

A comparison of the community nursing practices between China and Mauritius

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Abstract: Mauritius and China represent two diverse applications of community nursing principles by professionals. The Chinese scenario is one where the country boasts of adequate funding as well as the affluence of society. The community in major cities such as Guangzhou and Shanghai do not represent social health concerns as are in Mauritius. Mauritius is an African island nation that struggles with the many challenges of developing countries such as poverty and ignorance. Similarly, the healthcare system lacks adequate training to dispense amicable community nursing practices and principles. It is vital that as the people of Mauritius under the government efforts seek to improve the state of nursing in the country, that there be more training opportunities offered to the medical professionals in the country. The healthcare sector requires that there be more tools and facilities for doctors and nurses to dispense adequate care in community nursing centers. In China, concerns over outbreaks have been noted, and government policies continue to guide the general handling of medical emergencies in the country. In summary, the efforts taken by the Chinese government and the National Health Council (CHC) in China should be replicated in Mauritius as well.

Keywords: Mauritius, Health Care, Community Nursing, China, National Health Commission.

1. INTRODUCTION

Healthcare is a basic human need that transcends the location of hospital and care facilities. A person in need of care may be sleeping at home. A dying patient may be lying on the road after a car accident. A criminal in police custody may also need medical attention (Fonseca et al., 2016). Nursing professionals do not choose where to meet their patients. It is the duty and responsibility of the nurse to offer patients the care they need regardless of the location or circumstances (Butcher et al., 2018). A community nurse is always on duty when a situation that needs their intervention arises. Nursing is guided by the Hippocratic Oath, as are other professions in medicine. One of the most significant areas of nursing application is the field of community nursing (DeMarco & Healey-Walsh, 2019). Community nurses can be found within the ambulances, in flight, offering assisted living therapies and even in unscheduled care such as the paramedics. Community nursing is an essential component of the healthcare system in a country as it complements the hospital and clinical healthcare services that are often outside the reach of some of the citizens.

The application of community nursing services differs between different countries, especially when comparing developing countries to developed ones. These differences arise due to the concerns over issues such as training, availability of facilities, as well as care tools (Butcher et al., 2018). The practices and professional skills applied in community nursing in Mauritius differ from the application of similar practices in China. China is a large economy with the resources and the professionals to run an efficient community nursing system. In Mauritius, many limitations make community nursing a challenge to the government and non-governmental service providers (Coffey et al., 2017). This essay compares the community nursing practices in China with the practices in Mauritius, to bringing out the different measures that either of the countries can improve in their service delivery. It is also essential to view the health situations in these countries and compare them given the differing geographical, social and political settings in these countries. It is necessary to note that China is a rather quite old and advanced civilization, compared to Mauritius. Regardless, the delivery of healthcare in Mauritius is as efficient as possible, given the circumstances.

Community Health Nursing System in Mauritius:

Mauritius is a developing African country that faces significant deficiencies in healthcare provision. According to El-Saidy & Aboushady (2019), the Mauritius government employs approximately 800 doctors and 3120 nurses annually. Indeed, the number of healthcare professionals that can be considered professionally capable of dealing with the country’s community nursing needs is quite minimal. Given that the average age of the Mauritius population is 25, the need for assisted living and home-based care is often minimal and hardly the concern. The need for community nursing professionals in Mauritius stems from the chronic conditions that often do not have significant facilities and centers of treatment. It is, for instance, common to have provinces without eye hospitals, dentists, pediatricians, and gynecologists. Mauritius citizens thus continue to suffer genetic, and other physical conditions yet cannot access a treatment center nearby (Gyawali et al., 2018). The expansion of health facilities and the availability of specialized treatment centers is the most significant concern among community nursing professionals in Mauritius.

