# Challenges and Opportunities in Community Nursing

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**Abstract**

Community health nursing is a comprehensive, holistic specialty. It is one of the ways through which the Health Department provides health care. Community health nursing not only focuses on the individual's health needs, but the health of the collective population. By working with whole communities and the health care system, a community health nurse can greatly influence the health of a population. Community health nursing offers the nurse a unique opportunity to be involved with a changing area of health care. It is a rapidly evolving field. It is challenging, dynamic, and extremely rewarding. Because of changes in the health care system, shifts in disease patterns, a globalized world, and health disparities between populations, the role of the community nurse is more important than ever. As with any area of nursing, there are and will continue to be many challenges in this field. However, these challenges come with many opportunities. In the proceeding paper we will explore numerous facets of community health nursing, in addition to the aforementioned challenges and opportunities. We will begin with the history of community health nursing and how it came to be. We will also look at the definition of community, and the evolving roles of the community nurse. Then we will explore the various theoretical concepts common to the practice, including the social determinants of health, health promotion, and the epidemiological approach. Finally, we will focus on certain global issues in community health nursing, and the role of the WHO in the community.

**Keywords**: *Community health nursing, WHO, health.*

## 1. Introduction

Community-based nursing care is the provision of health promotion and disease prevention services through shaping the life patterns of individuals, families, and groups in a manner which is productive towards health and supportive of life. The philosophy of care is based on the belief that care directed to the individual, the family, or the group will have the greatest effect on the health of the population as a whole. The primary goal of community-based nursing is to improve the health of the public through the medical and social science knowledge with the implementation of nursing skills. This is a broad and general definition. But what is the

essence of community-based nursing and what is the relevance of it at this time in history? When a person thinks of community, they may think of their local village or town. They may think of their neighbors and friends, people with common interest or common life situations. A community is a group of people which is connected by some common bond or similarity. That bond or similarity may be place of residence, race, occupation, interest, etc. The history of community work is the history of evolving beliefs and values in regards to the best way to serve the underprivileged or the oppressed. It is essentially the history of various efforts to help a particular group identify their needs and resources and the subsequent development of programs to meet these needs and mobilize the available resources. An example of this would be early public health nursing in New Zealand when tuberculosis was rife. The goal was to mitigate the spread of the disease by identifying those with TB or those at risk and providing education and free or low-cost treatment mainly in the client's home. This was given to people in prison, Maori, mothers and children, and immigrant groups. This is somewhat similar to today's nursing practice in the way that it still aims to help people identify and meet their healthcare needs. In today's society, community work is the change or reinforcement in the conditions of living in the community with the purpose of ensuring the greatest possible degree of health. Public health is any organized measure to prevent disease, promote health, and prolong life among the population as a whole. This is the essence of community-based nursing. (Rector & Stanley, 2020)



## 1.1. Definition of Community Nursing

Community nursing is an evolving field that is developing a new definition in the present of vastly changing healthcare environments. The most notable changes to healthcare in recent years have come as a result of increasing numbers of chronic illness and global economic downturn. In trying to adapt to these changes and reform healthcare to meet the needs of the population, many higher-income countries have implemented a shift in the delivery of healthcare to a primary healthcare focus. This represents a change from the historical medical model of healthcare to an approach that is focused more on prevention of illness and chronic disease. This is a reflection of the vision of the World Health Organization, that aims to build a better, more equitable, and sustainable world through evidence-based health promotion. By providing care in the community, community nurses are best positioned to fill the increasing needs that are being created by gaps in health services and an aging and increasingly diverse population. Community nursing is viewed as a means to this end and is defined as a supportive framework that helps individuals and communities to take greater control over the determinants of their health. This new definition of community nursing is a clear reflection of the underlying philosophy of the profession and the aforementioned changes to healthcare, as it aims to help people help themselves through comprehensive healthcare. (Chauhan et al.2024)

