



## PERCEPTION REGARDING EXPECTED AND PERFORMED ROLE AND COMPETENCY OF NURSING PERSONNEL INVOLVED IN IMPLEMENTING NATIONAL PROGRAMME FOR PREVENTION AND CONTROL OF CANCER, DIABETES, CARDIOVASCULAR DISEASES AND STROKE SERVICES (NPCDCS)

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### ABSTRACT

Worldwide, by 2030, the annual number of deaths from NCDs is projected to increase to 52 million, whereas the number of deaths from infectious diseases is expected to decrease annually. The present study was done with a primary objective of assessing the perception regarding expected and performed role and competency of nursing personnel involved in the implementation of NPCDCS services. Study was conducted at Government Health centres in Alappuzha district, Kerala. Total enumeration technique (sample size=452) was used for the selection of subjects for the present study. Structured self-reported PHN perceptions regarding expected and performed roles proforma and Public health nurse competency instrument (PHNCI) were used to collect data from nursing personnel involved in the implementation of NPCDCS services. More than half of the study participants (53.5%) had expected a moderate role in the implementation of NPCDCS programme and nearly half of the study participants (45.3%) had perceived that they are expected to have a lot of role (high) in the implementation NPCDCS programme. Majority of the study participants (88.3%) had perceived that they have performed a lot (high) in the implementation of NPCDCS programme. With regard to overall competency, majority of the study participants (67.5%) had good competency in implementing NPCDCS programme.

**KEYWORDS :** Non communicable diseases, Perception regarding expected and performed role, NPCDCS

### INTRODUCTION

Global NCD burden remains unacceptably high. NCDs are by far the leading cause of death worldwide. In 2016, they were responsible for 71% (41 million) of the 57 million deaths which occurred globally. The major NCDs responsible for these deaths included cardiovascular diseases (17.9 million deaths, accounting for 44% of all NCD deaths and 31% of all global deaths); cancers (9 million deaths, 22% of all NCD deaths and 16% of all global deaths); chronic respiratory diseases (3.8 million deaths, 9% of all NCD deaths and 7% of all global deaths); and diabetes (1.6 million deaths, 4% of all NCD deaths and 3% of all global deaths). An even higher proportion (75%) of premature adult deaths (occurring in those aged 30–69 years) were caused by NCDs, demonstrating that NCDs are not solely a problem for older populations. The global probability of dying from one of the four main NCDs in 2016 was 18%, with a slightly higher risk for males (22%) than for females (15%).

The WHO estimates of 2010 for India indicated an estimated 60% of all deaths attributed to NCDs in India. The Global Burden of Disease 2010 estimates for India show an increase in DALYS for ischemic heart disease, stroke, diabetes, chronic obstructive pulmonary disease and cancer. The leading burden of disease attributable to the major risk factors in 2010 included tobacco use, high blood pressure, high fasting blood glucose, alcohol use, physical inactivity, high body mass index and high cholesterol. With population ageing and changes in disease patterns, non-communicable diseases (NCDs) such as cardiovascular disease, diabetes, cancer and chronic obstructive pulmonary disease have become the major causes of death and disability in Kerala. Tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol are the main risk factors of NCDs

The rank of India on human development index scale, 128 out of a total of 194 countries, does not reveal a very healthy public health situation. In fact, the health profile of the country is a matter of serious concern. A number of policies are outlined for improving health of the people and programmes are being implemented; but achieving the goal of Health for all or Millennium Development Goals seems to be difficult in the near future.

According to WHO report, in most countries, nurses and midwives account for more than 50% of health-care providers, representing the largest group who can make significant contributions to prevent and NCDs. SNursing's holistic approach to the health of individuals and communities will not only prevent diseases, but promote health, building on the strengths and resources of individuals and communities.