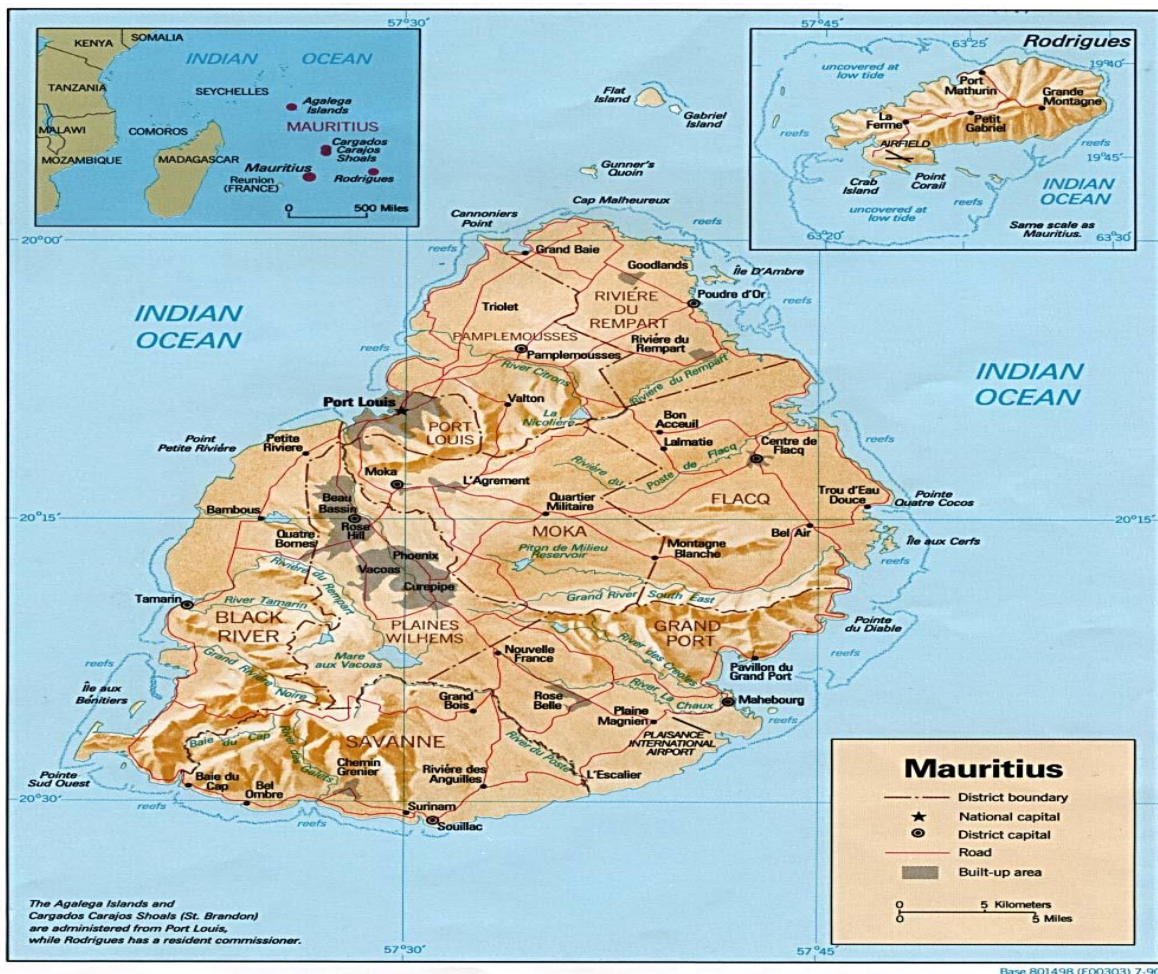


Figure 1: Map of Mauritius (mauritiusinsideout.com)

The few facilities are offering public healthcare services in Mauritius compound the issue of deteriorating healthcare in the country. According to Alotaibi et al. (2016), there is a deficiency in the training of healthcare professionals in the country. As such, many international organizations and Non-Governmental Organizations in Mauritius offer community nursing services such as dental checkups, eye clinics and gynecology clinics to bridge the gap that the Mauritius government has been unable to deal with, in terms of the country’s healthcare. Similarly, the Mauritius government has constantly liaised with international medical organizations to gain the support and training that would improve the country’s healthcare system (Tobin & Ajayi, 2016). As shown in Figure 1, the model of community nursing applied in Mauritius has several layers of knowledge and profession, yet the citizens of the country are not as savvy on health matters. The figure demonstrates the relationship between the global community, local community, and community of learning. It explains the learning needs of the Mauritius healthcare system seeks to gain.