Community nursing is by no means a new profession, yet it is one that is highly relevant in the contemporary healthcare sector. It is a distinct field of practice which focuses on the promotion of health and the prevention of disease, disability, and the maintenance of optimal health of individuals and families in the community. Community nurses provide care within the structure of the community through home visits, clinics, and community centers. The underlying philosophy of community nursing is one that is focused on the promotion of health and the quality of life within the communities and individuals. It encompasses an understanding that health is more than the

absence of disease and that individuals have the right to achieve their optimal health potential. This is achieved through a holistic approach to health that is directed towards complete physical, mental, and social well-being. Community nurses work in partnerships with individuals, families, groups, communities, and populations - providing an umbrella of care ranging from the specific to the comprehensive, through the lifespan, and further encompassing a range of integrated services. Community nursing services are provided to people who are unable to attend a general practitioner or health facility due to immobility, isolation, a lack of transport, or those who would prefer to receive nursing care in the comfort of their own home.

## 1.2. Importance of Community Nursing

Firstly, it is essential to understand what community nursing is. Community nursing is a specialized area of nursing practice that promotes health and wellness within the community. The primary focus is on the people with the aim of helping them to develop their own capacities to obtain an optimal state of health. The community nurse achieves this through developing a partnership with the people to enable them to achieve and maintain their levels of comfort and independence by adopting health enabling strategies. These strategies can include advocating and enabling access to health resources, supporting environments and increasing community participation. This may sound like a lot to achieve with limited resources but community nursing is a significant resource in terms of its reach into the community and its capacity to prevent chronic disease and disability and support people to avoid premature or unnecessary hospitalization (Forster et al, 2001). It is a highly flexible and autonomous area of nursing practice which takes place in a wide range of settings. As such, it would seem that the very nature and principles of community nursing form what might potentially be the largest opportunity for community nursing today. (Mazzucca et al.2021)

Nursing is an essential component of all health care systems. Nurses are the largest workforce within the health service and are the key providers of continuous, supportive and therapeutic care. Nurses can be found practicing in a wide range of settings from the patient's home, through to the general practitioner's surgery, to residential, acute and palliative care services and even in the community (Nursing Council of New Zealand, 2007; Nelson, 2007, Nestel and Giddings, 2006). In 1998, the World Health Organization stated that 'the excellence of a community can be best measured by the quality of health of its population' (WHO, 1998). It is believed that the health of a nation directly reflects the capabilities of that said nation, and is thus essential that its people are cared for in a cost effective and efficient manner. Community nursing is one of the most cost effective health care interventions, it is often viewed as the 'front line' of health care (Sandau et al, 2009).

## 2. Challenges in Community Nursing

To achieve this, community nurses need to be aware of the pressing challenges which impact the overall effectiveness and quality of their role. According to Stanhope and Lancaster (2002), the major challenges are the "shortage of skilled providers, fragmented resources, and health disparities" (p. 293). These challenges contribute to decreased levels of nursing in the community and result in compromised health care for the client. Singh (2005) supports this, stating that the effects of globalization have been a major contributor to the strain experienced by community nursing, with recent health policy in developing countries redirecting skilled health professionals to aid their public health sector, resulting in shortages and a subsequent migration of skilled health professionals from developing to developed countries in pursuit of better working conditions and career opportunities. This in turn has significantly limited the availability of skilled community nurses, with countries such as New Zealand currently experiencing shortages to meet the increasingly complex health needs of their population (DiCenso, et al., 2003). This shortage of nurses ultimately creates a high client to nurse ratio, which

negatively affects the quality of care received by the client and contributes to an increase in nursing burnout and job dissatisfaction. (Sworn & Booth, 2020)

## 2.1. Shortage of Skilled Nurses

Nurses are the largest occupational group within the healthcare system, and in many countries, nursing shortages are a major concern. For example, in the United States, it is predicted that by 2020, the nursing shortage will be 800,000. Shortages of nurses have serious detrimental effects upon patients in terms of quality of care and patient outcomes. There is a strong relationship between lower nurse staffing levels and adverse events for patients. In the USA, it has been a well-documented issue in relation to medical errors and patient mortality. Also, the use of unlicensed assistive personnel (UAP) and the transfer of care to family members have been identified as common strategies to cope with nurse shortages, both of which are associated with negative patient outcomes. In simple terms, a direct relationship between an increased nursing workload and a decline in patient conditions can be drawn. As well as affecting patient care, nurse shortages can be very stressful for the nurses themselves who may be placed in compromising situations and have to deal with an unrealistic workload.

