

UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

A RESEARCH PROPOSAL

ON

INVESTIGATING THE PERCEPTIONS OF COMMUNITY HEALTH NURSES
TOWARDS HOME VISITS IN BLANTYRE URBAN HEALTH CENTRES

SUBMITTED TO

FACULTY OF NURSING IN PARTIAL FULFILMENT FOR THE AWARD OF
BACHELOR OF SCIENCE IN NURSING (COMMUNITY HEALTH NURSING)

PRESENTED BY

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DATE: SEPTEMBER, 2013.

DECLARATION

I hereby declare that this research proposal is of my own effort and that it has not been submitted elsewhere for any degree program.

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RESEARCH TOPIC: INVESTIGATING THE PERCEPTIONS OF COMMUNITY HEALTH NURSES TOWARDS HOME VISITS IN BLANTYRE URBAN HEALTH CENTRES.



ABSTRACT

The primary purpose of this study is to investigate community health nurses' perceptions on home visits in urban Blantyre health centres in Blantyre district. A descriptive qualitative research design with purposeful sampling will be used in this study. The sample will consist of ten enrolled CHNs working in the area of study. The data collection methods will be an in-depth face to face interview with the respondents. The data will be analyzed manually using content analysis. Conclusion will be made according to findings of enrolled CHNs' perceptions towards home visits. The recommendations will include the strengths, weaknesses and suggestions of the researcher.

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MAY GOD BLESS YOU ALL

LIST OF ABBREVIATIONS

CHN	community health nurse
DHO	district health officer
PHN	public health nurse
BTDHO	Blantyre district health office
IMNH	Infant maternal and neonatal health
US	United States
MCH	Maternal and Child HEALTH
WHO	World Health Organization
UNICEF	United Nation Children's Fund
PHIM	Public Health Intervention model
HAS	health surveillance assistance
KCN	Kamuzu College of Nursing
MCHS	Malawi College of Health Science
FHD	Family Health Department
RPC	Research Publication Committee

OPERATIONAL DEFINITIONS

Home visit

A home provision of care by community health nursing.

Community Health Nurse

A person having equipped with knowledge and skills of community health nursing with a primary focus on the health care of individuals, families, groups, communities and society at large

Public Health Nurse

A person who has knowledge of community efforts designed to prevent diseases and promote health of the population.

CHAPTER ONE

1.0 INTRODUCTION

Vera (2013) defined a home visit as a family – nurse contact which allows the health worker to assess the home and family situations in order to provide the necessary nursing care and health related activities. In performing this activity, it is essential to prepare a plan of visit to meet the needs of the client and achieve the best results of desired outcomes. Allender & Spradley (2005), described that home visit is conducted to visit clients where they live in order to assist them in their efforts to achieve as high a level of wellness as possible. Community health nurses (CHN) are registered nurses whose practice specialty promotes the health of individuals, families, communities and populations, and an environment that supports health. They practice in diverse settings such as homes, schools, shelters, churches, work places and on the street. Their position titles may vary as much as their practice settings. Home visiting has been referred to as the backbone of community health nursing practice. It enables a community health nurse to gain insights into the family's socio-economic situation, health practices, and physical environment as well as foster positive relationships with family members. Home care was the initial focus of community health nursing and home visits mainly focusing on the individual for whom the referral is received; promoting support systems and encouraging the use of health and other related resource etc. The purpose is to provide nursing care to individuals and their families in their homes; to assess the living condition of the patient and family and their practices in order to provide the appropriate health teaching and many more. In Malawi home visit is being done by Health Surveillance Assistance (HSA) in six districts with the focus on infant maternal and neonatal health (IMNH). However according to data of 2010 to 2012 obtained from Blantyre district health office (BTDHO), it shows that community health nurses are not conducting home visits.

1.1 Background Information

Home visitation has been widely used as an intervention strategy in health care services in many countries. Home visitations begun in the nineteenth century, in England, home visits was originated with Florence Nightingale in 1892 with the purpose of which was preventive, and aimed at helping the population through health teaching and counselling. Home visitations mainly involve community health nurses, midwives or other health care professionals, but volunteers and other support groups are known to have participated in the service. In some countries, home visiting is free, voluntary and not income-related, and embedded in the maternal and child health systems.

In the U.S., the home visitation programme began in the late nineteenth century, where public health nurses and social workers provided in-home education and health care to women and children primarily in the poor environments. Home visiting involving public health nurses has since continued to be advocated, although it is more focused on families with special needs such as premature or low birth infants, children with developmental delay, teenage parents, and families at risk for child abuse and neglect. Continued efforts are being undertaken vigorously to advocate home visiting programme as an early intervention strategy to improve health outcomes and wellbeing of children. While in Europe, Denmark established home visiting by law in 1937, after a pilot programme was successful in lowering infant mortality. In France, prenatal and home visits by midwives and nurses are being provided free-of-charge, to provide education about smoking, nutrition, alcohol and other drug use and other health related issues.

Home visiting in Malaysia started with the formulation of the rural health scheme under the 5-year developmental plan after independence in 1957. Home visiting has since been primarily centred on the Maternal and Child Health (MCH) programme. Since the initial Public Health Nursing training programme in the early seventies was based on the United Kingdom's training of Health Visitors under the Royal Society of Health, London, home visiting was also modelled after its health visitors' programme. With the current expansion of scope in Primary Health Care Services, home visiting has gradually expanded to include other activities such as care of the elderly, children with special needs and community mental health. However evaluating home visiting from the service providers and users perspective, Julkunmen (1994), found that public health nurses view the functions of home visiting as the provision of support and encouragement to ensure continuity of care as being most important.

Clients however felt that having professional examination of the newborn was most important.

