

COMMUNITY Health Care is a concept of care with a commitment to move away from an illness orientated service to a preventive one which promotes good health.

What the nurse does in a given situation depends in part on the needs of the community and the Health Service policy.

The Midwife has an important role as a team member of Primary Health Care, she establishes a relationship with the family before the birth of the baby. To be successful in her community work the midwife must be familiar with the inter-relationship of cultural, social and environmental factors of the health care status of the community. She must adjust her approach in the homes according to family members customs, education and living conditions, have the ability to give advice in a way that it is understood, accepted and must be practical.

Once in the house the district midwife should first think about the mother herself, inquire about her plans for the birth of the baby, avoiding any direct question as the mother should not be made to feel that she is being examined.

The mother will want to talk and ask question in her own way and the district midwife should answer these as she goes along. She should not be too anxious to do her own teaching but try and see what the mother's interested at that moment.

The way to start any health teaching, gradually acquired with experience, is to listen carefully, with real interest and attention to the mother. The mother should be

Extended Role of the Midwife in the Community

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allowed to talk freely about herself, her children or about anything she wishes and this kind of talking will often show what kind of person she is and make future advice easier.

During labour the Midwife's responsibilities are great. She must help and support the mother, she must be able to anticipate and recognise early abnormal conditions, deal proficiently with complications and get medical assistance.

Of all visits done by the District midwife, the first visit after the birth of the baby is the happiest and a good time to get to know the family. No mother can resist telling every one about her new baby. After 4 or 5 days visits to the mother and baby are usually shorter ones and are a gradual process of building up a relationship with the mother. She sometimes needs reassurance and support and often a repetition of much of the former advice is helpful.

It is very important for the midwife to observe if the mother seems contented and happy with the baby and if she is confident that she can look after it properly, sometimes a young mother seems almost scared

of her own baby and diffident about caring for it so she needs encouragement, advice and support.

During these visits the role of the Public Health Nurse is explained and it is advisable when ever possible to introduce the Public Health Nurse to the family and encourage the mother to get in touch with her if she had any problems. Explain to the parents the importance of having the baby immunized and when to start.

Feeding is usually the commonst problem in the first year, but most babies grow very well and are very attractive while they are breast fed. In areas where malnutrition is common, keeping the baby on the breast is very important until it is fully weaned.

Demand feeding is the usual practice and mother should on the whole be encouraged to do this as the baby will then establish it's own rhythm of feeding and thrive on it.

The mother should be advised about her own diet and helped to plan food in preparation for weaning.

As the child grows and is healthy the problems are more concerned with behaviour than with physical growth. However nutrition is always important, the prevention of infection, home safety and the prevention of accidents become more important as the child begins to walk about and run. The baby will attend well-baby clinic and remain under the care of the Public Health Nurse.

Our thanks to Mrs. Rachel Baakza, Senior Nursing Officer, Central Maternity Hospital, for her help in preparing this paper. □□

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I BELIEVE that the standards of patient care in any health service are vulnerable to the limitations of its practitioners. Interest in patients and patient care always have been and must remain paramount for nurses. Standards must be built on the experience of yesterday, on standards of today and goals for the future. Bahrain is no exception to this philosophy. We have our past nursing history, we have our present, which is uniquely our own as it is based on our country's economic, cultural and religious belief.

We share with our colleagues throughout the world the desire to play our part in helping our people to enjoy good health.

On reviewing the past history of nursing in Bahrain, I am quoting from a report outlined by Dr. R. Snow, the first Director of Medical Services in Bahrain. The report has listed the history of Bahrain Health Services between the year 1925 — 1965. From the report I would like to quote the following information which might reflect the condition under which nurses had worked during those days.

The first hospitals that existed on the Island were built in 1900 American Mission Hospital — 110 beds and Victoria Memorial Hospital with 10 beds. Both were outside the Government. Later on BAPCO built their own hospital in the mid 1930.

In 1925 the first Govt. doctor to be appointed was Dr. Baandarkar and practiced here for 30 years. Dr. Baandarkar was appointed for Muharraq dispensary. This dispensary was situated in a shop. He was also in charge of a hospital launch for 25,000 pearl divers and crews and would spend as long as a month at sea before returning to port for further supplies.

Perspective on Nursing in Bahrain Yesterday To-day & Tomorrow

By Mrs. Layla A.R. Murad*

In 1931 A Trained Indian Midwife was appointed for Muharraq.

In 1933 A Trained Indian Midwife for Manama.