Understaffing and underfunding characterize health service delivery in many developing countries. Consequently, it is a major challenge to ensure that all populations have access to skilled health professionals. The situation is complicated by the growing burden of chronic disease and the endemics of HIV/AIDS, tuberculosis, and malaria. A high level of technical competence of the workforce is also vital, given the rapid changes in the health sector with new diagnoses, drugs, and technologies. Low and middle-income countries are attempting to grow their workforces at the same time as many developed countries are experiencing shortages and are actively recruiting in those very same countries. This global undersupply of health workers is predicted to become much worse and has been described as a "global crisis." (Shilinge, 2022)

## 2.2. Limited Resources and Funding

Nurses often provide care to patients with no entitlement to publicly funded health services, and these patients face difficulty obtaining access to appropriate health care due to the associated cost. In addition, many communities where nurses provide care have poor access to health services. An example is Maori and Pacific populations in New Zealand who have poor health status and high healthcare needs, but experience difficulty accessing services due to factors such as cost, transport, racism, and a lack of culturally appropriate healthcare.

Community-based care is underfunded compared to hospital care. The lack of resources is a tremendous concern directly impacting the provision of care and the health outcomes of patients. Many patients requiring community-based care are high cost, high need patients with complex conditions and disabilities. The cost of their care is high due to the nature of their health needs and the support required to keep them living in the community. However, inadequate funding often results in care being restricted, delayed or substituted for care that is not of an equivalent level. Limited access to care can undermine efforts to prevent the onset of health deterioration or functional decline, promote wellness, and enable patients to live independently. These cost cutting measures may ultimately have a negative impact on the patient's health and quality of life, and can even necessitate hospital admission or premature institutionalization. (Tsering et al.2023)

## 2.3. Geographic Barriers

Access to healthcare falls especially short for those in rural areas, where care providers are few and far between. Rural communities form the "most underserved area in terms of healthcare" and "the nursing shortage, high rates of uninsurance, and reliance on public health insurance in rural populations suggest that nurses are less available to rural clients". Not only are there fewer nurses per capita in rural areas, the number of unlicensed personnel is higher. Due to the lack of financial resources, these unlicensed personnel are often hired in

place of a registered nurse. This compromises quality and patient outcomes. In rural public health departments, nurses are "responsible for 90 different duties, spanning the entire scope of public health practice". This can be extremely taxing for the nurse, and the department as a whole. They must juggle many roles and often work alone or in small teams. Public health nurses in rural areas often find themselves in positions where they can "serve as gatekeepers, coordinating services and advocating for vulnerable populations". Although their contributions are great, these nurses and the services they provide are at risk for elimination due to budget cuts and funding changes. (Strasser & Strasser, 2020)

In America, there are many remote areas where communities are isolated and cut off from the rest of society. They often exist on the fringes, tucked away in desolate corners of the country. These communities face many hardships, and access to healthcare is often one of them. Because healthcare facilities are not cost-effective in areas with low population density, people in these areas often have to travel long distances to receive care and treatment. This is particularly true in the case of specialist services which are generally only available in urban areas. Community nursing is particularly suited to reaching these isolated groups, because community nurses are well placed to address local health needs, and make home visits at times which are convenient for their clients.

