

Expected and Performed Role of Nurses in Community Based Rehabilitation of Persons with Disabilities

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ABSTRACT

Around 15% of world population (WHO 2014), is disabled. Around 26.8 million people (Census India 2011) in India have different types of disabilities. Around 2.7% of Kerala people have disabilities (Census India 2011). This article aims to present the role of community health workers in the implementation of a comprehensive CBR Programme and to explore the main challenges that arise in this specific geographical and socio-economic context.

Keywords: *Expected Role of Nurses, Performed Role of Nurses, Community Based Rehabilitation, Persons with Disabilities.*

INTRODUCTION

Rehabilitation became holistic and rehabilitation nursing became a specialization with different roles in practice. Rehabilitation nursing have an independent professional role with a wide range of activities, such as training, consulting, communication, management, collaboration and care giving. The role of rehabilitation nurse can be summarized as, educator, resource person, advocate, facilitator, team member, counselor and researcher (WHO, 1996). The role of rehabilitation nurse is detailed by WHO, and other national international nurses associations and studies.

In CBR the nurse is called as rehabilitation nurse, and she is expected to carry out the responsibilities of rehabilitation nurse in CBR also. In India, community health nurses are considered as rehabilitation nurses of CBR, as WHO stated that the CBR programs should be implemented through PHC, CHC and Rural Hospitals. The nurses working in these areas are JPHNs, staff nurses, Palliative care nurses and School health nurses [1].

CBR is a multi sectoral strategy that enabled disabled to reintegrate into the society with maximum cooperation from the community, family, rehabilitation team and the disabled person himself, using the local resources (SIHFW, 2010) [2].

Nurses are important members of CBR team and the researcher wanted to know nurses role in CBR of PwDs [3].

OBJECTIVES

- 1) To prepare expected role list of community health nurses in CBR.
- 2) To find out performed role of community health nurses in CBR.
- 3) To compare expected role and performed role of community health nurses in CBR.
- 4) To study the association of the performed role of community health nurses in CBR with selected demographic variables.

HYPOTHESIS

There is significant difference between expected role and performed role of community health nurses in CBR.

Association between performed roles of community health nurses in CBR with selected demographic variables.

OPERATIONAL DEFINITIONS

- 1) **Expected Role:** Activities that a community health nurse is expected to do in the CBR of PwDs.
- 2) **Performed Role:** Current activities that a community health nurse actually performs in the CBR of PwDs.
- 3) **Nurse:** A community health nurse working in the community palliative care units/ school health/CHCs/PHCs/rural hospitals of Alappuzha district, Kerala and registered under KNMC as Nurse Midwife.
- 4) **CBR:** Rehabilitation activities of Community health nurses in the CBR of PwDs, by working in selected Community palliative care centers, school health, PHCs, CHCs and district hospitals of Alappuzha District.
- 5) **Persons with Disabilities (PwDs.):** Persons with physical or mental impairment who is significantly restricted his/her ADLs either continuously or periodically for extended periods.

METHODOLOGY

Quantitative approach with a descriptive design was used for the study. Settings of the study were PHCs, CHCs and district hospitals of Alappuzha district. Population of the study was community health nurses working in Alappuzha district.

Samples

JPHNs, Staff nurses, School Health Nurses and Palliative care nurses working in the PHCs of Chettikulangara, Chennithala, Thazhakkara, Pathiyur and Pallipad, CHC of Mannar, and District Hospital Mavelikara. Convenience sampling was used for the sample selection and the

Sample Size

The sample size was 60.

Inclusion Criteria

Community health nurses working in the PHCs, CHCs and District hospitals that are willing to participate.

Exclusion Criteria

Health workers who are not registered as nurse midwife under KNMC.

TOOLS USED AND SCORING

Demographic Performa: It consists of 9 items to collect the data such as age, residence, education, monthly income, place of work, designation, years of experience, whether had CBR in-service training and presence of family members with disability at home [4].

Expected Role List: Prepared by suggestions from experts, WHO established nurses role in CBR, American Nurses Association and American Rehabilitation Nurses Association listed rehabilitation nurses' role and also by checking national and international papers about nurses' role in rehabilitation and CBR. List consists of 30 items, fewer than 6 subgroups such as Community health nurse as Coordinator and Facilitator, Practitioner and Referral Agent, Care provider, Counselor and Client advocate, Educator and Change agent and Researcher. Total score 30 [5–6].