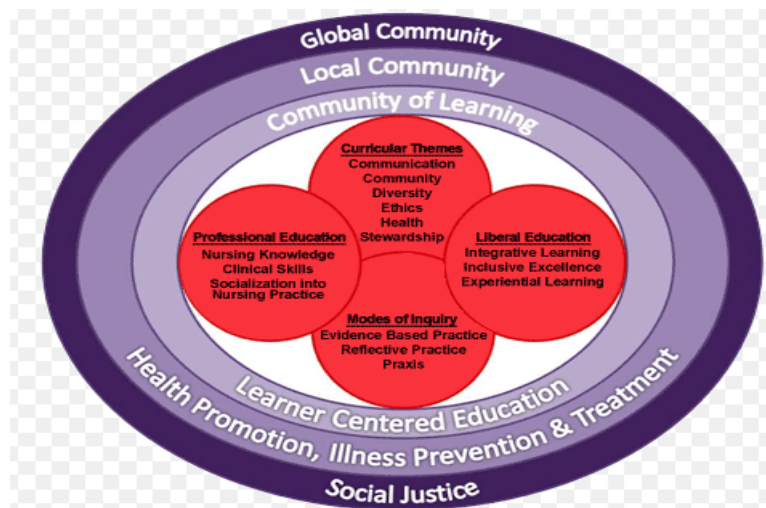


Figure 2: Community Nursing Learning Needs in Mauritius (Moffat, et al., 2018)

The government of Mauritius has made considerable efforts to address the healthcare system in the country. Nonetheless, the need for better medical services and professional services cannot be adequately addressed any time soon. The learning concerns, for instance, call for a considerable improvement in the training of healthcare professionals in the country. The most relevant improvement in the healthcare system in Mauritius is about community nursing. Many community nursing interventions are provided by independent groups and private healthcare providers (McCloskey et al., 2018). The need for evidence-based practice in Mauritius is a concern that can only be addressed with there being more facilities and professionals to do the research and get the right amount of exposure for the healthcare in the country. It is only through research that the community nursing practice in Mauritius can be improved (Neupane et al., 2016). Community nursing professionals working with non-governmental organizations and private institutions in the country also need to take on public health workers as apprentices in their work to improve the training given by government institutions, which is often insufficient.

According to Semrau, et al. (2016), the Island nation of Mauritius often struggles with other concerns such as lack of essential food, water, and shelter for the citizens. The healthcare system in the country can only take priority if the major issues afflicting the country are handled. Indeed, the requirements and basic needs for food and shelter often transcend healthcare. Similarly, the country has had an aids intervention program since 1987, and the government still maintains rather high medical care standards. Although there are only five large regional hospitals, there are smaller district hospitals that aid community nurses where referral cases are required in the provision of healthcare (Mijovic, McKnight & English, 2016). The presence of community nursing professionals working to aid poverty-stricken communities' accesses healthcare is generally a welcome effort by the non-governmental organizations. All is not lost; however; the Mauritius government has a program to provide free healthcare to all Mauritius citizens. Figure 2 represents the current community nursing training and improvement needs in Mauritius.

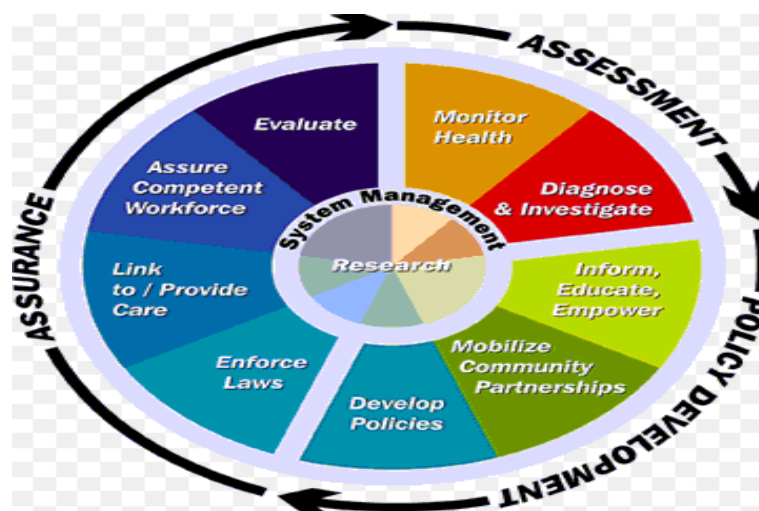


Figure 3: Community Nursing training and development model (Phelan, McCarthy & Adams, 2018)