In 1937 plan for hospital for men and women 120 beds, site chosen on Naim sea shore. The building commenced in 1938 and was completed by end of 1940. During the same year Dr. Snow replaced Dr. Daven-Port Jones who was appointed as the first State Medical Officer in 1938. 8 Indian nurses were enlisted with 3 arrived. Total staff (all categories) were 62. First Major Operations commenced.

The first matron Miss Harbottle was appointed in 1939.

Between the years 1925 and 1940 all work was mainly among out patients with clinics expanding to main villages, including a pearl diving seaborne clinic. Chief diseases were Malaria, and Trachoma, which were rampant, causing death in the former and blindness in the later. Amoebic Dysentery was prevalent, also anaemia and all stages of venereal diseases. Atresia was present in practically in all women after the first child, this has

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now died out. Pulmonary Tuberculosis was fairly high average in incidence.

The island of Sitra was notorious for disease. Pearl divers suffered chiefly from Transient Lung congestion and Tympanic membrane Trauma.

Budget for the service was just B.D.13,600/-

By 1941 total nursing staff were 17 trained Indian Nurses and 4 Indian doctors. Malaria and small pox cases were increasing, many patients were admitted for Heat exhaustion, Jaundice and Malaria. These were the bad conditions which the community were subjected to in those days, Women was confined to their house, being deprived even of education! Something very special happened in the nursing history in Bahrain and that was the appointment of a Bahraini nurse (Miss. Fatima Zayani), Fatima Zayani definitely led the way for the Bahraini nurses. Miss. Fatima was recently honoured in the Nurses day on 12th May, 1981 when she presented medals in her name to two other distinguished nurses in Bahrain, i.e. Miss. Mary Murphy, Director of Nursing who has joined the Ministry of Health in 1969 and Mrs. Omayya Al-Quarabi, who has started the first Nurses Training School with 7 students in 1959.

Dr. Snow has noted that in 1948 there was an appeal to Bahrain to consider training for indigenous doctors and nurses. It is also interesting to note that the first Bahraini medical specialist was appointed in 1961, ie. H.E. Dr. Ali Fakhro 20 years after the first Bahraini nurse was appointed.

The medical department managed in 1948 to incorporate the Municipal Lunatic Assylum within

It has been said that recognition starts within the individual himself before it comes from the others. So, how much are the nurses in Bahrain recognize themselves or acting as professionals ?

Are we capable of running our own show ? How many of us recognize that we are no longer subservient and hand maidens. It is up to us to make our colleagues realize that we are no longer subordinate kind of hand maidens working for them, but working alongside them.

How to achieve this ? What are the criteria which denote a profession ? C.M. Hall (1973) at the ICN 15th quadrennial congress in Mexico City, after an extensive review of the literature listed the following characteristics of a profession.

1. Provides a service to society, involving specialized knowledge and skills.
2. Possesses a unique body of knowledge which the profession constantly seeks to extend in order to improve the service it provides.
3. Educates its own practitioners
4. Sets its own standards.
5. Adapts its services to meet changing needs.
6. Accepts responsibility for safeguarding the clients it services.
7. Strives to make economical use of its practitioners.
8. Promotes the welfare and well being of its practitioners and safe guards their interests.
9. It is motivated more by its commitment to the service it

provides than by considerations of economic gain.

10. Adheres to a code of conduct based on ethical principles.
11. Unites for strength in achieving its larger purposes.
12. Is self governing.

I believe that we can only succeed in achieving recognition by raising our standard of care which is the responsibility of every nurse.

The Royal College of Nursing of the United Kingdom has recently set up a working committee to look into standards of care and to put forward recommendations for better standard.

The committee identified the following factors as pre-requisites for better standards :

1. The professional accountability of the clinical nurse must be recognised. Nurse managers provide her with the policy framework and resources. Nurse educators must help her acquire knowledge and develop skills to carry out nursing care based on plans made for each patient.
2. The current gradual move towards implementation of the nursing process should be continued, and where appropriate, accelerated. Its introduction requires the involvement of all grades of nursing staff. A steering Committee may be a valuable means of ensuring full co-operation between managers, practitioners and educators.
3. The transfer of authority, accountability, and responsibility to clinical nurses can only be achieved effectively if other

disciplines, particularly medicine, both understand and accept this change. Action must be taken at national and local level both to inform and to discuss this change with these health care professions.

4. The time needed to achieve change should not be underestimated. An essential prerequisite is a rearrangement of priorities and finances for basic and post basic education and development.
5. Immediate attention should be given to the preparation required for ward sister posts.