In sub-Saharan Africa, community health nurses are conducting home visit, however these community health nurse have different perceptions of the role of home visitation as according to the study done by Jackson (2007) on professional nurse perceptions on the role of home and community – based carers providing care to the community in Capricorn district in South Africa, states that care for patients at home provide physical, emotional care, and perform household chores when needed; and were seen as health promoters since they advocate for financial and social support for community members.

In Malawi community health nursing started way back in the seventies and there are so many Malawian nurses who have been trained in this speciality from both Kamuzu College of nursing (KCN) as well as Malawi College of Health Science (MCHS) – Lilongwe, equipped with so many roles and one of it is the role of home visit. However, there is no study that shows that community health nurses of Malawi are conducting home visits as per evidenced by report of 2010 to 2012 obtained from Blantyre district health office and, WHO, UNICEF, (2009) report showing HSAs doing home visit in six districts in Malawi indicate a clinical picture that really community health nurses do not conduct home visits. Therefore this study aims at investigating perceptions of community health nurses towards home visits in Blantyre urban health centres.

1.2 Problem Statement

Studies done in three countries, namely Bangladesh, Nepal and Malawi which focused on pregnant mothers and postnatal mothers on day 0-3 and 4 -7 (postnatal) showed that Malawi had very low percentages of home visits comparing with the other two countries. The report which was released by WHO and UNICEF, clearly indicated that Community nurses in Malawi are not doing home visits. The report further showed that the few home visits which were done, HSAs were the only ones doing the job. Some reports indicated that in some neighbouring countries, home visits were being done as compared to our country, Malawi. However, In Malawi, Blantyre in particular, home visits were not performed and this was evidenced by records which showed no home visits done. This is what has motivated the

researcher to do the study in order to investigate the perception of community health nurses towards home visit in Blantyre urban health centres.

1.3 Significance of the study

The study is expected to provide an insight into community health nurses' perceptions of the role of home visit. This would lead to an understanding of challenges encountered in the implementation of home visit by nurses. The findings could lead to the improvement of relationships and help to reduce barriers that hinder nurses in conducting home visits. The findings would also assist policy-makers to develop policies to address identified issues and finally, the beneficiaries' healthy will improve through health care services given to them.

1.4 Objectives of the study

1.4.0 Broad Objective

To investigate perceptions of community health nurses towards home visits in Blantyre urban health centres in Blantyre district.

1.4.1 Specific Objectives

- To assess the knowledge of community health nurses towards home visit.
- To determine the perception of community health nurses on home visit.
- To examine the barriers that hinder community health nurses to conduct home visit.
- To identify strategies to make effective home visit in Blantyre urban health centre.

CHAPTER TWO

2.0 LITERATURE REVIEW

The literature review will cover the key concepts of available information on community health nurses' perceptions of the role of home visits, thus indicating the researcher's understanding of the topic (Ganga – Limando, 2004).

2.1 Global studies

WHO and UNICEF (2004) conducted a study and results showed that home visits should be provided by community health nurses. These community health nurses are also best suited to make home visits for newborn care. They can perform all the essential tasks for providing preventive and curative care. Another study by WHO (2006) found that families have difficulties in recognizing signs of severe neonatal illness, particularly in the first week of life, and in seeking appropriate care. The same study found that home visits help families in identifying newborn problems early and in dealing with constraints to care seeking from appropriate providers. However, in many settings, home visits are not feasibly done due to, for example, shortages of community health nurses, lack of transportation, or workload that does not allow them to make timely and repeated home visits.

Julkunen (1994) on an exploratory finish study on home visits, found that the nurses viewed home visits differently, as providing clients with the support and encouragement they needed to ensure continuity of care for their clients. In another study on home visits conducted in England, Raynor (2001) reported increased parental involvement and reciprocal interaction, improvement towards and praise for the child, a more positive attitude towards the child and less difficulties with negative interactions. Moreover, Raynor (2001) indicated that home visits resulted in parents demonstrating realistic and positive expectations of their children with subsequent positive parenting.

Further literature highlights the immense range of social problems that can be addressed by Community Health nurses with home visits (McNaughton 2004). Whilst CHN nurses provide screening services to patients, there is now a trend towards a holistic approach to working with families with young children (Department of Health (DoH) WA, 2005). Another study reported benefits of home visits include improvement in maternal and child health, better parenting skills leading to positive maternal-child interaction, and positive outcomes for the family. Home visits allow community health nurses to discuss preventative strategies with individual families and to explain how to navigate through the various government systems to access much needed resources (Kemp et al. 2005). McNaughton (2000) reported on a synthesis of available qualitative research on maternal home visits from England, United States, Canada and Finland and discussed the many reports confirming the benefits of home visits to clients. McNaughton (2000) concluded that building a positive relationship with clients formed the basis of problem identification and problem solving leading to client empowerment. Other literature suggests that effective health interventions by community health nurses working in partnership with families at key points in a child's life can have a positive impact on the child's developmental curve (Kemp et al. 2005). The thrust of the partnership is recognition of the mother's and family's expertise rather than the nurse being the 'expert' (Kemp et al. 2005). Through partnership there is building of trust, rapport, and genuine interest by both parties. There is ongoing provision by the nurse of much needed information and support with regards to child development and family situations, advocacy, and addressing the immense range of social problems often facing families (McNaughton 2004). The optimum way community health nurses can achieve the child outcomes is through home visits, especially in the first 10 days after the birth of the child. In another study to explore nurses' social representations and perceptions regarding the informal caregivers of dependent people the results revealed that nursing professionals have empiric knowledge about the role of informal care, and they are aware of how hard this task is and that caregivers' physical and mental health can be adversely affected. Nurses are in favour of family caring, but they are also concerned about caregivers' isolation and the lack of support and resources for long-term care. Their evaluation of the caregiver role is usually positive, recognizing their steadiness, dedication, continuity, and sacrifice for the dependent person. Family caregivers need more information and training. Nurses are willing to help caregivers psychologically and emotionally.