Considering the rising burden of NCDs and common risk factors to major Chronic Non –Communicable Diseases, Government of India initiated an integrated National Programme for Prevention and Control of Cancers, Diabetes, Cardiovascular Diseases and Stroke (NPCDCS) during 2010-11. The objective of the programme include prevention and control of diabetes through screening of all persons above thirty years of age, and all pregnant women for diabetes and hypertension, awareness generation on healthy life style and management of non-communicable diseases by strengthening / establishing Cardiac Care Units, Day-care cancer facilities at District Hospitals and specialised clinics (Non Communicable Diseases Clinic) at District Hospitals and Community Health Centres.

The role of nurse in NPCDCS programme is to assist in examination and investigation, to teach the patient and family about risk factors of NCDs and promote patients wellbeing and assist in follow up and care.. As health advocate, the PHN helps the people towards optimal degree of independence in decision-making and in asserting their right to a safer and better community. In order for public health nurse to practice effectively and in line with health services needed by the public, it is necessary for them to understand what is expected of them, and also their own perception of the nurses role and their efficiency in providing them.

### Objectives of the study

1. To describe the perception of nursing personnel regarding their expected and performed roles in implementing the services of NPCDCS
2. To assess the competency of nursing personnel in implementing the services of NPCDCS
2. To correlate between perception of nursing personnel

regarding expected and performed role in implementing NPCDCS services and competency in implementing NPCDCS services

3.To determine the association between selected socio demographic variables and perception of nursing personnel regarding their expected and performed roles and competency in implementing NPCDCS services.

## METHODOLOGY

**Research Approach:** In the present study, quantitative approach is used

**Research Design:** The design selected for the present study is descriptive research design.

**Setting of the study:** The present study was conducted at Government Health centres in Alappuzha district, Kerala where public health care system is active.

**Population:** In the present study, the population consisted of the nursing personnel involved in the implementation of NPCDCS services.

**Sample:** The samples for the study included nursing personnel involved in the implementation of NPCDCS services in Alappuzha district, Kerala

**Sample size:** The total sample size was 452 excluding the number of unfilled vacancies and long term leave.

**Sampling technique:** Total enumeration technique was used. **Tool/Instruments of the study** In the study the instruments used were socio personal Proforma and questionnaire to assess knowledge regarding non communicable diseases.

## Description of tool

**Section A:** It consists of 7 items for obtaining information regarding the characteristics of study participants. It includes age, qualification, designation, area of work, years of experience, and experience with NCD control programmes and attended previous classes on NCDs.

**Section B:** The tool consist of 20 questions regarding the expected as well as performed of the nursing personnel in implementation of NPCDCS services. Response options range from 0-3

**Section C:** The tool consisted of 30 questions under 5 subheadings with 6 questions under each .The subheadings include assessment, implementation, and collaboration, work with individual / system / community, and evaluation. Each item on the questionnaire is a statement which the subject is asked to endorse on a 4 point scale.

## Data collection procedure

The Formal permission to conduct the study was obtained from Director of district health services, Thiruvananthapuram. Also, Ethical clearance was obtained from the ethical and research committee of Sree Gokulam medical and research foundation. Informed consent was obtained from each study participants to ensure their willingness to participate in the study. Data were collected in two phases using a structured questionnaire regarding socio demographic variables, perception regarding expected and performed role and competency of nursing personnel in implementing NPCDCS services

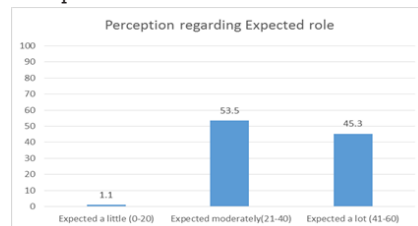
## Results

### Sociodemographic data

Nearly half (45.8%) of the study population belongs to the age

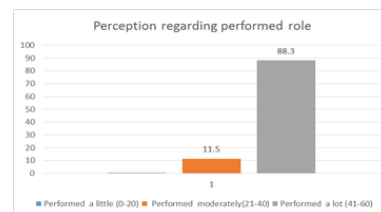
group of 41-50 years followed by 28.1% of the participants in the age group of 31-40 years. Majority of the subjects (82.1%) had Pre-degree or plus two with ANM course or JPHN course as their qualification. majority of the subjects (85.2%) are junior public health nurses. Only 4.6% were public health nurse supervisors.