## 3. Opportunities in Community Nursing

Patients in the community have diverse needs, many of which are unmet. Traditionally, the health service has responded to patient needs by providing purely 'illness care' services – waiting for patients to develop a health problem and then treating that problem. This is changing. Health promotion is the process by which patients are enabled to increase control over and improve their health. It moves the health focus from a 'medical model' of health care, which is concerned with the treatment of illness, to a positive health model, concerned

with enabling better health. At a community level, health promotion complements health care and services in providing a 'whole of patient' approach. This is a much more efficient way of addressing patient needs and preventing illness. Community nurses play a vital role in health promotion. Health promotion is the core business of public health and community health services. This can be seen in recent health sector reforms which have designated health promotion as one of five core health service functions which lead to better health outcomes and system sustainability. During the recent national health reform in Australia, the role of community nurses in providing a 'whole of patient' health approach through health promotion was specifically acknowledged by the Australian Government. This is seen in the fact that targeted programs to increase community nursing positions were included in initiatives aimed at supporting people with chronic and complex conditions. (McKenzie et al., 2022)

### 3.1. Holistic Patient Care

A holistic approach can be applied by community nurses in conjunction with other health professionals to assess the needs of clients and plan and deliver care in a way designed to meet those needs. This approach supports a partnership in care with the consumer. It allows them to have input into the types of service they require and be involved in the planning and delivery of that care. A holistic approach can lead to some gains in efficacy through preventing illness and reducing the need for treatment through proactive planning and intervention. It also allows for a more thorough consideration of cost effectiveness when planning which types of care to deliver and when to refer to other health services.

Applying a holistic approach means considering the patient's individual needs, providing them with information to make informed choices, and considering their beliefs and culture when planning treatment options. In the community setting, patients are frequently left to manage their own care. A more autonomous and informed patient has a greater

chance of recovery and is less likely to require further treatment or hospitalization.

Holistic healthcare involves treatment of the whole person, taking into account their physical, mental and social needs. It addresses the prevention of illness as well as the treatment of symptoms and is rapidly becoming the focus of today's medical practice. A holistic approach to patient care, as prescribed by the New Zealand Health Strategy, will improve the quality of care received by members of the community. Presently, care received is fragmented and often focuses solely on the treatment of presenting symptoms. This type of care is not only less effective but also affects the autonomy of individuals in making decisions regarding their health.

### 3.2. Health Promotion and Disease Prevention

According to the definition of health promotion, the main role is to approach health from a positive view by way of disease prevention and health protection. With this in mind, the theory and research available for health promotion is vast and extensive in relation to its application within nursing practice. This is particularly significant to community nurses whose main focus is the health of the population in the community and prevention of disease. Tones (2004) identifies the multiple meanings of health promotion and proposes that it is not merely a method of intervention but a state of mind or philosophy that should be integrated into all practice to enhance the health of the public. This echoes the Ottawa Charter (WHO 1986) which identifies health promotion as a way of increasing control over and improving health. The charter outlines prerequisites for health which include peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. It also lists the steps needed to achieve health for all as building healthy public policy, creating supportive environments, strengthening community actions, developing personal skills, and reorienting health services. These ideologies form a good foundation for health promotion and are already being used by many community nurses to create a healthier

community, but Tones (2004) warns it is not an excuse to hold others responsible for health promotion and is important to encourage community involvement. This is best achieved when there is community empowerment, where people have a say in decisions affecting their health and identifying the issues that need addressing. This requires community development, which is the building of the capacity of the community to solve its own problems and can be accomplished through working with communities as partners and using their strengths to build a healthier future (Ewles and Simnett 2003). By implementing these steps, health promotion can be more effective within communities and the benefits more substantial. (Edelman & Kudzma, 2021)

### 3.3. Collaborative Partnerships

Partnerships involve shared work to solve a problem or create a service. A stronger type of partnership is a coalition. A coalition is an informal alliance of organizations joined together with the purpose of coordinating and implementing a common goal. The arthritis example in the previous paragraph actually involved multiple coalitions. One coalition consisted of the nurse and her patient, the academic health center, and the local park district. This micro-coalition used their impact on the other coalition elements and the greater community to achieve their goal and will disband now that their goal has been achieved. Another coalition was between the academic health center and the community in an effort to better the health of the community. This type of coalition is constantly increasing community participation in decisions that affect the determinants of health. The highest level of coalition involvement is informing and gaining public policy.