Community Health Nursing System in China:

The need for community nursing services in China has often increased due to the rather large population of Chinese people. The close to two billion Chinese people in the country cannot all access private healthcare institutions that offer the best care in the country. It is often due to several factors, mostly economic and logistical considerations. Indeed, the need for community health nursing training has hardly been a concern in recent years (Fu, Hu & Cai, 2015). The issue became a concern between the 1950s and 1980s when the new regime of the People's Republic of China ceased nursing higher education to focus on clinical nursing (Kelly & Symonds, 2017). Community health intervention in China began in the 1990s when the Chinese Nursing Association advocated for the formation of a commission to deal with the matter. The National Health Commission (NHC) of the People's Republic of China was formed in 1996 to deal with community nursing needs in the country (Hau et al., 2016). The efforts to address community nursing in the country have since been attributed to the commission.



Figure 4: Map of China (Geology.com)

The first effort to address community nursing in China by the NHC was the creation of the “six functions in one center” model. The model focused on six areas of health in the country, which include; prevention, primarily medical, primary health care, rehabilitation, health education, and family planning (Lee, Hinderer & Friedmann, 2015). In 1997, the family planning needs of the country were not as significant as they currently are.

Nonetheless, there has often been a consensus on the need for expanding family planning services around the country in the past two decades. According to Ma, et al. (2018), major community nursing centers have opened up in Beijing, Guangzhou, Shanghai, and Shenzhen. Aside from population growth issues that family planning has been addressing, China significantly faces concerns with health education, primarily due to the increasing influence of modern life and technology on health. Issues such as environmental health risk factors as well as the regeneration of recessive genes have led to increased disease prevalence among the Chinese millennial population.

China has managed to employ a significant number of community nursing professionals. Wang et al. (2016) assert that by the end of 2013, about 95% of the population in Chinese cities had access to community health services. Currently, there are over 33,000 community nursing centers in China, mostly within the cities and major towns in the country. The success of the NHC over the past 25 years has been the provision of health services closer to Chinese people than hospitals could. Since the community nursing services are offered free of charge, more Chinese people can get the specialized care they need and even access professional services such as gynecologists, pediatricians, and dentists without having to visit significant hospitals in the country. Chinese efforts to boost community nursing training have also increased considerably since 1997. The government has made more effort to control the population but significantly ensure the health of all Chinese people (Xu et al., 2019). The NHC released the Community Nurses' Training Outline in 2000. It has since been used as the standard for training community nurses in the country hence ensuring health standards. The training outline is based on the model shown in figure 3.