2.2 Studies done in Africa

In Sub-Saharan Africa a study was done in Namibia by Lipinge, Hofnie, Westhuizen and Pendukeni (2006) on perceptions of health workers about conditions of service with the focus on barriers to home visits. The findings showed that; low salaries, lack of staff development, workload due to shortage of staff, and lack of material resources as well as transport hinder health workers from conducting home visits.

2.3 Studies done in Malawi

In Malawi there are limited studies done on home visits as according to a study by WHO and UNICEF, (2006), the objective was home visit for the new born child: a strategy to improve survival, findings showed that home visits for postnatal care should be provided by skilled health workers. These are also best suited to make home visits for newborn care. They can perform all the essential tasks for providing preventive and curative care. In many settings, this option is not feasible due, for example, due to shortages of skilled health workers, lack of transportation, or workload that does not allow them to make timely and repeated home visits (WHO, 2004). In such settings, many of the essential tasks for basic newborn care has been carried out by trained community health workers who are either part of the health care delivery system such as Health Surveillance Assistants (HSAs). Currently, they are in six districts, as part of a phase in approach for scaling up, HSAs are being trained to carry out home visits during pregnancy and immediately after delivery to improve maternal and newborn care practices, awareness of danger signs and early care seeking (WHO,2006). However, there is no study done on perceptions of community health nurses towards home visits neither any documentation nor work plan in the district nursing office of Blantyre DHO that indicates community health nurses doing home visits.

In conclusion Community health nurses recognise the importance of doing home visits, to the early years of life and that child development and parenting all need special support; to the chronically ill clients and all special needs clients like the elderly, disabled, and school children.

2.4 Summary of reviewed literature

The studies that were reviewed have highlighted some of the perceptions of community health nurses and some barriers that may result into poor performance of home visits. The barriers include shortage of community health nurses, workload, and lack of transportation just to mention a few.

CHAPTER THREE

3.0 THEORETICAL FRAMEWORK

In this study the Public Health Intervention Model or Minnesota Wheel will be applied. Theoretical framework can help a researcher determine problem areas, content considerations, addressed research question, and the way in which the researcher plans to go about finding an answer to the research question. It provides a clear description of variables suggesting methods to conduct the study and guiding interpretation, evaluation and integration of study finding. It also enables the researcher to link the findings to nursing's body of knowledge (Burns & Grove, 2011, p238).

3.1 The Description of the Public Health Intervention Model / Minnesota Wheel

This Model was developed in 1994 under the direction of the Section of Public Health Nursing, Minnesota Department of Health. A preliminary step in development of the PHI Model was a literature search on primary public health interventions used in public health nursing practice in which the CHNs applied the interventions to their practice. The PHI Model is the actions that community health nurses take on behalf of individuals, families, and communities. "They are recommended based on the nurse's clinical judgement about the phenomena of concern and theoretical, practical, or scientific knowledge about the relationships between potential interventions and desired outcomes. The model explains how and where the community health nurse's interventions are based and focused so as to achieve health services and these are Population-based, individual-focused. Interventions are person-to-person interventions that create changes in health status, knowledge, or skills in individuals, singly or in families, classes, or groups. Persons receive these services because they are members of a designated population. Population-based community-focused interventions create changes in community norms, awareness, attitudes, practices, and behaviours and are directed toward groups of persons within or all persons in the community. Population-based systems-focused interventions create change in organizations, policies, laws, and structures.

The purpose of the Model was: to define more clearly the practice of community health nursing as a population- based practice; and to describe better the work of community health nursing at the community and systems levels.

There are several community health nursing assumptions that are basic to the model and interventions. First, the Model emphasizes population-based community health practice characterized by a determination of the health status of the community, identification of populations with risk or risk potential, problem priority setting, appropriate interventions based on epidemiologic analysis, intervention implementation and intervention evaluation. Second, all three levels of interventions may be used to address a problem; one level of intervention is not seen as a replacement for another. It is important to note that a population-based practice does not eliminate the individual levels but integrates all three levels into public health nursing practice. Third, the community health core functions of assessment, policy development, and assurance are fulfilled through activities and interventions that are based on community need. The core functions overlay all community health interventions. Each of the interventions has an assessment, policy development, and assurance component, although in varying proportions. Fourth, the nursing process (assessment, problem identification, diagnosis, planning, implementation, and evaluation) underlies each of the interventions. The nursing process is applied regardless of the practice level (individual, community, or systems). Fifth, community health nursing is grounded in: a belief in social justice; an ethic of caring; the promotion and maintenance of health; the prevention of illness, injury, and disability; long-term commitment to the community; sensitivity to cultural diversity; systems theory; holistic care; and the belief that all individuals are viewed within the context of their families and their environment.

The intervention of the list of 17 public health intervention model includes: advocacy, case management, coalition building, collaboration, community organizing, consultation, counselling, delegated medical treatment and observations, disease investigation, health teaching, outreach case finding, policy development, provider education, referral and follow-up, screening, social marketing, and surveillance. Interventions can be applied in a variety of sites. Potential sites include, but are not limited to, clinics, coalitions, communities-at-large, community agencies, correctional facilities, day care, group homes, homes, hospitals, local and state government, public health nursing clinics, schools, shelters, and worksites.

3.2 Diagrammatic illustration of the public health intervention model / minnesota wheel
theoretical framework

PUBLIC HEALTH INTERVENTIONS MODEL / MINNESOTA WHEEL.