Suzie lived with unbearable pain from osteoarthritis in her hip and knee for years. She turned down a total joint replacement because she felt she had no support for her post-operative recovery. She started working with a nurse licensed in community health nursing with a different plan for managing her arthritis. By using effective strategies and identifying resources, Suzie's nurse was able to mobilize a

community partnership. They developed a year-round aquatic exercise program specifically for people with arthritis that allowed the academic health center to use the community pool for free and involved physical therapy students for supervision. A pre and post evaluation design was put into place and the findings will be presented to the Park District with hopes of transferring the program to their sponsorship. This partnership involved the medical and nursing students for a healthier community, created a new resource for joint pain sufferers, and improved overall quality of life for people with arthritis in that community. (Brooks)

Opportunities in community nursing. Collaborative partnerships. Collaborative partnerships with other healthcare disciplines and other community agencies are one of the hallmarks of community nursing. Community partnerships are alliances in which the goal is elimination of a community health problem and enhancement of community well-being. In practice, the interactive process of partnership involves identification of the problem using community assessment.

## 4. Technology Advancements in Community Nursing

One form of technology includes telehealth and remote monitoring with the use of telecommunications technology to exchange health information and provide services to patients in a remote setting, bridging the gap between two locations. Telehealth can have various forms to enhance patient care, with the internet being one of the most useful tools. Patients can acquire knowledge to improve health, this being both a resource of education, as well as a means of communication between the patient and healthcare provider to receive the most information and best possible care. This is also a useful tool for the nurse to coordinate care with other health professionals as well as take advantage of more efficient case management and increase access to patients. With the concept of home visit, a change between telehealth is seamless in which patients can still obtain the same quality care

from direct nursing. This is seen particularly in the following example with remote monitoring, in which nurses can monitor patients with chronic illness at home over long periods of time. This will improve the quality of patient care in preventing the worsening of chronic conditions and reduce hospitalization. Technology has provided vast opportunities and community nursing can take full advantage of this to improve patient care and achieve better outcomes.

With so much advancement in technology already seen today, what is in store for the future of community nursing? As evident, technology will play a significant role in the structure of health care, and community nursing is no exception. According to Darra and Montekalio, technology will present many opportunities for community health nurses to improve the quality of patient care and coordination of services. The authors note that technology will enable nurses and patients to work together to promote health (Darra & Montekalio, 2006). This is founded in the U.S. Department of Health and Human Services' description of Healthy People 2010's objective to increase the electronic exchange of personal health information in the community, which is not only a resource for patients but also a way to achieve better health outcomes. A healthier future is exactly what nursing aims to provide and with the efficient technology available, this is a realistic achievement. (Lee and Yoon2021)



4.1. Telehealth and Remote Monitoring

Telehealth is also a valuable tool for disaster management. Nurses can collaborate to develop disaster management plans and serve in areas that are at risk from natural or man-made disasters. Videoconferencing can be used for meetings between nurses and those in the community that are at risk. Simulation of

specific disaster scenarios can be used to help agencies identify areas for improvement in their disaster plans. Finally, telehealth can be used to monitor environmental health factors that can be detrimental to the health of a community.

For example, nursing care management protocols have been developed for heart failure patients. In a recent study, patients were randomized to receive usual care or to receive home monitoring with telephone support. Results showed a significant reduction in hospital readmissions and costs in the intervention group compared to the control group. Other benefits included improved patient functional status and fewer symptoms. Telephone support groups can provide assistance to individuals with a wide array of health problems. Telephone support groups are cost-effective and are an alternative for those unable to access customary face-to-face support groups.

Telehealth is the use of telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include videoconferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications. The nursing profession is just beginning to explore the multitude of uses of telehealth within the community health setting. Telehomecare is an innovative model for delivering health services to patients with chronic conditions. This model helps patients learn to manage their illness and promotes self-care.

