often realized.

Reforma ochrony zdrowia a zakres samodzielności decyzyjnej pielęgniarek środowiskowych/rodzinnych. III. Nowa koncepcja ochrony zdrowia a obecnie realizowana oferta świadczeń

Do niedawna w centrum zainteresowania pracowników ochrony zdrowia znajdowała się medycyna naprawcza oraz wąsko rozumiana profilaktyka. Różne czynniki wpłynęły na modyfikację współczesnych zdrowotnych oddziaływań. Dostawcy usług medycznych, a szczególnie pracujący w poz, powinni zareagować na zmianę koncepcji ochrony zdrowia rozszerzeniem aktualnej oferty świadczeń. Zgodnie z koncepcją WHO zajmowanie się ludźmi zdrowymi nie jest stratą czasu. Stąd postanowiono sprawdzić, czy w praktyce pielęgniarek środowiskowych/rodzinnych zaproponowano podopiecznym zadania z zakresu promocji i profilaktyki. Badania objęły 110 pielęgniarek środowiskowych/rodzinnych z województwa podlaskiego. Następnie porównano materiał badawczy otrzymany od dwóch grup z publicznych i niepublicznych zakładów opieki zdrowotnej. Stwierdzono istotne statystycznie różnice w zakresie „bardzo częstej" realizacji programów promocji zdrowia, podejmowanych częściej przez pracujących w publicznych zakładach opieki zdrowotnej w porównaniu z pielęgniarkami z zakładów niepublicznych. Programy najczęściej dotyczyły karmienia naturalnego oraz opieki nad matką i dzieckiem. Natomiast w zakresie profilaktyki obie grupy w „bardzo małym" zakresie podejmowały działania na rzecz ochrony środowiska i prewencji trzech spośród rozpoznanych problemów zdrowotnych: zapobiegania wadom postawy, próchnicy zębów oraz przeciwdziałania wypadkom, urazom i zatruciom. Częściej natomiast realizowano zadania profilaktyczne w zakresie chorób układu krążenia, nowotworowych, uzależnień i chorób zakaźnych.