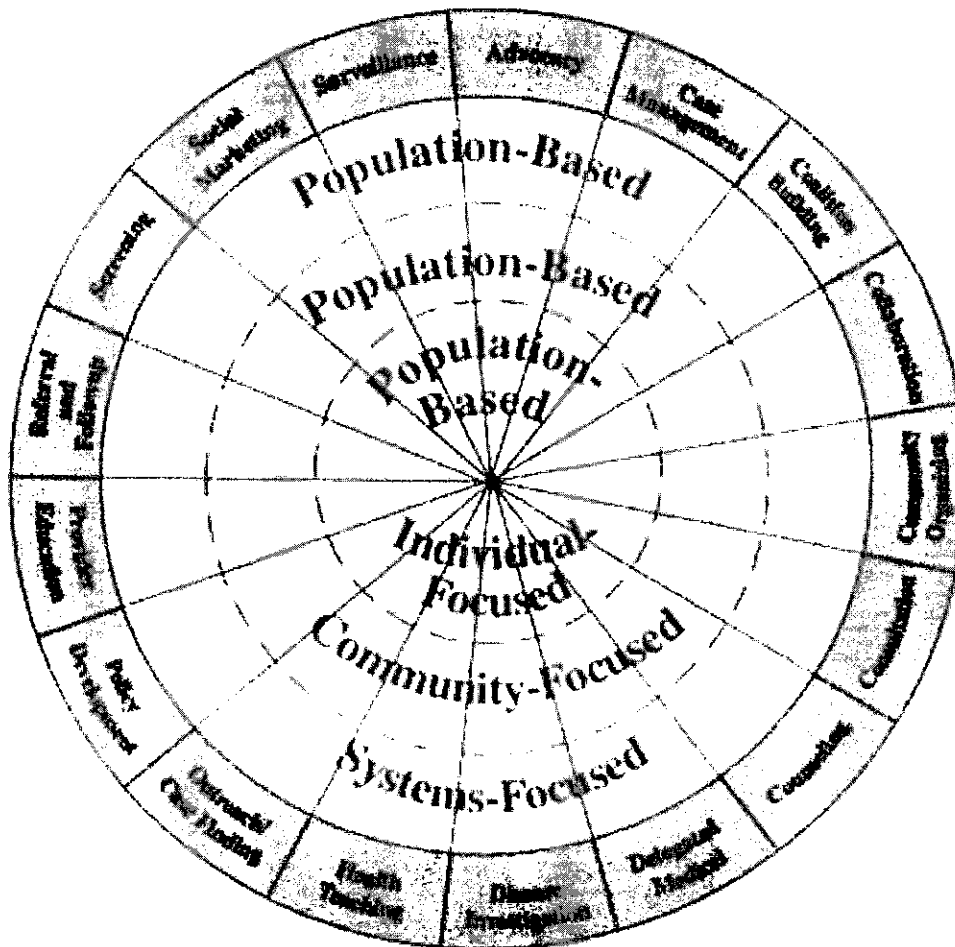


Figure: 1

Source: Keller et al (1996)

3.3 Application of the model to the study

This model describes the interventions which community health nurses would perform in the homes of individuals, families, communities and the population at large. The interventions are the actions that community health nurses (CHNs) take on behalf of individuals, families, communities and systems (Figure 1) to improve or protect health status. The intervention model framework defines scope of practice for community health nursing by type of intervention and level of practice to systems, community and individual, (Figure 1) during home visits. The model has one outside ring and three inside rings and seventeen slices. Each of the inner rings of the model are labelled 'population – based' indicating that all interventions are population based (Strohschein, 2006).

The community health nurses have many activities in which they focus during home visiting and these activities are comprehensively done basing on individual, community, and system focused (figure 1). This model can be applied to the perceptions of community health nurses towards home visits. The community health nurses' knowledge on home visits to individuals, families, and community will determine their perception of health care teachings, follow-ups done (figure 1).

3.3.0 Individual focused

The PHI model looks at the individual person as of the beneficial of home visits in a way that when Community Health Nurses are conducting home visit they can identify problems in an individual person who lives in a community (population based). In this case, the home visits' identification of the problems can start from the facility whereby the CHN through history taking or any interaction with the clients can detect problems from the client. Even if the client has no problem identified at the moment but still more the CHN can make arrangements to visit the client at home. If the CHN has successfully conducted home visit he/she can be able to spot out problems at the client's family. That will be after the CHN has done assessment at that individual's house. Depending on the findings, the CHN can advocate for management of the problem through counselling the client, refer if there is need to do so, health teaching or even case management (Figure 1). At the end of the day it will be client and family who will benefit from the home visits. That is what the CHN is supposed to do. Due to lack of home visits in Blantyre urban, it means individuals are not benefit from the services of the CHN explained above hence need to conduct study in the area.

3.3.1 Community focused

One of the roles of the CHN is to conduct community assessment. Sometimes for the CHN to have directions on where to conduct the assessment there is need to identify the needs first. The needs can be indentified through home visits conducted by the CHN. In this case if the home visits are being conducted, then the people in the community can even feel free to tell the nurse problems faced in the community which if intervened, then the population can benefit and at the end. Disease investigation (Figure 1) is of importance to the community and population in it. This will lead to early identification (Figure 1) of the problem which assist in early diagnosis and with that case management be done timely. This means those community focused home visits are of beneficial to the population of an area. However, what is happening in Blantyre urban is contrary to what the PHI model has indicated. The area is benefitting less from the CHN as such problems in the area are only delt with when the client has attended the hospital. But the truth is that, the CHN can be of importance to the community if she/he has managed to help the client in his own environment. With that surveillance (Figure 1) of the area can be done and depending on the findings the CHN can consult or collaborate (Figure 1) with the aim of advocating for the community. Yet, in Blantyre urban things are at stand still, CHN only manage clients when they have visited the hospital or facility.