Performed Role Checklist

It consists of 30 items with Yes/No response in 6 groups such as Community health nurse as Coordinator and Facilitator, Practitioner and Referral Agent, Care provider, Counselor and Client advocate, Educator and Change agent and Researcher. Each section had 5 items each. Each right answer carries one score and wrong answer carries zero score. Total score was 30 [7–8]. According to the scores performance were classified as,

- 1) Insufficient performance: <40% (12 scores)

- 2) Moderately sufficient : 40.1- 70% (13–21 scores)
- 3) Sufficient performance: 70.1-100% (22–30 scores)

ANALYSIS AND INTERPRETATION

Description of Demographic Data

Majority of the samples were between the age group 31yrs–40yrs, 93.3% of the samples were residents of rural area. Majority were having ANM qualification,

21.7% were having GNM qualification and nobody had B. Sc nursing and above qualification. 56.7% of them were working in PHCs. 70% of them were designated as JPHNs. 40% were having experience more than 10 years, nobody belonged to the group experience less than 1 year. Nobody received in service training about CBR. Majority were not having a disabled person at home.

Performed Role of Community Health Nurses in CBR of Persons with Disabilities

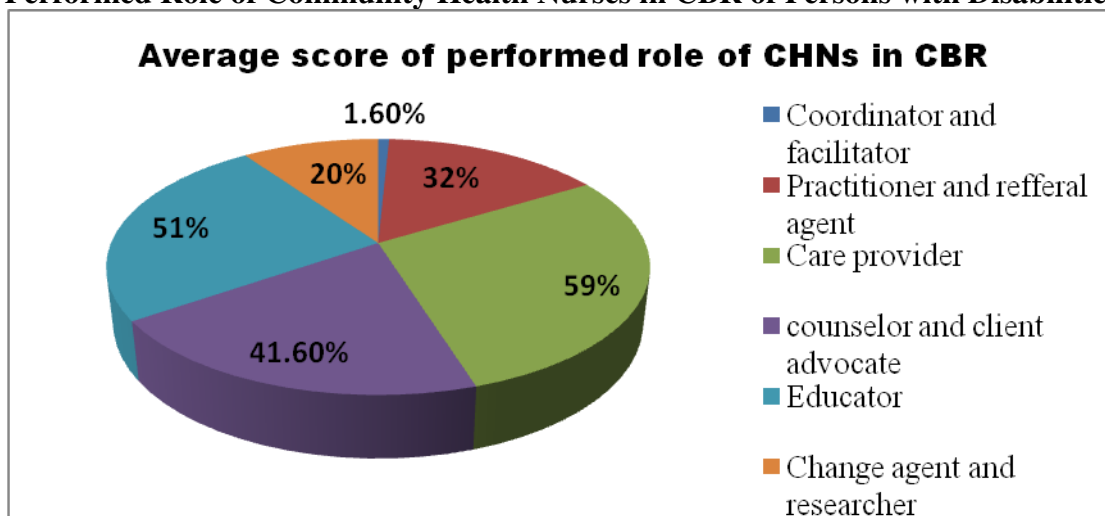


Fig.1. Percentage Score of Performed Role of Community Health Nurses in CBR of PwDs (n=60)