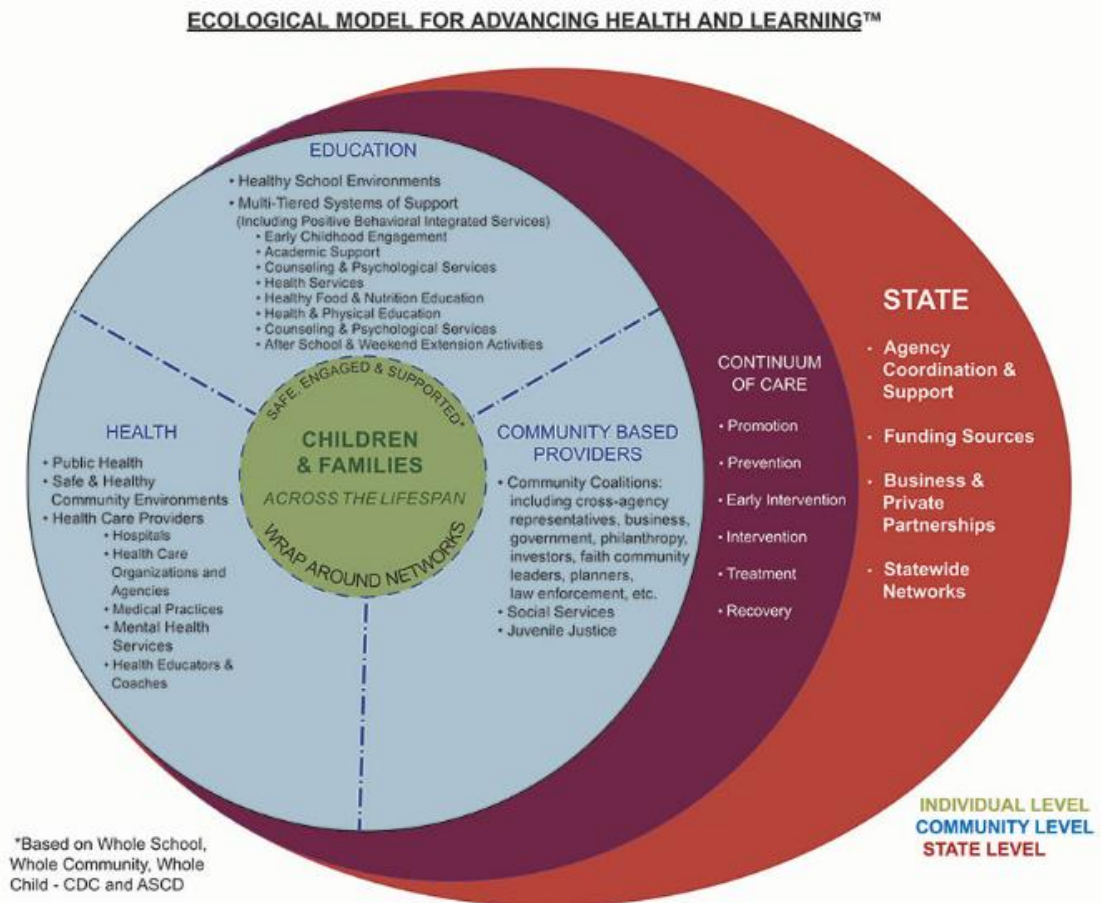


Figure 5: Training Model Applied in Chinese Community Nursing Programs (Tobin & Ajayi, 2016)

China has made significant steps to modernize and improve the community nursing program in the country. About five decades earlier, the training of community nursing professionals was restricted (Duffy, Culp & Padrutt, 2018). The government focused on a structured healthcare system with all nurses assigned to institutions. Currently, as the healthcare needs in the country continue to increase, the support for independent community nursing organizations in the country continues to increase as well (Zhang et al., 2015). The development of institutions for training as well as community nursing centers for catering to the majority needs has considerably improved the healthcare system in China. The country continues to advance in clinical as well as community nursing practices thanks to the efforts of the National Health Commission.

In addition to the above, now available in virtually a virtually community centers, as an exclusive feature of the Chinese traditional medicine whereby herbal extracts, massages (tui na), exercises (qigong), indigenous dietary remedies, and skillful acupuncture therapies aid the sick has been and shall continue to excite and lead in this area.

Gains and Feelings during Community Health Care Study:

Training as a community nurse is an excellent practice that any person can seek to join. The sacrifice to society that requires one to offer indiscriminate care to all regardless of financial and social status is inherent in healthcare (Bunn et al., 2016). Community nursing training has however changed my life in many ways. Often, one does not imagine the extent to which many people suffer and require healthcare until they visit a community nursing center. Often, many of these centers are ill-equipped and hardly of the same status that comes with attending a hospital facility. There are limited beds, first aid kits, intensive care units, as well as medication. The pain and suffering of the people awaiting treatment and other services are quite heart-breaking. Many people have no alternatives when they come to these institutions. I have had to listen to many of their stories and do sympathize with them.

A community nurse gets to interact with health conditions they may never have seen before. There are also limited healthcare professionals in the center, hence hardly departments and other institutional settings that can aid the separation and proper handling of patients (Berman, Snyder & Frandsen, 2016). While in Mauritius, I remember that I have had to

perform several medical functions while at these centers. While at the center, I helped resuscitate a baby, taken care of cancer patients, and even aided several people with their physiotherapy after cases of broken bones and fracture limbs have been brought to the center. I rarely have time to worry about my expertise or experience when handling a patient. Often, my initial reaction to a person in need is that I may be their last hope for healthcare. Community nursing centers cannot turn patients away. They hence often have a deadlock of patients that need to be taken care of, and hence a daunting task for community nurses (Berman, Snyder & Frandsen, 2016). It is nonetheless one of the best experiences in healthcare service delivery one can have.