3.3.2 System focused

Another intervention of the model is system focused, in which population is based hence people in the community can benefit from home visits done by community health nurse in the area. Community health nurses can collaborate and advocate (Figure 1) with government, non-governmental organisations and health facilities on determinants of health that affect individuals, families and communities and population at large in order to improve health status of the population. These can be achieved through consultation and policy development (Figure 1) that community health nurses can make after identification of the problems of individuals or families in the community so that necessary and beneficial interventions can be made to the communities of the population-based. Conversely, it is not the case with Blantyre urban community health nurses are not doing what the PHI model is saying on system focused, as such the population is not benefiting from the activities done by community health nurses since are health facility focused not community system focused. This has prompted the researcher to conduct the study in this area.

CHAPTER FOUR

4.0 METHODOLOGY

4.1 Research Design

A qualitative approach was selected because the study focuses on community nurses' perceptions. A descriptive qualitative design was appropriate for this study. The purpose is to maximize control over factors that can interfere with the trustworthiness of the study findings (Burns & Grove, 2011, p253). According to Brown, (2009) as cited by Burns & Grove,(2011, p253), validity is important because studies must be well designed to contribute strong research evidence for practice. Designs that provide evidence that nursing interventions are effective in achieving desired outcomes are particularly important (Burns & Grove, 2011, p253). This method would bring language to these community health nurses experience and suit to describe and clarify phenomena important to practice. A descriptive qualitative design involves direct exploration, analysis and description of particular phenomena. It stimulates perception of the lived experience and emphasises the richness, breadth and depth of these experience.

4.2 Study setting

The study will be conducted in urban Blantyre health centres which are Bangwe, Limbe, Ndirande, Chilomoni, South Lunzu and Zingwangwa which are under Maternal and Child Health departments at Blantyre district health office. These sites have been chosen because it is where the participants will be captured as they are reporting to work.

4.3 Study population

The population will consist of enrolled community health nurses working in urban health centres of Blantyre district health office, and who consent to participate in the study.

4.4 Sampling method

In this study, purposive sampling will be used to ensure that participants are selected based on their knowledge of the studied phenomenon. Purposeful sampling helps the researcher to select the sample based on existing knowledge of population and the purpose of the research (Babbie & Mouton 2002), and also the researcher makes judgement regarding the type of subjects needed to provide most useful information about the studied phenomenon (Fain 2009). This method of choice will provide information rich for in-depth study.

4.5 Sample size

The sample will consist of ten enrolled community health nurses currently working in urban health centres of Blantyre district health office (BTDHO) in Blantyre district.

4.6 Plan for data collection tool

In this study, an interview guide designed in English version will be written then translated into Chichewa versions for the benefit of the participants will be used to collect data. An interview guide will contain open – ended questions which will consist of demographic data section and a section of open – ended questions that will be designed to answer the research questions. The participants will be required to respond to the questions according to their perceptions towards home visit.

4.7 Plan for data collection

Data will be collected from the ten recruited enrolled community health nurses through using face to – face interview by the researcher so that rich data can be obtained from them thereby addressing the research question.

4.8 Pilot study

A pilot study will be done at Kawale Health Centre, Area 18 Health Centre and Area 25 Health Centre which are under Lilongwe District Health Office (LDHO), whereby six enrolled community health nurses at MCH or family health department (FHD) will be interviewed. The reason is to test an idea and to refine the methodology (Burns & Grove, 2011, p 49). This is done to ensure that research ideas are trustworthy. The pre-testing will be done to test the interview guide if it is simple and clear for participants to understand. It will also ensure truthfulness of the interview guide. To sum up the pre –testing of the guide will assist in finding out if there is any mistake and make adjustments and strengthening the major study design (Burns & Grove, 2011, p49).

4.9 Plan for data analysis

The data analysis will be done manually by identifying, coding and categorizing the patterns found in the collected data. Content analysis will be used as it is a systematic, replicable technique for compressing many words of text into fewer content categories based on explicit rules of coding. Data from the demographic characteristics of the study will be analyzed using descriptive statistics of measure of central tendency which is numerical method used to describe the characteristics of a group using variables (Chinkwende, 2005), and the other data will be presented in frequency distribution tables (Ngwale, 2010).

4.10 Ethical consideration

Before starting conducting the study, the researcher has to seek permission from the Research and Publications Committee (RPC) for approval to conduct the research (Appendix 3). Thereafter, the researcher will submit letters to the Ministry of Health and Population to seek permission to conduct the test study and research in the districts (Appendix 4), DHO of Lilongwe to seek for permission to conduct pilot study (Appendix 5) and Blantyre District Health Office to seek for permission to conduct the research (Appendix 6). Upon commencing the study the researcher will first explain the nature, purpose and significance of the study, method of data collection and how data will be used to the respondent subjects before obtaining written informed consent from them. Each participant will be requested to sign a consent form which will serve as legal evidence that she/ he has agreed to participate in the study without being coerced. The participants will be briefed on their role and estimated time commitments, assured of confidentiality as they will be told that whatever will be discussed with them will be kept confidential and that it is only the researcher and the supervisor who will have access to the information being shared, and code numbers will be used instead of real names in order to observe the participants anonymity (Burns & Grove 2003). Each respondent will be interviewed separately in a room where privacy will be maintained and there will only be a researcher and respondent present. The participants will have option throughout the study to withdraw from the study any time if they wish to do so without any punishment. The researcher will also inform participant that there are no risks associated with the study and there are no direct benefits for participating in the study. The researcher endeavours to keep presuppositions or personal biases set aside throughout the investigation.

4.11 Limitation of the study

This study will be restricted to professional registered/ enrolled community health nurses working in Blantyre urban health centres under Blantyre District Health Office (BTDHO). The results of this study may not be generalized to all districts in Malawi since the sample study is too small.