More than half of the study participants (59.5%) works at primary health centres and 30.5% of them works at community health centres. Less than half of the study participants (39.8%) had their experience ranging from 1-8 years and 30.5% had 9-16 years of experience. Majority of the study participants (69.9%) had more than 3 years of experience with NPCDCS program implementation.



**Figure 1:** Frequency and percentage distribution of nursing personnel according to expected role in implementation of NPCDCS services

Figure 1 shows that more than half of the study participants (53.5%) had expected moderate role in the implementation of NPCDCS programme and nearly half of the study participants (45.3%) had perceived that they are expected to have a lot of role (high) in the implementation NPCDCS programme.



**Figure 2:** Percentage distribution of study participants according to perception regarding performed role in implementation of NPCDCS services

Figure 2 shows that majority of the study participants (88.3%) had perceived that they have performed a lot( high) in the implementation of NPCDCS programme and very few (0.2%) perceived that they have performed their role a little (low).

## Overall competency in implementing NPCDCS

With regards to the domains of competency, majority of the study participants (61.1%) had good competency in assessment of implementing NPCDCS programme. Majority of the study participants (64.6%) had good competency in implementing NPCDCS programme. 63.5% of the subjects had good competency in collaboration for implementing NPCDCS programme. Also, majority of the study participants (64.4%) had good competency in coordination of individual/society/community in implementing NPCDCS programme. Most of the study participants (70.4%) had good competency in evaluation of implementing NPCDCS programme.

## Correlation between study variables

There is a significant weak correlation between expected role and performed at  $p < .001$ . There is a significant weak correlation between expected role and competency at  $p < .01$ . There is a significant weak correlation between

performed role and competency at  $p < .001$ .

Association between sociodemographic variables and study variable The study reveals that there is no significant association between sociodemographic variables and perception regarding expected role of nursing personnel in implementing NPCDCS.

There is no significant association between sociodemographic variables and perception regarding performed role of nursing personnel in implementing NPCDCS except with age which is significant at  $p < 0.05$

There is significant association between experience with competency of nursing personnel in implementing NPCDCS at  $p < .05$ .

## DISCUSSION

These findings be compared with the study conducted by Decola P et al which was aimed to understand how nurses perceive their role in addressing risk factors associated with NCDs, as well as the types of supports required in order to facilitate this work. 95% of nurses wanted to use their knowledge, skills and time to educate individuals on the threat and prevention of NCDs. They expressed their belief that they should be spending significantly more time, on average almost twice the amount as they currently are able to devote, on preventing the development or escalation of NCDs

It is also similar to the findings of a study conducted in Uganda which revealed that nurses play a significant role in the control of high blood pressure when they employ effective evidence based strategies in identification, prevention and management of hypertension.

There is also controversial findings from a cross sectional community based survey to evaluate the participation of multipurpose health workers in implementing different national health programmes in Kerala. It showed that MPWS consistently over-reported their performance when self-reported information was compared with that obtained from household surveys. Female workers focused on immunization and family welfare programmes. Key national health programmes (such as tuberculosis and acute respiratory infection) were neglected by all multipurpose health workers. The findings are comparable with study done by LM Issel et al which indicated that the overall level of competency was most strongly associated with the duration of professional experience. Public health nurses with more years of experience reported significantly higher competency. No major differences in the competency levels were found in relation to nurses' level of education or licensure.

## CONCLUSION

The study concludes that global health status and Indian health scenario gives warning for adopting immediate preventive strategies for the increasing burden of non communicable diseases. The study provided deeper insight about the influence of nursing personnel in the field work on the health of a person.

Creating awareness regarding non-communicable diseases, devising different strategies for different groups and providing enabling environment to motivate them to adopt healthy dietary and exercise related behaviors has to be taken on a war footing to reap the benefits in the future. The challenge for the nurse is especially to rope in laggards to adopt healthy behaviour patterns. Patient Education needs to be an integral component in the treatment of NCDs and it is crucial for the nurses to involve in this.

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