

THE ROLES OF THE HEALTH VISITOR

“Enhancing the roles of nurses in
Primary Health Care”

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‘STRENGTHENING PRIMARY HEALTH CARE’

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OBJECTIVES

1. Definition
2. AIM
3. Comparison of the Roles of Health Visitors in the West and in Brunei Darussalam
4. Historical Perspectives
5. Conclusion

HEALTH VISITOR

WESTERN ROLES	NEGARA BRUNEI DARUSSALAM ROLES
<p data-bbox="417 418 645 454">DEFINITION</p> <p data-bbox="112 472 942 801">The Health Visitor is a Qualified Registered Nurse, Midwife, Sick Children's Nurse or Psychiatric Nurse with Specialist qualifications in Community Health, which includes child health, health promotion and education (Hanskins, 2011).</p>	<p data-bbox="1286 418 1514 454">DEFINITION</p> <p data-bbox="981 472 1754 572">A registered nurse with midwifery and community health nursing qualification</p>
<p data-bbox="488 896 571 932">AIM</p> <p data-bbox="112 951 838 1100">To promote good health and prevent illness by offering Practical Help and Advice</p>	<p data-bbox="1358 896 1441 932">AIM</p> <p data-bbox="981 951 1441 986">Towards healthy nation</p>

WESTERN ROLES

1. Leading and delivery child and Family health services (Pregnancy throughout to 5 years of age)
This includes;
Assessment of Child's growth and development
Common infection in childhood, common skin problem, sleeps, eating, potty training, temper tantrum, teething, breastfeeding, weaning, healthy eating, hygiene, safety, exercises.
Organizing child health clinic
Immunization program
Health Promotion/education roadshow
Breastfeeding support group
Postnatal / Depression / Bereavement
Home Visiting

NEGARA BRUNEI DARUSSALAM ROLES

1. Primary Health Care Services

Maternal child health and OPD services

- Antenatal checkup
- Postnatal checkup
- Child health assessment
- Immunization program
- Nurse led pap smear (OPD and MCH)
- Nurse led diabetic educator (OPD and MCH)
- Nurse led asthma clinic
- Nurse led hypertension clinic
- Infectious control link nurse
- Home visiting
- Home nursing
- Breastfeeding support group
- Health promotion/roadshow
- Health education
- Direct Observation Therapy (DOTS)



WESTERN ROLES	NEGARA BRUNEI DARUSSALAM ROLES
<p>2. Providing ongoing additional services for vulnerable children and families This includes; behavioral difficulties, physical and mental disability, child abuse, families violence</p>	
<p>3. Providing adding services through or in partnernship with sure start children's centres. Work closely with:-</p> <ul style="list-style-type: none">- Families at their home accordingly to their geographical area of the GP practice.- Clinics/ GP surgeries- Sure starts childrens' centres -GPs- Allied health Professionals and Voluntary agencies	

WESTERN ROLES

NEGARA BRUNEI DARUSSALAM ROLES

4. Promoting health in the whole community:-
Families who have children under five
The elderly populations

5. All patients registered with a GP
We look at the broader picture to identify the health needs within their community and this allow us to apply Local policy

6. Every family with children under five has a name health visitor.

7. Our role is to offer support and encouragement to families through the early years from pregnancy and birth to primary school and beyond.

Refer to health centres and hospitals within the catchment area

School health services age 5 years to 12 years

- Physical assessment
- Vision and audiometry screening
- Skin, Hair and nail hygiene
- Dental screening / hygiene



WESTERN ROLES	NEGARA BRUNEI DARUSSALAM ROLES
8. Work alongside with midwives preparing parents for the birth of their baby by their involvement in pre – birth classes.	Health education in maternal child health clinic with antenatal and child health topics
9. Working in partnership with families to tailor health plans to their needs.	Working together with head villagers and mukims prior to current health promotion and healthy lifestyle activities
10. Nurse prescriber	
11. Health promotion through public roadshows	Roadshow on annual health promotion activities such as vaccination week, breastfeeding week, breast cancer week, national tuberculosis week etc



HISTORICAL PERSPECTIVES

“ Health visiting originated from the Ladies Sanitary Reform Association formed in 1862 in Manchester and Salford United Kingdom in the response to the high infant mortality rate in the poorer districts.”

(Abbot & Wallace, 1998)



YEAR 1917 till 1945

- Postnatal Visit
- Advice on hygiene and infant care
- Visiting pregnant women
- Visiting pre – school age children

YEAR 1948

- Maternal Mental Health Visit (Postnatal Depression)



YEAR 1956

- Generalist case finders; Working with the family

YEAR 1974

- Health visiting was moved from the local authority control into the National Health Service (NHS).



YEAR 1977

- Four principles of Health Visiting were published
 - a) Search for health needs
 - b) Stimulate an awareness of health needs
 - c) Facilitate Health enhancing activities (Council for the Education and Training of Health Visitors 1977)
 - d) Individualized Medical Practice rather than more Community based Public Health approach



THE 1990's

- The government policies recognized Health Visitors' public health role and work in new ways was highlighted in a number of documents (DH,2001,1999a, 1999b).
- Public Health became a major component of the role once again, while health visitors were also expected to work with individuals by the lead nurse for safeguarding children and on the delivery of the child health (DH,2009a)
- “The Jacks of all trades” (Hunt,1972a,1972b)
- Created ambiguity and confusion among the health professionals



YEAR 2002

An umbrella team encompassing a range of different activities. Although social workers, community nurses, public health workers, Children's centre workers and outreach workers may all be involved in providing a range of different activities, it is the combination of tasks that makes health visiting a unique profession (Malone et al, 2003; Cowley, 2002).



In Brunei Darussalam

- 1933 – Maternal child health services started in Bandar Seri Begawan
- 1936 – Followed by Belait district
- In 1949, the travelling dispensary was launched.
- In 1965-1969-The Flying Service established. (Sukang ,Apak Apak,and Mellilas)
- By the year 1979, the School Health Service was established and was led by Dr Ryan.
- In 1993 The School Health Service, the Environmental Health, Food Safety, Vector Control, Entomology, Vaccination Centre, Foreign Workers Screening and Community Health division transferred to this present building situated at Jalan Pandan Satu.
- In the year 1999, Well Women Services started
- In the year 1999, the decentralisation of primary health care services started and all health clinics were named as health centres.



In Brunei Darussalam;

- In the year 2009, expansion of Primary Health Care Service which is: extended hours services every Friday, Sunday and Public holidays
- In addition to the integrated services such as the Dental Service, Pharmacy Service, Medical record Service and Phlebotomy Service, community dietician, community psychiatric, radiology and ophthalmology started.
- In 2010, The Chronic disease follow up appointment system services were started followed by Flu Clinic Service
- Monthly travelling Clinic to Sukang and Mellilas is led by the BSB medical flying team
- In 2013 (11.5.2013), the Healthy lifestyle clinic for staffs, Health Screening Clinic were set up for the populations of Mukim Sg Liang, Lumut I and Lumut II in Sg Liang Health Centre as a pilot



CONCLUSION

Neither in East nor the West. Health visiting is a profession where these changes have been continuous, offering both opportunities and challenges along the way.

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