

An Investigation into the Needs of Community Health Service for Residents in Tianjin

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Abstract: This article will investigate on the current needs of community service for residents in Tianjin city by providing nursing services at a targeted community. The demands for community nursing services in Tianjin city were investigated by sending questionnaire to targeted general residents and communities. As collected from the questionnaire, the most common diseases that were mentioned are hypertension (33.2%), coronary heart disease (27.8%), and diabetes (15.7%). 63.0% of the residents have health records and 79.7% of the residents have seen a doctor in community hospitals. As results, the highest demands on general nursing services in the community are a regular physical examination, health consultations, and regular home visits. Moreover, the control and management service demands specifically for chronic diseases are a regular heart rate examination, blood pressure examination, blood sugar examination, drug administration, and a diet management. In conclusion, as the age structure of community is higher, a higher demand is needed in providing health services such as caring for chronic disease patients and geriatric, which is conducive in improving the quality and the satisfactory needs of health services for residents in Tianjin, China.

Keywords: *community nursing; residents; demand*

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0 Introduction

Community nursing is an important work content in community health services^[1,2]. A large amount of basic medical services such as disease prevention, treatment, health care, rehabilitation, health education, family planning, and more were completed with the cooperation of doctors. As results, community nurses are proposed to undertake the work of disease care and health promotion in communities and families^[3]. In 2009, China launched a national public health service standard, which was revised in 2011, 2013, and 2017, respectively. The service standard clarified that basic public health services are included in the grassroots community health service work^[4]. As result, the purpose of a disease care is “providing on demand.” Therefore, it is distinctly important to understand the needs of a community resident by carrying out a targeted community care^[5]. As a conclusion, the main study of this article is to investigate the status quo of the needs of health services in community residents in Tianjin by analyzing influencing factors and providing evident collected from nurse’s services to the targeted community residents.

1 Objective and methodology

1.1 Respondents in this study

A part of Tianjin community residents were selected as subjects from December 2017 to March 2018 with the inclusion criteria of a Tianjin hukou holder, a permanent resident holder in Tianjin, aged from 18 to 75, conscious and able to communicate normally,

volunteered in stated survey. However, exclusion criteria such as non-Tianjin household registration, temporary resident holder in Tianjin and inability in communicating normally, and unwillingness to participate were opted from this investigation.

1.2 Survey methods

The stated questionnaire was designed by researchers ourselves through literature reviews, expert interviews, and evaluations. Seven community health service centers were randomly selected in the central urban area of Tianjin city by cluster random sampling method. Moreover, 100 people were selected in the residential areas under their jurisdictions, and 700 people were selected as study samples. The questionnaires were handed out by researchers and the respondents were required to fill in the questionnaire independently. The survey includes basic information of community residents such as gender, age, education, income, medical insurance and chronic diseases record, individual's awareness and participation in community nursing, and individual's needs for community nursing. In conclusion, 700 questionnaires were sent out and 651 were returned which generated a 63.0% success rate.

1.3 Statistical methods

The collected data from the questionnaires were inserted into Excel to establish a database. Then, SPSS19.0 software was used to analyze the data.

2 Results

2.1 General situation

A total of 651 community residents including 249 males and 402 females were investigated. As results by age, 50 participants were aged 18–29 (7.7%), 138 aged 30–49 (21.2%), 167 aged 50–59 (25.7%), and 296 aged 60 and above (45.5%); by education, 211 participants were from junior middle school and below (32.4%), 197 from secondary school (30.3%), 118 from junior college (18.1%), and 112 were undergraduates (17.2%). Among them, 13 were graduate students and above (2.0%); by amount of money spent on medical, 50 were <1000 yuan (7.7%), 212 between 1000 and 2000 yuan (32.6%), 330 between 2000 and 5000 yuan (50.7%), and 59 were >5000 yuan (9.1%). Moreover, 624 were involved in medical insurance (95.9%), 459 were suffering from chronic diseases (70.5%), and the most common three diseases were recorded in returned

216 hypertension (33.2%), 181 coronary heart disease (27.8%), and 102 diabetes mellitus (15.7%).

2.2 Residents' cognition and participation in community care

410 have established community archives (63.0%) and 519 have visited the community (79.7%). As recorded by residents' willingness to see a doctor in the community, 494 stated as a short distance from home and conveniences (75.9%), 400 stated for short queues (61.4%), and 394 stated it as low cost (60.5%). However, recordings that were returned by reluctance to see a doctor in the community were depended on the first three reasons. Moreover, 79 were worried about the poor medical environment in the community, the insufficient medical and nursing ability in the community (12.1%), the best 64 is delayed (9.8%), and 42 recorded as poor in medicines count (6.5%). The degree of community residents' understanding and recognition of community care is shown in Table 1, and community residents' satisfactory with the community care is shown in Table 2.