The experience of community nursing for the professional feels different for professionals in Mauritius compared to China. While many Chinese people can afford private healthcare services in the major cities in the country, many people in Mauritius do not have such luxury. There is often a dire situation at community nursing centers in the country, and a bottleneck in services given the few trained professionals in these centers (El-Saidy & Aboushady, 2019). It is often the care that while Mauritius citizens seek community nursing services due to their free medical services, Chinese people are not present in the community health centers in as vast multitudes given the fact that the healthcare system in the country is expansive enough to cover different healthcare needs in the Republic (Wang et al., 2016). Chinese medicine is also advanced and quite efficient. Many people in Mauritius, however, complain of cases of not having the adequate care they need or even the proper medication due to unavailability of these health services.

Community nursing training has been for me convenient and enjoyable. Understanding epidemic issues in the community are essential. In China, for instance, the viral epidemics in the country differ from the viral epidemics in Mauritius. While there are comparatively fewer AIDS treatment and counseling centers in China, Mauritius considers HIV/AIDS a general health issue among the population. Similarly, while the family planning centers in Mauritius are wholly limited due to the inconsequential population growth in the country, Chinese population growth has often been seen to raise concern, hence more family planning options in the country. Community nursing training considers the very needs of the community and directs the training towards the alleviation of these needs (Baker et al., 2018). As a Mauritian Community nurse training in China, one would want to eventually gain hands-on experience from the Mauritius community health centers as the issues in these communities often do differ from the issues pertinent to the Chinese health care system.

Care of Women and Children:

Care for women and children are a pertinent community nursing concern that many professionals have dealt with. Many women visit community nursing centers seeking gynecology services. They often have conditions resulting from complicated births, hormonal imbalances, and even menopause. In China, cervical cancer and breast cancer among women is more prevalent than in Mauritius (Tobin & Ajayi, 2016). Regardless, the care is given to Chinese women with these conditions often offers them a decent life and eventually a proper way to manage the conditions. Palliative care and home-based care for cancer patients with cervical and breast cancer among women is a large area of healthcare service delivery in China. Women also have other concerns related to domestic problems and fertility. China has had a 'one-child' policy for quite a while; hence, many women have had to seek fertility services at the community health centers (Xu et al., 2017). The Chinese government has focused on providing free and easily accessible family planning services to Chinese women.

In Mauritius, many women visiting community healthcare centers often seek aid in the matter such as fertility and congenital problems. Issues such as obstetric fistula associated with problems in child delivery are often shared at the centers. There are many women in Mauritius visiting community health centers that have conditions requiring surgery. These centers are thus forced to regularly organize surgical procedures for women (McCloskey et al., 2016). It is also common for women in Mauritius to be admitted with domestic violence cases such as battery and rape. It is thus imperative that the healthcare institutions offering the community nursing services be able to assure these women of their safety and care even as they assist them in seeking the justice that they deserve. Mauritius has very few institutions that handle cases of family violence, and hence, community nursing centers become the common areas where women with these problems seek medical reprieve and probable justice.

Children in Chinese community care institutions are accompanied by their parents, seeking treatment for different conditions, often genetic and environmental. There are several cases of parents who bring children with the Down syndrome to seek professional advice on how to handle raising these children and even get the therapy they need, as it can be quite disheartening for parents (Wang et al., 2015). Thanks to pollution and environmental issues such as advanced technology, many children in China showcases of myopia at a young age. The Chinese healthcare institutions hence focus

their efforts on offering the right treatment of myopia for children before it can become a challenge at a later age. Children also showcases of osteoporosis and other concerns related to lifestyle choices by their parents. These centers are thus equipped with pediatric professionals and equipment to test and diagnose issues in children (Ye et al., 2016). Chinese hospitals generally offer better services, but the community centers do compliment the hospitals rather efficiently.

In Mauritius, the general children concerns that community nursing centers address include child-bearing and antenatal care, postnatal care and immunology (Gyawali et al., 2018). Within the first five years of life, a child is most prone to the harmful environmental conditions around them. Immunizing children against diseases such as measles and polio is considered a critical need in Africa. It is thus common for community centers in Mauritius to organize immunization clinics to get all children immunized with the different vaccines that are often offered to them by international organizations and non-governmental organizations in Mauritius (Mijovic, McKnight & English, 2016). Childcare in the country is necessary as many children grow up in conditions that expose them to diseases, malnutrition and safety concerns. Community nurses in the country ensure proper care of the children by training their parents to adequately consider the environment they raise their children in, keep them safe from vectors such as mosquitos and ensure that they take the proper vitamin and diet supplements to deal with the nutrition problems in the country.

