Community Health Nursing Roles

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Abstract

The purpose of this paper is to evaluate the roles of community based nursing and nursing care of communities and aggregates as clients. The reader will obtain an increased understanding of community based nursing practice and nursing care of communities and aggregates as clients. Roles and responsibilities, educational preparation, focus of care, employment settings and funding are topics that will be reviewed and compared. The aim is to provide nurses and community members with a better understanding of nursing roles within the community and how nursing in the community can affect overall community health outcomes.
Community Health Nursing

Nursing takes on many roles in care of the sick and promotion of wellness. The terms community nurse and public health nurse are terms frequently utilized to describe a nurse that does not practice in a hospital setting, but rather in homes of the community. For many, nurses and laypeople alike, the connotation of “community nurse” is not well defined; however, when community nursing roles are reviewed, it becomes clear that differences do exist. Roles and responsibilities, educational preparation, focus of care, practice settings and funding are all areas that differentiate the practice of community based nursing care and nursing care of communities and aggregates as clients.

Community Based Nursing Care

Although some may consider any nursing practice outside of the hospital setting as generalized community health nursing, there are differentiated roles that nurses assume within the community. Maurer and Smith (2009) define community based nursing (CBN) “as care of the patient and the family, outside of the hospital setting” (p.3). Zotti, Brown & Stotts (1996) further define CBN as driven by individual as well as family centered goals enabling patients to be cared for in the home with intermittent nursing services and family support, understanding that managing chronic illness along with patient and family education is key (p. 212). CBN is a valued practice that assists clients to remain in their home and may avoid multiple hospital readmissions. An example of a CBN is one who works for a home health agency, seeing clients in their home to assist with management of chronic illness such as COPD or diabetes. The nurse’s goal in this role may include assisting the client and family to learn self care and individual coping techniques as well as more specific learning goals of self injection for the insulin dependent diabetic or oxygen safety for the individual with COPD.
**Nursing Care of Communities and Aggregates as Clients**

The community health nurse (CHN) is another essential role. Maurer and Smith (2009) define CHN as nurses with specific educational preparation, caring for individuals, families, groups, communities and systems while maintaining population focused care” (p.3). Aquilino, McClelland & Tarbox (2000) further define CHN as optimizing population health to facilitate the wellness within the environment with a focus on preventing disease and promoting wellness in high risk groups to amplify wellness within the community. CHN’s may be identified working in local health departments collecting and analyzing communicable disease data or working to facilitate to organization of a health fair. CHN’s may also work with individuals who have tuberculosis in direct observation therapy with the goal to prevent the spread of disease to other community members by ensuring medication compliance of the infected individual.

**Roles and Responsibilities**

Both CHN and CBN have roles in direct client care and delivery of health services. Use of the nursing process for care of the patient and family suffering acute or chronic illness, education, patient advocate and case management are nursing roles shared by both CBN and CHN. Although the nursing process remains a constant approach to care, there are differences in the roles and responsibilities of the CBN and CHN.

Zotti, Brown and Stotts (1996) describe the role of the CBN as “a direct care-giver, educator, informal counselor, patient advocate, case manager, leader and change agent” (p. 215). The CBN roles and responsibilities are also completed by CHN’s although, again, the focus for the CHN is on the population as a whole and the depth of service is intensified.

Maurer & Smith (2009) state the CHN “uses epidemiological and demographic data to identify health problems in the community and incorporate multiple factors to develop a solution
that will meet the community needs” (p. 13). Zotti, Brown & Stotts (1996) reflect the role of the CHN as “managing and containing communicable diseases by collecting and analyzing data, planning to prevent further outbreaks, case finding, community care advocate, working with legislatures for policy changes benefiting the community and developing and enforcing health and safety programs” (p. 214).

A comprehensive literature review completed by Swider (2002) reviewed the variety of roles community health workers provide to clients in the community. Outcomes, including access to care, increased knowledge, cost effectiveness, behavior changes and health status were examined. Many improvements in a person’s overall health were noted in the various literature reviews, with access to care showing the most significant improvement. Given the results of this study, it becomes clearer that the roles of community nursing need to be further examined.

The roles of CBN and CHN are overlap in many areas. The underlying determining factor is care of the individual for the benefit of the individual and family (CBN) versus the care of an individual, group, population or aggregate with the focus being for the good of the overall population (CHN). Further delineation of roles of the CBN and CHN will provide educators with insight to develop effective programs to prepare the nurse for roles within the community.

