

CHAPTER II

REVIEW OF RELATED LITERATURE

2.1 Definition :-

Performance is defined as " The ability to perform, capacity to achieve an action, operate efficiently".(Oxford advance learners dictionary 1989).

Performance is " The carry out of a task, the doing of any action or work, the execution of an action " (Guilbert, 1987)

Katz, F. M. and snow, R. (1980) stated that performance was meant to focus attention on the total behavior of a health worker. It referred to the whole range of knowledge, skill, and attitude acquired through training, as well as their organization and integration in practice. Performance assessment does not only evaluate work of health workers but to provide feedback to them on their performance which serves as a continuing guide to the planning of further learning opportunities.

Several authors have defined the meaning of performance. It can be summarized as follows:

In this context, performance is defined as the ability to

carry out a task obtained from one's knowledge, skill and attitude acquired through training and getting into action this ability reflected through organization and integration in actual practice.

2.2 HUMAN RESOURCE FOR HEALTH

To carry out primary health care services various categories of health manpower have been developed in both developed and developing countries. Several studies indicated that multipurpose health worker was the most suitable personnel to work in the rural area. They acted and supported human resource for health requirement as follows.

Watson E.J.(1976) stated that:- The maldistribution of health services in the developing countries was a constant recurring theme in various world health organization activities and in training physician and specialists whose services were available to only small and privileged minority. Thus the need to train medical assistants or auxiliary personnel who were a part of the larger community living in the rural areas was urgent.

Flahault D. (1972) expressed that the auxiliary health manpower were needed to develop the health services particularly in the rural community. He mentioned that It was unrealistic to try to post professional staffs to the poor rural area, to aim at building a health infrastructure in such

areas to serve the entire population. These areas must, therefore, needed qualified health personnel who would meet priority needs and go out to the population rather than wait for it to come to them.

Majid Rahnema H.E(1975) stated that " A health worker serving in his own community might become much more efficient than an imported doctor, especially in the tasks such as improving health conditions, nutrition and implementing programs of promotive and preventive medicine as well as family planning.

Fulop.T.(1979) described that : " Health manpower development is fundamental to every program area in the health sector The development of health manpower has always featured in WHO's activities and has been one of the main priority areas of the organization's program since the Forth General Program of work Covering a specified period (1967-71).

2.3 THE PERFORMANCE DISCREPANCY

The trainees are given necessary training to enable the employees to carry out their responsibilities in giving tasks. Trainers expect the trainees to be able to carry out those tasks for which they have been trained. But the trainees either perform differently or less than expected as the result of the training program. Such a statement indicates the existence of a gap between the actual and expected

performance of the trainees.

Mager R.F.(1970) stated the definition of discrepancy that a comparison was made between reality and some standard. The comparison often shows a difference between standard and reality; this difference is called discrepancy.

The expectation regarding the trainees' performance in the job situation, as a result of the training program, could be considered the desired performance, while the observed performance of the trainees in the job setting is the actual performance. A discrepancy states existed when there was a difference between expected and actual performance.



The expected performance of the CMA needs to perform the following task, namely ; environmental sanitation; health education; school health: maternal and child health and family planning; food and nutrition; communicable disease control; community health development; medical competence including history taking; physical examination; symptomatic treatment; first aid and emergency care; health post laboratory; health post pharmacy and health post administration. So it shows that CMA has to devote on health promotion and disease

prevention. The intention of CMA training program was primarily to make the AHW able to provide preventive health services more than curative cure .

The World Health Organization members state about "Health for all by the year 2000 A.D". Primary health care mostly consists of health promotion and disease prevention. The CMA is the person who are expected to give the primary health care package to the rural community. They are to serve as liaison to the schools and to work with community leaders. The training of CMA geared towards achieve of primary health care goal of the country and more specially expansion of preventive care. The AHW is expected to carry out all the activities of primary care preventive; promotive and curative. They are expected to spend more effort and time on preventive and promotive health care tasks than curative tasks.

2.4 ENVIRONMENTAL FACTORS

Nepal is a country with different geographical set-up. It has hills, plains and valleys altogether in one area. Therefore it is not only geographical status that affect the performance of the health worker but the support one gets from the community. Support means both moral and materials aids which the community can give to the health worker. Therefore the overall performance of a community health worker is not solely depend on his/her skills but is also dependent on the support from the community where he/she works.