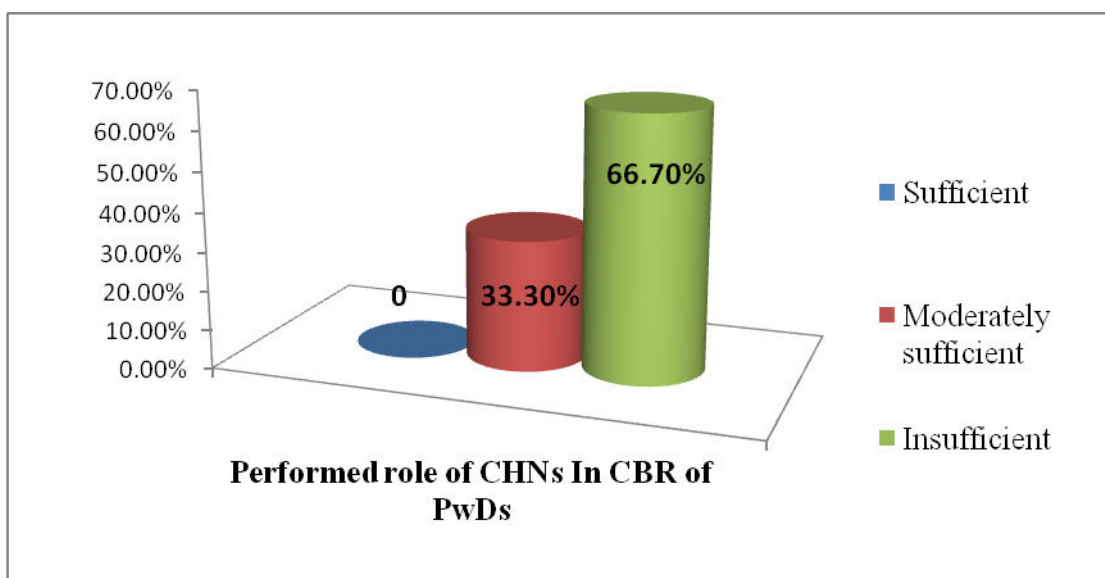


Fig.2. Performed Role Scores of Community Health Nurses in CBR of PwDs (n=60)

Table 1 Comparison of the Expected Role and Performed Role of Community Health Nurses in CBR

n= 60				
Comparison groups	Mean of ranks	Standard Deviation	Mann Whitney U test value	Z value
Expected role scores of nurses performed role scores of nurses	90.5 30.5	190.5256	0.0*	9.4449*

* Significant at 0.05 level

Table 2 Association of Performed Role of Community Health Nurses with Selected Demographic Variables

n=60			
Sl. No	Role of Nurse	df	Calculated Chi square value
1	Age	2	8.09*
2	Designation	2	6.32*
3	Having disabled at home	1	14.42**

* Association is Significant at 0.05 levels.

** Association is Significant at 0.01 levels.

Figure 1 shows that the community health nurses percentage of performed role as Coordinator and facilitator was 1.6%, as Practitioner and referral agent 32%, as Care provider 59%, performance as Counselor and client advocate 41.6%, as educator 51% and performance as Change agent and researcher the average score was 20%. So, we can say that community health nurses have moderately sufficient performance in CBR as care provider, counselor and client advocate and educator. But have insufficient performance as coordinator and facilitator, practitioner and referral agent and change agent and researcher. Nobody have sufficient performance in CBR in any expected roles.

Figure 2 shows that 66.7% of the samples had insufficient performance in CBR, only 33.3% had moderately sufficient performance and none had sufficient performance in CBR.

Table 1 shows, Mann Whitney U value is 0 and Z value is 9.4449. Both the values are significant at 0.05 levels. So there is significant difference between expected

role and performed role of community health nurses in CBR. So, the first hypothesis was accepted.

Table 2 shows that the difference in the scores of performed role and demographic variables like Age (Chi square=8.09), Designation (Chi square=6.32) and presence of disabled person at home (Chi square=14.42) were significant.

Analysis of other demographic variables showed that, residence, education, monthly income, place of work and experience were not significant statistically. The demographic variable, whether the community health nurses had in-service training, the chi square was not able to calculate as nobody received the in-service training. So, the second hypothesis was accepted.

CONCLUSION

The study concluded that majority of samples had insufficient performance and nobody had sufficient performance as a nurse in CBR of PwDs. So, the performed role of nurses in CBR of PwDs is not adequate and sufficient.

SUGGESTIONS

- 1) Community health nurses and student nurses should be encouraged to participate in training, seminars, workshops and education sections about CBR of PwDs.
- 2) Authorities should consider the need of in-service education regarding CBR of PwDs to improve their performance.
- 3) Nurse's participation in CBR of PwDs should be improved by increasing the workforce of nurses by recruiting rehabilitation nursing experts.
- 4) Authorities should not replace professional nurses with multi-purpose workers in community rehabilitation setting.
- 5) Nurses should be provided opportunities to participate in research studies related to CBR and disabilities.
- 6) Nursing experts in the field of rehabilitation should be posted as CBR coordinators to improve the quality of care.
- 7) Job description of the community health nurses should be revised and modified to accommodate care of CBR of PwDs.
- 8) Working atmosphere of community health nurses should be improved and work load should be reduced by delegating non nursing works to others.
- 9) Nurses should be included and considered as the important team member of CBR as they can function as the bridge between all the CBR team members and she should be posted as the coordinator of CBR program.
- 10) Introduce a cadre system for nurses in CBR of PwDs.
- 11) Utilize the growing work force of highly qualified nurses in the community settings to improve the quality of care.

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