Educational Preparation

Maurer & Smith (2009) denote the CBN has “obtained a diploma or associate-degree in nursing but does not have any specific public health nursing education” (p. 3). “The entry level educational requirements for CHN are baccalaureate preparation with advanced practice at the master’s and doctoral levels” (Baldwin, Conger, Abegglen, & Hill, 1998, p. 17). Maurer & Smith (2009) state the “baccalaureate-prepared nurse often implement programs to individuals, families or groups to promote wellness, while master’s prepared nurses develop and evaluate
programs and policies to prevent disease and promote health for populations at risk” (p. 13). Specialty certification in public health nursing has changed allowing, baccalaureate nurses who already have certification to maintain it, but new applicants must have a master’s or doctorate degree in nursing to take the exam and obtain certification of Advanced Public Health Nurse board certified (Maurer & Smith, 2009, p. 25). As in any area, increased knowledge and education may improve the ability to identify and utilize resources more readily maximizing the quality of service.

**Focus of Care**

Providing client centered, quality care requires the provider to have a distinct understanding of the focus of care. Focus of care identifies the direction of services provided and in conjunction with the entire nursing process allows for a holistic approach to care. Again, CBN and CHN may have some overlap in focus and level of care; however, differences are notable.

Despite the nursing area of practice or the specific role of the nurse, some foci remain unchanged. “Both CBN and CHN involve care of individuals and family, promote autonomy in the decision making process and require the nurse to practice with cultural diversity” (Zotti, Brown & Stotts, 1996, p. 213).

CHN care for individuals, families, high risk populations and community members; however, the center of care involves beneficence to the entire community; additionally, the CHN “influences government at all levels to promote health and wellness” (Zotti, Brown & Stotts, 1996, p. 213). CHN’s focus on primary and secondary prevention by providing education and screening to prevent disease and limit the spread of disease (Zotti, Brown & Stotts, 1996, p. 214). The ultimate goal of the community health nurse is to enhance the health of the
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community, whether community is defined as a population that is local, national, or international in scope (Riportella-Muller, Selby, Salmon, Quad & Legault, 1991, p. 81).

CBN is a more localized approach to nursing care within the community and is focused on the individual and family. Zotti, Brown & Stotts (1996) state the “CBN uses secondary and tertiary prevention measure to improve wellness, while focusing on the environments immediate impact on the health of clients and families” (p. 214).

Settings and Funding

It is beneficial for nurses and community members to have an increased understanding for care service settings and funding sources to identify potential limitations. CBN and CHN may often share work environments and settings. “Both CBN and CHN visit clients in their home” (Zotti, Brown & Stotts, 1996, p. 214). “CBN may serve patients in specialized ambulatory care clinics, home health agencies and managed care organizations” (Zotti, Brown & Stotts, 1996, p. 213). In addition, Maurer & Smith (2009) identify CBN settings for practice as local and state health departments, primary care settings and hospice. “Funding sources for community based nursing include managed care systems and governmental programs (Zotti, Brown & Stotts, 1996, p. 213). Maurer & Smith (2009) recognize practice settings for CHN as school sites and work sites in addition to the areas of homes, hospice agencies and health departments (p. 4). “Funding for public health, research and construction, collectively account for 9.2 % of the health care budget; public health is subsidized wholly by the government with state and local governments bearing the majority of the costs” (Maurer & Smith, 2009, p. 89).

Regardless the role or setting, nurses need to exercise creativity when providing services and encompass all available resources to optimize care and maximize benefits per dollars spent. Health care costs and quality of care have become a large focus in our nation and it will require
all members of the healthcare workforce and community to make the best use of the health care system and services available.

**Conclusion**

Many similarities and differences can be identified between the CHN and CBN role. Identifying the different roles that nurses provide in the community setting can assist the nurse in seeking appropriate education and resources to provide the highest level of care and also assist educators and curriculum developers to identify core elements needed to prepare the nurse to function in the appropriate role. Nursing is a diverse career with many paths and avenues for pursuit. Continued clarity of roles will assist identification of specialized practice.
References


Maryjo,

It was good that you focused on the prevention aspect throughout your paper. Great examples given. ☺ Very well written.

Jo

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