4.12 Plan for data dissemination

The results of this study will be disseminated through a written report, with copies of the report sent to Blantyre district health office (Appendix 6), and Kamuzu College of Nursing (Appendix 3) library.

4.13 figure 2: The Study work plan

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Topic selection and formulation												
Formulation of objectives and planning of methods												
Literature review												
Proposal development												
Proposal submission												
Pre testing and data collection												
Data collection												
Data analysis and interpretation of results												
Report writing and submission of dissertation												
Disseminati												

on of results											
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4.14 The research budget

This research several activities and items will be used and the total budget being estimated to MK 97795.00.

Figure 3: Budget

ITEM	QUANTITY	COST IN MK	TOTAL COST IN MK
1. STATIONERY			
Plain paper	4reams	2300.00	9200.00
Arch lever files	2	1200.00	2400.00
Ball point pens	15	80.00	1200.00
Pencils	2	25.00	50.00
Rubber	1	100.00	100.00
Tippex	1	1500.00	1500.00
Small envelops	15	50.00	750.00
Big envelops	10	70.00	700.00
Postage stamps	5	100.00	500.00
Pencil sharpener	1	100.00	100.00
2 GB flush disk	1	2500.00	2500.00
Plain disk	4	150.00	600.00
Staple machine	1	2500.00	2500.00
Staple pins	1 Box	1200.00	1200.00
Stamp pad	1	800.00	800.00
Paper clips	1 Box	1000.00	1000.00

Punching machine	1	2800.00	2800.00
SUB TOTAL			27900.00
2 SECRETARIAL SERVICES			

Typing proposal	45	100.00/ page	4500.00
Printing proposal	45	15.00/ page	675.00
Binding proposal	2	300.00	600.00
Photocopying question guide	8	15.00/ page	120.00
Typing dissertation	80	100.00/ page	8000.00
Printing dissertations	4	15.00/ page	4800.00
Binding dissertations	4	300.00	1200.00
SUB TOTAL			19895.00
3 TRANSPORT AND COMMUNICATION			
Transport to and from data collection			15000.00
Local running to other resource centres			5000.00
Cell phone calls			5000.00
Internet services			20000.00
SUB TOTAL			45000.00
4 CONTINGENT			5000.00
GRAND TOTAL			97795.00

JUSTIFICATION OF THE BUDGET

STATIONERY

The MK 27900.00 (figure 3) will be used for buying materials with the purpose of proposal writing, printing, documenting information collected during interview and photocopying the study information, data record keeping, data collection, data analysis and dissemination of findings.

SECRETARIAL SERVICES

The secretarial services are those services that deal with typing, printing, binding, and photocopying the documents of the research proposal, letters, questionnaire, consent forms and dissertation copies. Therefore the MK19895.00 (figure 3) will be used for paying the costs of these services.

TRANSPORT AND COMMUNICATION

This is very important when the researcher is travelling to and from the area of data collection. The researcher needs to travel to Blantyre from Lilongwe during the period of data collection and also during local running and internet services. This will total cost of MK45000.00 (figure 3) for the whole period of research.

CONTINGENT

The MK5000.00 (figure 3) will be used for unbudgeted issues that may arise during the research process.

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6.0 APPENDICES

APPENDIX 1: IN – DEPTH INTERVIEW GUIDE: ENGLISH VERSION

Self introduction- name, study ethics (privacy and confidentiality), time taken of the interview.

Interviewer's name.....

Code number for participants.....

Interview date.....

Time started.....

Time finished.....

PART A

PERSONAL DATA

1. How old are you?
2. What education level did you obtain?
3. What is your marital status?
4. From which tribe do you belong?
5. Are you a God fearing? Which denomination do you belong?
6. What is your occupation?
7. What position do you hold in this department?

PART B

KNOWLEDGE OF COMMUNITY HEALTH NURSES ON HOME VISITS.

8. What do you understand by home visit?

.....
.....
.....
9. Why home visit is important?

.....
.....
.....
.....
10. Do you regard home visit as one of your role?

If yes:- comment

and if no: - comment.....

11. In your understanding of home visit, whom do regard or disregard to be home visited.

.....
.....
.....
.....

PERCEPTIONS OF COMMUNITY HEALTH NURSES TOWARDS HOME VISITS

12. Do you do home visits in your catchment area?

Yes/ no

If yes,..... justify your answer by giving evidence.....

.....
.....
.....

And if no, ...why.....

.....

13. How often do you do home visits?

.....
.....
.....
.....

14. How do you identify the client for home visit?

.....
.....

15. What type of clients do you visit?

.....
.....
.....
.....

16. What role(s) do you play there?

.....
.....
.....
.....

BARRIERS TO HOME VISIT

17. Explain the factors that hinder community health nurses to conduct home visit?

.....
.....
.....
.....
.....
.....
.....

STRATEGIES OF HOME VISITS

18. Explain the strategies you use in conducting home visits?

.....
.....

THANK YOU MAY GOOD LORD BLESS YOU FOR YOUR PARTICIPATION.

APPENDIX 2: IN – DEPTH INTERVIEW GUIDE: CHICHEWA VERSION

MAFUNSO MUCHICHEWA

KUMUDZIWA WOFUFUZA, KUWUZANA ZA CHINSINSI NDI NTHAWI YAKE
YOFUNSIRA MAFUNSO.

WOFUFUZA DZINA NDI.....

TELEFONI NAMBALA YAKE.....

TSIKU.....

NTHAWI YOYAMBIRA.....

NTHAWI YOMALIZILA.....

