



AN ASSESSMENT OF THE WORKING RELATIONSHIP BETWEEN COMMUNITY HEALTH NURSES AND ENVIRONMENTAL HEALTH OFFICERS IN BENIN-CITY, NIGERIA

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ABSTRACT

A study was done in Benin-city with the aim of analyzing and clarifying dimensions of collaboration between Environmental Health officers (EHO) and Community Health Nurses (CHN's). The objectives of the study were to identify the nature and level of collaboration between EHO's and CHN's; to identify possible reason for collaboration or non-collaboration and to explore perception about collaboration between the two professional groups. The study population consist of EHO's and CHN's in urban areas of Benin-city, working in referral hospitals, health centers and regional Health offices. Data was mainly collected through a structured questionnaire which covered demographic factors, professional profiles, educational profiles, frequency and nature of collaboration and perception about collaboration. Result showed that collaboration between the two professional groups exists, but although it was clear that the large majority indicate a willingness to collaborate, collaboration needs to be requested. A significant group of the lower categories of the professions reported experiences in collaboration than that in the higher group of the professions. It was recommended that for effective collaboration between the two professions, knowledge about each other's role and functions and a trust relationship are important. Collaboration should be planned and directed and does not necessarily occur spontaneously.

Keywords: Environmental Health officers, Community Health Nurses, collaboration

INTRODUCTION

Members from two professions in particular are actively involved in the delivery of preventive community health service in Benin-city, Nigeria namely; Environmental Health Officers [EHO's] and Community Health Nurses [CHN'S]. in Benin-city, these two professions are administratively managed in different health authorities. Community Health Nursing is accountable to the Nursing Section in the Department of Health while Environmental Health is managed and coordinated by the section on Environmental Health in the department of Preventive Health Service.

Despite these different chain of commands, CHN'S and EHO'S work towards the same goals; which are the prevention and control of communicable diseases and the improvement of the health of everyone in Benin-city. The two professions have common areas in their scope of practice, such as nutrition education, family life education and control of communicable diseases. These areas of joint operation constitute at interface level and are named "*professional integration*" by authors such as Tembo (1985). Collaboration, tolerance and acknowledgement of the contribution of individuals and group, are very important to achieve professional harmony at this interface level of operation and to achieve the objectives of primary health care.

The different roles and functions of CHN'S and EHO'S need careful planning and coordination to provide unity of action in pursuit of a common goal. This however, is not easily achieved because each professional group emphasizes its own way of achieving their objectives. A natural tendency exists to favour policies, strategies and methods, which are familiar to the members in a specific profession (Rakich, et al 1977). This may be the reason why it was observed in a study by Tembo (1985) that the EHO'S perceive the community health nurses as a group, as dominating, not collaborative and flexible in taking decisions and not sufficiently community oriented. EHO'S perceive CHN'S to be over emphasizing their role in individual patient care to the disadvantage of the health of a community as a whole. This attitude is further perceived as a strategy to marginalize the contribution of EHO'S. A situation of role ambiguity, conflict and even open confrontation between the two professions can be the result. Ignorance and misunderstanding at the interface level aggravates conflict situation between and negative attitude towards the other profession (Rakich, 1977).

To achieve the objectives of primary health care, it is essential that, at interface level, these two professions collaborate and coordinate their roles and functions, to work within a team approach with relationship of mutual respect and trust and to minimize interpersonal conflicts.

Aims and Objectives of the Study

This study was conducted with the aim of analyzing and clarifying the dimension of professional collaboration between EHO'S and CHN'S at the interface level.

The objectives of the study were as follows:

- Identify the nature and level of collaboration between CHN'S and EHO'S
- Identify reasons for collaboration or non-collaboration between members of the professions
- Explore perceptions of members of the two profession about collaboration and team work
- Suggest ways of promoting professional collaboration between CHN'S and EHO'S in Benin-city

RESEARCH METHOD

Study population and sampling:

The name and geographic location of an established compliment of all Environmental Health Officers (413) and Community Health Nurses (314) practicing in Benin-city were obtained from the Ministry of Health.

The sampling unit for the study was any health facilities (regional health office, health offices, and general hospital or health centers) with a minimum of one EHO'S and one CHN'S. A total of 130 of health facilities complied with this operational definition and all the EHO'S and CHN'S stationed at these health facilities were included in the sample.

Forty-six Environmental Health Officers and forty-seven Community Health Nurses were included in the sample.