The nurse in Bahrain must identify her approach to patient care as being distinct from that of medicine or any other discipline. Also she must unite for strength in achieving her larger purposes.

So accepting this philosophy, we can do it if we concentrate not on what we can't do, but on what we can, and because we all want to, we have decided to unite and form a society.

Our constitution is with the Ministry of Labour & Social Affairs to study and approve when it has been approved by our Ministry, we hope that we will be able in the very near future to host a similar Seminar like this for our Medical colleagues in the nurses society in Bahrain.

By the end of 1981, Total Trained Nurses in the Ministry of Health are :

S.M.C.	— 768
C.M.H.	— 170
Chest Hospital	— 27
Geriatrics Home	— 29
Airport Clinic	— 4
Health Centres	— 121
Psy. Hospital	— 126

Total	— 1,245
(This includes TPN & above)	

Shown on Head projector.

its services and the first nurse was appointed yet. In 1964 the medical department was still looking for a Psychiatrist.!

Between the years 1940 and 1965 there were a lot of expansion and increased facilities. Maternity services were of a good standard, Atresia was abolished, Freedom from epidemics and eradication of Small Pox. Great decline in Dysentery and V.D. and other diseases which were common in those days. Nearly all specialities represented. There was great emphasis on increased training and New Nurses Training School.

When I entered nursing in 1968 there was at least 12 students in my class and the training was well established. There was great involvement in the clinical area, we were considered team members in the wards. We did the same duty hours as the trained nurses did, we had no clinical instructors to supervise us in the wards and there were no Inservice Nursing Instructor but we have learned a great deal from the ward sisters.

Today we have sophisticated buildings and some of the most expensive equipments and instruments. As I have mentioned earlier that 40 years ago the number of trained nurses were 17, today in 1981 the total number of trained nursing staff in the Ministry of Health is 1,245*. Those 17 nurses in 1941 had none of our sophisticated buildings and equipments. They were working under difficult work conditions, they were dealing with diseases like Malaria, T.B. and Small Pox with limited amount and types of medicine, but they survived and finally they handed over the load to us, but what did we do with it ?

What is our standard of nursing now ? What have we achieved ? &

* Breakdown shown on Head project.

What are our goals ? During the last decade between the year 1970 and 1980 there were rapid changes in all the areas. The small School of Nursing has been integrated with the College of Health Sciences. There were changes in syllabus, new curriculams and training programmes have been developed.

In 1969 there were maximum of 4 nursing tutors. Today the number has doubled 10 times, may be more, the students at the College enjoy student status, but how about the standard, how far we have reached in nurse education ?

In December 1976 a study was made in order to evaluate the quality of nursing care in S.M.C. The study was conducted by Dr. Armenian, Head of Statistical Section in Ministry of Health, Miss Mary Murphy, Director of Nursing, and Sr. Fathima Sidiki from Central Maternity Hospital. Data was collected on the following aspects of Nursing Care.

- (a) Attitudes and knowledge of nursing personnel.
- (b) Assessment of the process of care through a review of procedures, notes and interaction with patients.
- (c) Patient satisfaction as a measure of outcome of care.

Among the analysis of the data I am particularly interested in the following finding which I am quoting from the study, "Although a large number of the patients know their physicians name very few could name a nurse on the wards. This finding and the fact that patients knew very little about their management is indicative of the lack of communication between the staff and the patients. A personalized approach to patient care being always more desirable."

The evaluators felt that among programmes aimed at improving the quality of nursing care in the near future at Salmaniya hospital the following are to be considered.

- (1) Improved care on the wards is highly dependent on supportive services.
- (2) In service Training programmes have to include special programmes in communication skills for the nurses. The Ministry could consider short term courses in colloquial Arabic for expatriate nurses to improve communication with the patients.
- (3) The quality and the contents of the nurse's records have to be reviewed and only essential observation and important information have to be included in these notes.
- (4) An improved level of supervisory personnel and planned care are essential elements of nursing missing from most of the wards of the Hospital.

Not long ago the CSB revised the salary scale of the Health personnels in order to place them on the appropriate scale. CSB recognised nursing to be a profession, but they could not place nurses on the professional scale, but they have placed the following occupations on the professional classification plan :

- Doctors
- Pharmacists
- Biochemists
- Environmental Hygienist
- Medical Technologist
- Microbiologist
- Occupational Hygienist
- Physiotherapist

Why is that nursing is not categorized among the professionals ? □□