Infectious Disease Control:

Infectious disease control in community nursing is part and parcel of the profession. Often, community nursing centers do face an outbreak of diseases that demand control, isolation, and treatment. Pandemics such as malaria and Ebola are endemic concerns in Africa. Mauritius community health centers often deal with conditions such as smallpox, influenza, and polio that afflict children who have not been immunized (Alotaibi et al., 2016). Control of diseases through immunization is an effort that continues to be advanced in this developing country. Regardless, the role of stakeholders such as the government and international bodies such as the World Health Organization is often curtailed by the lack of data on the actual situation in the country. Many remote regions are hardly covered by medical personnel, and the presence of militia groups in Mauritius is a significant concern for relief medical service providers (White, Govender & Lister, 2017). It is hence necessary that the government improves its statistical department to get the funding required to address disease epidemics.

In China, epidemics such as SARS and the Swine Flu have often affected many community centers in the country. Although the country has a significant number of quarantine facilities and antibiotics to manage these conditions, it has often been the case that community centers get overwhelmed when such diseases infect a large population of towns and rural suburbs (Taylor et al., 2015). On several occasions, government policies such as the banning of pork and the physical burning of pigs have been criticized by community organizations in the country. In as much as pigs do present an actual threat to Chinese health, treatment of common diseases affecting pork meat has been encouraged through research (Townsend & Morgan, 2017). Community nursing centers have often participated in epidemiology research in China to address the concern of swine flu and other influenza epidemics that are common in Chinese community centers. The government support for these medical interventions has made it possible to minimize the disease in China significantly.

2. DISCUSSION

Community nursing in China is more advanced and better managed than the intervention efforts in community nursing in Mauritius. Although the Mauritius government is more concerned with the efforts to advance the practice, the dire situations in the country such as the poverty levels and the general lack of public health awareness make community nursing a challenge in the country (Fonseca et al., 2016). The Chinese government can take pride in the efforts by the National Health Commission and the organized Chinese Nurses' Association that called for the establishment of the commission several decades ago. Chinese community nursing issues have thus considerably been addressed through experience and the benefit of time, from the advancement of procedures to the sophistication of training (Fu, Hu & Cai, 2015). The Mauritius nursing community can borrow a lot of expertise from the Chinese experience to advance the healthcare system in the country. It is through funding and support for the training of community nursing professionals that the standards of practice in the country can considerably improve.

Professional nursing practices in community nursing call for much improvising. As I have come to note in my training, circumstances often differ when one is exposed to the actual environment of treatment and diseases, outside the confines of the classroom. Nursing demands compassion and other soft skills necessary when one is offering care to a patient (Stanhope & Lancaster, 2015). In community centers, many people suffer and even perish due to lack of sufficient

medical equipment as well as the medicine to address their problems. It is also common in other developing countries, just as is the case with Mauritius for there to be inadequately trained professionals working in a community nursing center. Healthcare in these institutions may be offered for free, but if inadequate, it is similarly as ineffective (Kelly & Symonds, 2017). It is critical for health service providers across the world to continually launch efforts to advance training and the delivery of free medical supplies and services across the developing world where many people require these services.

3. CONCLUSION

Community nursing is imperative to address medical concerns that cannot entirely be addressed in hospitals. Many people suffer due to the lack of proximity of hospitals and well-equipped healthcare institutions (McKenzie et al., 2015). Similarly, some cases require a significant understudy by community nurses before one can be advised to seek further medical attention. Many community nurses interact with all sorts of people in different environments. They are commonly exposed to dangers such as airborne diseases and vectors that emanate from tropic regions and remote centers. They live in conditions that are very basic in order to provide services to people in need, especially in developing countries and war-torn regions (Moffatt, et al., 2018). The role of a community nurse is more than that of the institution-based professional. China's community nursing environment differs from the case of Mauritius. China is a developed country while Mauritius is an African island that is still developing. The professional experience Chinese community nurses embody can be well received in Mauritius, given the context of training and exposure to medical research that is in China. It is thus vital for the Mauritius government to take steps in encouraging the training of its nursing professionals in an environment such as China.

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