2.3 Residents' needs for community care

Through the questionnaire, resident's demands for general nursing services in the community are stated as follow: 582 demanded regular physical examinations (89.4%), 525 demanded health counseling (80.6%), 466 demanded regular home visits (71.6%), 433 demanded disease diagnosis and treatment (66.5%), 392 demanded medical guidance (60.2%), 365 demanded immunization (56.1%), and 349 demanded on psychological counseling and treatment (53.6%).

Table 1. The degree of community residents' understanding and recognition of community care (n = 651)

Variable	Degree	Number of people (%)
Comprehension	Having no idea	113 (17.4)
	Knowing little	160 (24.6)
	Knowing a little	258 (39.6)
	Knowing a lot	99 (15.2)
	Acquainting entirely	21 (3.2)
	Willing to know	553 (84.9)
Recognition	Having great effect	309 (47.5)
	Having a little effect	272 (41.8)
	Having no effect	64 (9.8)
	Little effect	6 (0.9)

Table 2. Community residents' satisfactory with community care (n = 345)

Aspect	Satisfied	Common	Dissatisfied
Community care facilities	216	108	21
Professional knowledge of community nurses	255	81	9
Nursing skills of community nurses	265	73	7
Service attitude of community nurses	276	64	5
Whole community nursing	252	83	10

There were 345 family beds (53%), 316 first aids (48.5%), 269 accident treatment (41.3%), 252 infectious disease prevention, disinfection, and isolation (38.7%), 227 (34.9%) family planning guidance, 220 maternal health care (33.8%), and 217 child health care (33.3%). Resident's demands for the control and management of chronic diseases in the community are stated as follows: 521 demanded regular measurement of heart rate, blood pressure, and blood glucose (80.0%), 418 demanded medication management (64.2%), 352 demanded diet management (54.1%), 313 demanded exercise guidance 313, 245 demanded prevention and care of complications (37.6%), and 243 demanded emergency treatment (37.3%). Finally, 222 patients (34.1%) and 186 hospice care patients were treated with insulin (28.6%).

Resident's demands for nursing services for the elderly in the community included are 445 demanded medication consultation and guidance (68.4%), 396 demanded accurate medication assistance (60.8%), 356 demanded home care (54.7%), 290 demanded dietary care (44.5%), 190 demanded pressure sore care (29.2%), and 182 demanded daily life care and urinary incontinence care (28.0%). Finally, there are 174 patients (26.7%) and 160 oral care (24.6%).

3 Discussion

3.1 General situation of community residents

The age structure of community residents is higher, educational background and income level are low, which is resulted in the research of Xuelian *et al.*^[6] and others. 70.5% of the community residents suffered from chronic diseases, indicating that the overall health status of community residents is not optimistic, which is consistent with the findings of Qun *et al.*^[7]. It is suggested that the community elderly nursing and chronic disease nursing service should be prioritized to meet the community residents' community nursing needs according to the characteristics of the community population.

3.2 Community residents' cognition and participation in community care

About 63.0% of the residents have health records and 79.7% of the residents have seen a doctor in community hospitals. It indicated that the community care service has not fully covered every resident of the community. The community health service system needs further development and improvement. The factors of community that affects the community residents' willingness to visit may be that the community nursing service concept has not yet penetrated into the concept of community residents. The trust relationship has not been established between the community residents and community service. It is necessary to increase the publicity of community health services, improve the professional skills and capabilities of community medical staff, and increase the community residents' trust in community visits. Then, community residents would be happy to visit the community. "If having small diseases, the community will go to the community. If having serious illnesses, the community will go to hospital. The community will come back to the community for rehabilitation"^[8,9].

3.3 Resident's needs for community care

Residents' demand for community nursing mainly includes the demand for general nursing service, control and management of chronic diseases, and nursing service for elderlies. Through understanding the status quo and different aspects of a community residents' demand for services, community nurses can provide targeted community nursing services; effectively solving community resident's needs as well as a continuous improvement on quality and efficiency of community care services.

3.4. Summary

By investigating the cognition and participation of Tianjin community residents in community nursing, this study investigated the community resident's needs in

health services and provided reference for community nurses, which lead to an advantage for community nurses in providing health services for a targeted community. Moreover, it was suggested that community nurses are prioritized to provide nursing services while affiliating with the community resident's needs. Hence, this can constantly improve the quality and efficiency of community nursing services and further meet the requirement for health-care services of the population in Tianjin.

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