



CHAPTER I

INTRODUCTION & BACKGROUND

At Alma-Ata conference in the U.S.S.R in 1978, 134 countries ratified their support for a worldwide effort to bring Health For All By The Year 2000. From this slogan, they have planned to reach the goal of "the attainment by all citizens of the world by the year 2000 of a society and economically productive life" (Kiereini, 1985 ; WHO, 1981). A Seminar in Primary Health Care [PHC] was organized in October 1978 and declared PHC as the strategy to attain the social target of health for all by the year 2000. PHC is the key element of health care and an intregal part of the country's health and socio-economic development system. The involvement of the community is encouraged towards self-reliance and self-determination. The principles of PHC are participation by the people, appropriate technology, collaboration and reorientation of health system. The essential elements of PHC are maternal and child care, immunization, nutrition, family planning, control of local communicable disease, sanitation, water supply, essential drugs, and health education (Devaneson, 1982 ; The MOPH, 1988). All member countries were requested to support this strategies as the national policy. The Thai government also complied to the WHO policy by stating

their support for PHC in the Fifth and Sixth Plan of the National Social and Economic Development. However the implementation for achieving the social target needs health personnel who understand and have adequate knowledge, skills and attitudes of the new concepts. Nursing personnel who work closely with the people especially the community health nurses are one of the most valuable assets of health care system.

"Community Health Nurse" is a nurse who works in the health team to improve health status of the people by holding the principle of general nursing and public health nursing to take care of individual, family and community. (The MOPH, Nursing Colledge Division, 1985)

The American Nurses' Association, 1973 defined the meaning of the Community Health Nursing as following

Community Health Nursing is a synthesis of nursing practice and public health practice applied to promoting and preserving the health of populations. The nature of this practice general and comprehensive. It is not limited to a particular age or diagnostic group. It is continuing, not episodic. The dominant responsibility is to the population as a whole. Therefore, nursing directed to individuals, families, or groups contributes to the health of the total population.... (quoted in Leahy, Cobb, Jones, 1977)

The Public Health Nursing Section of the American Public Health revised the definition of community health nursing in 1980 (Humphrey, 1988) as follows :

The specialty of public health nursing is professional nursing directed toward a total community or population group. Consideration is given to environment, social, and personal health factors affecting health status.... Emphasis is on planning for the community as a whole rather than on individual health care.

Community health nursing, as defined previously, can be practised today in an organization that focuses primarily on disease prevention and health promotion. This practise allows the nurse to work with population groups rather than individuals. Nursing personnel are directly responsible for the provision of health services to the community in promotion of health, prevention of disease nursing care, and restoration of impaired function. Nowadays, the roles and the functions of nurses increase, therefore nurses should have knowledge, skill and attitude in specific and general nursing performance. Nurses should have general knowledge in practising the tasks independently according to a intended tasks and roles with confidence. Tasks of professional nurses in promotive sector are assigned by the Permanent Secretary of MOPH in 1986 as follows: maternal and child care, immunization, family planning, school health, nutrition, primary health care, mental health, health education, training and supervision.

Nursing education in Thailand* has been authorized by many authorities. Thai nursing education is under 7 agencies. They are MOPH, the Ministry of University Affairs, the Ministry of Defense, the Ministry of Interior, Bangkok Metropolis Administration, the Thai Red Cross Society, and many other private institutions. The objective of the Nursing Education according to the Sixth National Development Plan (1987-1990) is to produce sufficient nurses required by the country. The nursing institute should improve nursing education for better quality. The graduates should provide the service with respect to promotive, preventive, nursing care, and rehabilitative care as well as with conscientious morality, ethics and responsibility (The MOPH, Nursing Division Colleges, 1986).

*Nursing education institutions in Thailand are 54

34	under Ministry of Public Health
7	under Ministry of University Affairs
3	under Ministry of Defense
1	under Ministry of Interior
1	under Bangkok Metropolis Administration
1	under The Thai Red Cross Society
7	Private institution

The objective of Nursing Education as well as other higher professional education, is to produce quality manpower to serve the society. Since a nursing career is based on arts and sciences, the student need not only study the theory but also practise in the clinical skill. Furthermore, nurses should possess the knowledge and capability which are necessary for professional conduct. Arom Vootiprux et al. and the Ministry of Public Health [MOPH], Nursing Colleges Division (1982, 1988) described that the nursing practice would be effective if nurses have good academic knowledge, patience, sacrifice, kindness and sympathy. Nursing education is essential for preparing the nurse to suit society's need.

The previous nursing curriculum emphasised on curative care of the sick person without consideration of family and community health. In conventional curriculum, the learners received information from the teacher who employ the lectures as the main mode of instruction to pass on factual knowledge, accompanied by demonstrations on the nursing technique and practice. The students gain experience on clinical practice only in hospital-based care. Nowadays, nursing curriculum has been revised to be community-oriented in accordance with the need and requirement of the National Health Development Plan. The curriculum includes health

promotion, prevention, rehabilitation and caring for all individuals and communities. The primary task of nursing education is to help the students to acquire appropriate attitude as expected from the society as well as to increase their knowledge and skill, so that they can function as a nurse to meet the care needs of the Thai society (Harnar, 1981 ; the MOPH, Nursing Colleges Division, 1989a, 1989b).