Data collection:

Data was collected during August 2011 to September 2011. These months were selected for the study because of the optimum conditions for travelling during these months. August and September are months with low rainfall and the majority of roads linking rural and outlying areas and health clinics are accessible.

Self-administered structured questionnaire was issued to each of the EHO'S and CHN'S included in the sample. A response rate of 72% was obtained with ninety-three of the questionnaire completed and returned.

Data analysis:

Data was analyzed, utilizing the EPI-INFO 6.01 computer software. Frequency tables were compiled using the X²-test of statistical significance was inappropriate to use because of the relative small sample size.

RESULTS

Gender distribution

It was interesting to note that all EHO'S were males while all CHN'S were female.

Table 1. Respondent requested by members of another discipline to collaborate

Respondents	Percentage (%)
Request for collaboration received	62
No request for collaboration received	38
Total	100

Professional experience

The majority of respondents was experienced in their field of practice and has been working for more than five years in the particular field

Table 2 Respondent's willingness to collaborate

Respondents	Percentage
Willing to collaborate with a counterpart	91% respondents
Reluctant to collaborate with counterpart	9% respondent
Total	100%

Distribution according to type of health facilities

Respondents were stationed at the various types of health facilities as follows:

General hospitals	52%
Health centers	16%
Health offices	8%
Other	24%

Areas of collaboration

The following information about areas of collaboration was obtained. It should be noted that more than one area could be indicated by each respondent

Table 3 Areas of collaboration

Area of collaboration	Under five clinics	Information, education and communication	Community training and village inspection
Percentage of respondents	51%	65%	36%

Distribution according to category

The categories of respondents can be summarized as follows:

Registered Community Health Nurses	50.5%
Environmental Health Officers	49.5%

Table 4 Reasons for collaboration

Reason for collaboration	Collaboration promotes an understanding of the others role	Collaboration encourage sharing of resources	Collaboration sharpen focus of service delivery
Percentage of respondents	95%	84%	36%

Result in terms of experienced collaboration respondents indicates their experience of collaboration in tables 1 and 2.

Table 5 Reasons for non-collaboration

Reason for non-collaboration	Working differently from me	Not community service oriented	Looking down upon me
Percentage of respondents	73%	52%	49%

It was also important to determine whether a willingness to collaborate, actually materialized at interface level. It was found that although the majority of respondents indicated their willingness to collaborate with members of the other profession, more than half (58%) indicated that they have never

Table 6 Relationships between Place of Work And Frequency Of Collaboration

Place of work	Frequency
Health center	19%
General hospital	56%
Regional Hospital	9%
Others	16%
TOTAL	100%

Collaborated with members of other professions in the course of their practice.:

It was further found that in instances where collaboration did occur, it was sporadic and not on a continuous basis, because 25% of respondents indicated that collaboration occurred once a month and 17% indicated that it occurred once every six months.

Reason for Collaboration

Reasons for collaboration or non-collaboration are illustrated in Table 4. Respondents were allowed to provide more than one reason. Where collaboration existed, place of work and professional categories were cross matched with frequency of collaboration. Results are shown in table 6 and 7. From the table it seems as if the lower professional categories tend to collaborate to a larger extent than the higher professional categories.

Table 7. Relationship between Professional Category and Frequency of Collaboration

Professional category	Frequency
Technical assistant (two years certificate training)	25% =
Senior technical assistant	50%
Technical officer	22%
Professional officer	3%
Total	100%

DISCUSSION

Unity of action and pursuit of a common goal, need directed planning and coordination. The study showed that although some collaboration between Environmental Health Officers and Community Health Nurses in Benin-city does exist, 95% of respondents indicated that collaboration between the professions is difficult if a lack of understanding and appreciation of different roles and function exist. It was apparent that in the majority of cases, collaboration occurred when respondents were requested to do so. Lack of coordination of activities result in duplication and/ or fragmentation of work, while in turn impact on the effectiveness of service delivery. Defending one's own profession and professional role, seemed to be a natural inclination by respondents.

It is recommended that positive attitudes towards collaboration should be cultivated. This recommendation is supported by Haimann (1983) who stated that it is only when attitudes of persons allow collaboration that they learn to endure, welcome and move comfortably with diversity and tension. Frequent and directed staff meetings should be planned and implemented to discuss work plans, define roles and clarify mutual issues.

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