CHIGAWO CHOYAMBA:

MBIRI YANU

1. Kodi zaka zanu ndi zingati?
2. Kodi maphunziro anu munalekeza kalasi yanji?
3. Ndinu wokwatira/ kukwatibwa?
4. Chipembezo chanu mchanji?
5. Ndinu a fuko lanji?
6. Mumagwira ntchito ngati ndani?
7. Muli ndi udindo wanji pa nthito?

CHIGAWO CHACHIWIRI:

ZA KUYENDELA ANTHU MMIDZI.

ZOMWE MUKUDZIWA

8. Kodi kuyendela anthu mmidzi ndi chiyani?

.....
.....
.....

9. Nanga ubwino wake mchiyani?

.....
.....
.....
.....

10. Kodi ntchito yoyendela anthu mmidzi mumaiwerengela ngati imodzi mwa ntchito zanu?

Inde/ ayi

Ngati mukuti inde,..... – Fotokozani.....

.....
.....
.....

Ngati mukuti ayi,.....– fotokozani.....

.....
.....
.....

11. Ndi anthu ati woyenela kuyenderedwa mmakomo mwawo ndipo ndi ati sayenela kuyenderedwa mmakomo mwawo?

.....
.....
.....
.....

MOMWE ANAMWINO OGWIRA NTCHITO MMIDZI AMAYIWONERA NTCHITO YOYENDERA KHOMO NDI KHOMO.

12. Kodi mumayenda khomo ndi khomo mudela lanu?

Inde / Ayi

Ngati mukuti inde,..... - fotokozani.....

.....
.....
.....

Ndipo ngati mukuti ayi,..... –fotokozani chifukwa chiyani?.....

.....
.....
.....

13. Mumawapeza bwanji odwala oyenera kuwayendera ku mudzi?

.....
.....
.....

14. Mumawayendera mowirikiza bwanji anthu kumudzi?

.....
.....
.....

15. Anthu a zovuta zANJI amene mumawayendera kumudzi?

.....
.....
.....

16. Ndi ntchito ziti zimene mumagwira kumeneko?

.....
.....
.....
.....

ZIMENE ZIMALEPHERETSA KUYENDELA ANTHU KUMUDZI

17. Fotokozani zifukwa zimene zimalpheretsa kuyendela anthu mmidzi?

.....
.....
.....
.....
.....

NDONDOMEKO ZOKHAZIKITSIDWA ZA KUYENDERA ANTHU MMIDZI.

18. Ndi ndondomeko ziti zimene mumatsatila za kuyendela anthu mmidzi?

.....
.....
.....
.....

ZIKOMO KWAMBIRI POTENGA NAWO MBALI MUKAFUKUFUKUYU.

APPENDIX 3: CLEARANCE WITH THE RESEARCH PUBLICATION

COMMITTEE (RPC)

UNIVERSITY OF MALAWI,

Kamuzu College of Nursing,

Private Bag1,

Lilongwe.

The Research Publication Committee,

Kamuzu College of Nursing,

Private Bag 1,

Lilongwe.

Dear Sir / Madam,

**ASKING CONSENT TO CONDUCT A RESEARCH IN BLANTYRE URBAN
HEALTH CENTRES UNDER BLANTYRE DISTRICT HEALTH OFFICE IN
BLANTYRE DISTRICT.**

I write to you to ask for permission to go and interview some of the enrolled community health nurses working in Blantyre urban health centres in Blantyre. The research study is titled: investigating the perceptions of community health nurses towards home visits in Blantyre urban health centres in Blantyre.

I am a mature year two student pursuing a Bachelor of Science Degree in Community Health Nursing at Kamuzu College of Nursing. As one requirement of the program is to conduct a research study, write and submit the dissertation.

I will be happy for your favourable consideration.

Yours faithfully,

Dorothy Mpawa Chikuni.

**APPENDIX 4: CLEARANCE LETTER TO THE MINISTRY OF HEALTH AND
POPULATION**

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

The Secretary for Health,
P. O. Box, 30377,
Capital City,
Lilongwe 3.

Dear Sir / Madam,

**PERMISSION TO CONDUCT RESEARCH STUDY AT BLANTYRE URBAN
HEALTH CENTRES UNDER BLANTYRE DISTRICT HEALTH OFFICE IN
BLANTYRE.**

I write to ask for permission to conduct a research study in Blantyre urban health centres, in Blantyre district which are under your ministry. The study's title is: investigating the perceptions of community health nurses towards home visits in Blantyre urban health centres in Blantyre.

I am a mature student at Kamuzu College of nursing pursuing Bachelor of Science Degree in Community Health Nursing. In fulfilment of the program I am expected to conduct a research study, write and submit a dissertation.

I will be happy for your favourable consideration.

Yours faithfully,

Dorothy Mpawa Chikuni.

APPENDIX 5: CLEARANCE LETTER TO THE DISTRICT HEALTH OFFICER

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

The District Health Officer,
Lilongwe District Health Office,
P.O. Box, 1274,
Lilongwe.

Dear Sir / Madam,

ASKING FOR PERMISSION TO CONDUCT A PILOT STUDY AT KAWALE, AREA18, AND AREA25 HEALTH CENTRES UNDER LILONGWE DISTRICT HEALTH OFFICE.

I write to ask for a permission to conduct a pilot study at the hospital in family health department which is within your hospital. The research study's title is 'to investigating the perceptions of community health nurses towards home visits in Blantyre urban health centres in Blantyre'.

I am a mature student at Kamuzu College of nursing pursuing Bachelor of Science Degree in Community Health Nursing. In fulfilment of the program I am expected to conduct a research study, write and submit a dissertation.

I will be happy for your favourable consideration.

Yours faithfully,

Dorothy Mpawa Chikuni.

APPENDIX 6: CLEARANCE LETTER TO THE DISTRICT HEALTH OFFICER

University of Malawi,
Kamuzu College of Nursing,
Private Bag 1,
Lilongwe.