The main health problems in Thailand are from the population who are living in rural areas with a relatively low level of educational attainment and poor health condition. A good health status of the people is one of the major factors concerning national development. The health services by government cover only 20% of all population (Pring-Puang-Geo, 1983; The MOPH, Nursing Colleges Division, 1985; 1989).

Shortage of nursing personnel is a major problem of the country. In the past, the nursing profession was not well reconized. Professional nurses also changed their careers or emigrated to western countries (Chaloem Varavithaya, 1982). At present, the nursing curriculum has been upgraded to a Bachelor degree, like other professions. There are more people interested in this profession but when the demand is taken into account, the nursing education capacity is still inadequate for the public health service in urban

as well as in the community. In 1987, the ratio of the nurse to population in Bangkok was 1:460, compared with 1:1436 in the rural areas (Pring-Puang-Gao, 1983; The MOPH, Nursing Colleges Division, 1986; The Ministry of University Affairs, Planning Division of the permanent secretary, 1986).

The Nursing Colleges Division of MOPH found that according to the Fourth National Development Plan, the professional nurse population ratio was 1:4100 and in the Fifth-five year Plan this ratio became 1:2120 which was considered satisfactory. At the end of the Six-five year Plan in 1991: the professional nurse to population ratio is expected to be 1:1121. In other words, the total number of nurses working in both public and private are 50,132 for a population of 56.195 millions (ratio 1:1117) which will be effective because the standard nurse to population ratio is 1:1200 (Ibid)

The Sixth National Conference of Nursing Education, pointed out that the quality of nursing practice in Thailand was satisfactory. The knowledge, ability, responsibility, and attitude of nursing students ranked between fair to poor (quoted in Arom Vootiprux and Chiraporn Dherabatana, 1982; Chaloeam Varavitthya, 1982). Ethical development report showed the lack of ethic and moral in nurses during their service. (Vanvilai Chantrapa, 1978 quoted in Arom Vootiprux, Arom

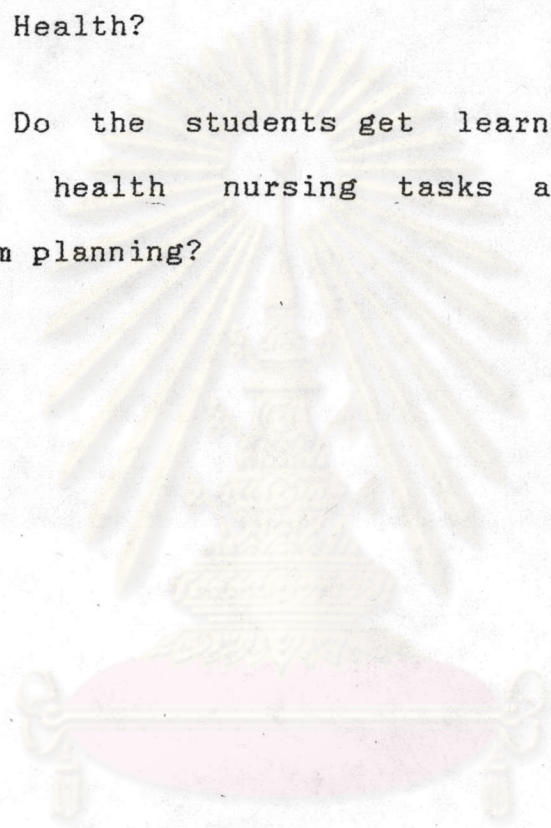
Vootiprux and Chiraporn Dherabatana, 1982a, 1982b). The Medical Education Seminar in 1977, mentioned that the health personnel lacked of knowledge and skill to provide service to the people in the community. The causes of the problem were dued to improper learning experience. (Medical Education Centre, 1977 quoted in Arom Vootiprux et al, 1982). Jaeger-Burns (1981) reported that the educational programme in many countries were not adequately preparing nurses to work in the community. Nurse students also receive little community clinical practice. In 1982, Chaloeam Varavithya mentioned that the nurses lacked experience in health services in rural communities and have a negative attitude towards practising in the rural areas.

For these reasons, the administrator and the instructors have to investigate the reason of these problems. Moreover the curriculum of Asian nursing school has been imitated from the West. Therefore, the objectives and content might not be relevant or suitable to solve the health problems in Asia. It is also realized that students should be able to cope with changing society. The curriculum needs to be reappraised on what the instructors offer to their students and whether it can create a set of performance relevant to the needs of society especially the needs identified by the MOPH in accordance with The National Public Health Development Plan.

RESEARCH QUESTIONS

1. Are the existing Community Health Nursing Curricula in Thai nursing schools relevant to the community health nursing tasks assigned by the Ministry of Public Health?

2. Do the students get learning experience in community health nursing tasks according to the curriculum planning?



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