Bryan and White stated that the level of performance of health workers not only depended on the skill of health worker but also it depends on local people support on various categories e.g moral support and material support provided by the people of health post service area. If the community intended to provide actual help in terms of money, materials labor and space to carry out the health workers responsibilities. So it was assumed that AHW would better perform those categories of task for which they perceived more public support than those tasks for which they were getting less support.

2.5 CURRICULUM

The purpose of health profession school is to produce health worker to solve the health problems in the giving community. The curriculum is the primary vehicle to make sure that the graduate is able to carry out the job according to the country needs. The curriculum is dynamic, so that it should develop yearly to make sure that the objective, learning experience, contents and evaluation are up to date. John Stewart Mill (1808-73) stated that "no great improvement in the lot of mankind are possible, until a great change takes place in the fundamental institution of their modes of thought". The curriculum helps to change in of a learners behaviors. By instruction, the learners will acquire new knowledge, new understanding, new skill, and new attitude will take place.

Skeet, M. (1984) mentioned that Community Health worker should be trained properly and adequately. The curriculum should be related according to their job to be done. They were the asset of health services. If they were not trained properly they would not be just ineffective but may even be positively harmful.

2.6 PRIMARY HEALTH CARE

Nepal has adopted the WHO commitment to achieve primary health care "Health for all by the year 2000 A.D". Ninety five percent of Nepali people stay in the rural areas. Due to the shortage of health personnel the government has decided to give minimum basic health care services through health post. The AHW is the key health personnel to provide primary health care to the community.

Halfdam, M. (1981) described that on the declaration of ALMA ATA the primary health care should include eight essential components through the Community Health Workers, 1 education concerning prevailing health problems and method of preventing and controlling; 2 promotion of food supply and proper nutrition; 3 an adequate supply of safe water and basic sanitation; 4 maternal and child health care, including family planning; 5 immunization against the major infectious disease; 6 prevention and control of locally endemic diseases; 7 appropriate treatment of common diseases and injuries; 8 and provision of essential drugs.

2.7 CONTINUING HEALTH EDUCATION

At present the scientific knowledge has progressed rapidly. Every year the method of health service providing is changing. After graduation the AHW is assigned to work in the remote areas health post, but if the time pass by without continuous learning, he/she may forget or unable to perform a new tasks

WHO Technical report (1985) explained that the continuing education improved work performance, enhanced competence, more appropriate work attitudes. Greater productivity should not be left to chance, but persuade through continuing education that seek to enhance the performance of health workers through a system of planned educational programs relevant to service needs.

Majid Rahnema, H. E. (1975) surmised that the Front Line Health Workers could play a cardinal role in promoting the basic health goal of a community. The Front Line Health Workers were the persons who destroy the very root of disease and helped the community to make possible ever higher standard of health. In order to do that the health workers must upgrade his practical and intellectual knowledge, by receiving life long continue education, e.g. through refresher courses and finally, he should be properly supervised frequently.

Goodman, Satterfield, Yasumura et al. (1989) described the in-service training about "the system approach", an innovative model for improving the delivery of in-service training at McDonald Army Hospital, first Eustis, Virginia. Five sessions were taken by three physical therapy technicians. By the end of the five in-service sessions, all three technicians were able to accomplish the predetermined goal of planning and administering a safe therapeutic exercise program to patients with hip dysfunction.

Cook, Berry, Sauter et al. (1987) mentioned that continuing education in the health profession was an important endeavor. It showed that a) instructional development and b) community development. Combining and using that model could be led to more effective. Continuous education was a potentially powerful and enduring means of addressing the educational needs of health professional and also a potent effective way of improving health care.

2.8 SUPERVISION

Supervision is one method for improving the AHW's performance. Supervision is not an evaluation but it is a method to help AHW to perform the task efficiently and effectively.

WHO technical report (1990) suggested that supervision should be an integral part of continuing education system. Supervisors needed to be trained for educational functions, and should be able to help learners to acquire or improved skills in a satisfying and constructive way. The supervisors should be able to provide and guide the health workers and assess their performance at the spot.