The District Health Officer,
Blantyre District Health Office,
Private Bag 66,
Blantyre.

Dear Sir / Madam,

PERMISSION TO CONDUCT RESEARCH STUDY AT URBAN HEALTH CENTRES IN BLANTYRE.

I write to ask for permission to conduct a research study in Blantyre urban health centres which are in your district. The study's title is investigating the perceptions of community health nurses towards home visits in Blantyre urban health centres in Blantyre.

I am a mature student at Kamuzu College of nursing pursuing Bachelor of Science Degree in Community Health Nursing. In fulfilment of the program I am expected to conduct a research study, write and submit a dissertation.

I will be happy for your favourable consideration.

Yours faithfully,

Dorothy Mpawa Chikuni.

APPENDIX 7: INFORMED CONSENT FORM: ENGLISH VERSION

My name is Dorothy Mpawa Chikuni. I am a mature second year student at Kamuzu College of Nursing pursuing Bachelor Degree in Community Health Nursing. In partial fulfilment of the program, I am required to conduct a research study, write and submit a dissertation afterwards.

The research study is titled: - investigating the perceptions of community health nurses towards home visits in Blantyre urban health centres in Blantyre district.

You have been chosen to participate in this study with the reason being that it is one of your roles of conducting home visit. The discussion will last for an average of fifty minutes. You will be asked questions related to your knowledge, perceptions with the role of home visits, strategies to home visit and the perceived barriers. The purpose is to provide nursing care to individuals and their families in their homes. Your responses will be written down. Your participation is not forced and you are free to withdraw from the study any time you wish. The information obtained from the discussion will be kept confidential and will only be accessed by the researcher, supervisor and will be used for education purposes. Your identification will be anonymous, since code numbers will be used on the question guide instead of your name. You will be interviewed separately in a room for privacy. You will not be penalized for saying the truth. There is no benefit or risk in participating in this study.

Therefore, if you are convinced and wish to participate in this study please sign to show that you understand the information provided and you agree to participate in this research.

TO BE COMPLETED BY THE PARTICIPANT

The researcher has explained to me all the information above. I have understood and I freely give consent to participate in this study.

Participant's signature.....

Researcher's name.....

Researcher's signature.....

In case of any question or need for clarification on the study, you can contact the following people using the address below.

RESEARCHER

Dorothy Mpawa Chikuni

Cell: 08 84 120 907

University of Malawi

Kamuzu College of Nursing

Private Bag 1

LILONGWE.

SUPERVISOR

Mr A.N.K. Simwaka

Cell: 08 88 854 683

University of Malawi

Kamuzu College of Nursing

Private Bag, 1

LILONGWE.

APPENDIX 8: INFORMED CONSENT FORM: CHICHEWA VERSION

Kalata ya chilolezo cha kafukufuku

Ine dzina langa ndi Dorothy Chikuni Mpawa. Ndine m'modzi mwa ophunzira pa sukulu yaikulu ya ukachenjede ya a namwino ya Kamuzu College of Nursing. Chinthu chimodzi chondiyenereze kuti nditenge satifiketi ya digitise ndiyenera kuchita kafukufuku. Mutu wa kafukufuku wanga ndi kufufuza mmene anamwino oyendera anthu mmidzi khomo ndi khomo akuwonera ntchito yoyendela mmidzi mmadela a zipatala zaps mtauni aye bulantaya zimene zili pansi pa ofesi ya umoyo ku boma la bulantaya. Kafukufukuyu tikhudza kwambiri zomwe mukudziwa za kuyendela mmidzi khomo ndi khomo, kuyendela mmidzi mukukuwona bwanji, zifukwa zimene zikulepheletsa kuyendela anthu mmidzi ndi ndondomeko zimene tingatsatire kuti kuyendela anthu mmidzi kupite pa tsogolo.

Inu mwasankhidwa kuchokera mugulu kuti tithandizane poyankha mafunso okhudzana ndi kafukufukuyu kupyolera munzeru zanu, maonedwe anu, zolepheretsa ndi ndondomeko zake. Zokambirana zathu zititengera mphindi zisanu. Mufunsidwa mafunso ndipo ndidzilemba. Zokambirana zathu zikhala za chinsinsi ndipo tizikambirana malo wobisika. Tigwirisa tchito nambala osati dzina ayi. Zokambiranazi zikhala pakati pa inu ndi ine, ndipo zotsatila zakafukufukuyu zidziwidwa nil ine amene ndikufufuzane, wondiyang'anila anga ndi kugwiritsa ntchito kumaphunziro. Muli ndi ufulu ku tenga mbali kapena kusiya ndi kutulukamo mukafukufukuyu opanda kuyimbidwa mulandu uliwonse. Dziwani kuti kafukufukuyu alibe cholowa china chichonse. Ngati mwalola kulowa mukafukufukuyu sainani kapena dindani chala chachikulu pansipa.

KUGWIRIZANA NAZO NDI KUTENGA NAWO MBALI MUKAFUKUFUKU

Ine ndagwirizana nazo maunder zonse zakambidwa m'mwambazi zakafukufuku ndipo ndiri nkuvomereza kutenga nawo mbali mu kafukufukuyu.

Olowa mukafukufuku siginetcha.....

Otsogolera kafukufuku dzina lake

Otsogolera kafukufuku siginetcha.....

Mafunso kapena simunamvetsetse apezeni anthu awa:

MWINI WOFUFUZA KAFUKUFUKU

Dorothy Mpawa Chikuni

Cell: 08 84 120 907

University of Malawi

Kamuzu College of Nursing

Private Bag 1

Lilongwe.

WOUNIKIRA

Mr A.N.K. Simwaka

Cell:08 88 854 683

University of Malawi

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Private Bag 1

Lilongwe.