## 4.2. Electronic Health Records

The use of electronic health records (EHRs) has grown significantly in the past decade. While some community health care providers, including community health nurses, have been slow to adopt EHRs, the federal government's plan to implement meaningful use incentives will likely accelerate their use. There are numerous potential benefits to using EHRs in community health care, along with some challenges that EHR use can pose. The Health Information Technology for Economic and Clinical Health (HITECH) Act, which is part of the American Recovery and Reinvestment Act of 2009, authorized incentive payments through Medicare and Medicaid for clinicians and hospitals that use EHRs in a meaningful way. Although the federal government has been slow to roll out these incentives, particularly to community health care providers, it is likely that increasing numbers of incentives will become available to these providers, and the penalties for not demonstrating meaningful use will eventually make it a financially unwise decision not to adopt EHRs. So there is a clear pragmatic reason for community health care providers to transition to using EHRs. EHR use can also assist in realigning healthcare payment structures to focus on value rather than volume, which has significant potential to improve the healthcare of vulnerable populations that are disproportionately cared for in community settings. (Panjamapirom et al., 2022)

## 4.3. Mobile Applications for Patient Education

Apps are also made for adult patients. For example, there are many comprehensive apps detailing how to prepare for and recover from surgery. These apps have been proven to be successful in the teaching and understanding process of patients and are a very effective form of education due to the current smartphone and tablet-oriented world.

For example, there are mobile applications that store a patient's personal health record on their phone. This is very useful in emergency situations for the patient to give the phone to a paramedic so they can access vital health information. Other applications include teaching games for children with diseases such as asthma, cystic fibrosis, and diabetes. These games teach them about the diseases and how to manage them through a fun and effective medium.

There are many ways to educate the patient in today's technological world. Almost every method includes a digital application. As a matter of fact, the previously discussed telehealth and remote monitoring use some form of digital application to work.

Approaching from another direction, eHealth is a field which works on the improvement of healthcare by using information and communication technology. The broad field of eHealth involves many areas of technology, including medication and education.

## 5. Education and Training for Community Nurses

Evaluating the part of the book discussing the challenges and opportunities in community nursing education one is struck by the concept that the influence of health resources on the educational preparation of community nurses has had a haphazard development. It is concerning to note that today, where it was previously possible to gain entry to community nursing straight from a hospital course, this is now no longer the case. This reflects the increased expectations of the community nursing role and the need for nurses to possess broader knowledge and skills. A division between basic and specialist education has occurred, with most community nursing now requiring post-registration qualifications. This can be daunting for many nurses, particularly those with little experience of higher education. However, the increased availability of distance learning and innovative learning approaches are making it easier for working nurses to continue their education. Community nursing students have a broader choice of educational options today but this can be viewed as a positive and a negative- an availability of choice is good, but sometimes the lack of a clear structure can lead to confusion.

Community nursing is a satisfying but challenging field to work in. With the increase in demand for medical care in communities, the nurse's role has expanded rapidly. This book, by no means an exhaustive treatise on the education of community nurses, provides a solid introduction to the issues, opportunities, and challenges facing this nursing sector. Of particular note is the discussion of policy, research, and theory with their relevance to the community nurse. This integration of higher level thinking skills warrants a text suitable for

undergraduate or graduate education of community nurses. (Yoder-Wise & Sportsman, 2022)

5.1. Specialized Courses and Certifications

According to the Australian Bureau of Statistics, the Australian demographic trend shows a significant increase in the age group of 65 years and over. It is projected that in the next 50 years, the number of people over 85 will more than double and the age group over 65 will make up over 25% of the population. With the increasing aging population, it is expected that there will be an increase in the incidence of chronic diseases. Such an increase in chronic conditions will place greater demands on health services and there will be a shift from hospital to community care. The pattern of chronic diseases is such that it requires long-term care and disability management. Owing to this, health promotion and disease prevention will require skills development, and health promotion will require skilled people with knowledge in specific chronic diseases. For example, if we talk about pulmonary diseases, Pulmonary Rehabilitation is a strategy to give chronic lung disease patients an extra sense of well-being and health, but most Australian communities lack services in Pulmonary Rehabilitation. Before we think about starting a program, there is a need to develop these services, usually done by a Nurse specialized in COPD. Also, a detailed Chronic Disease management program requires specialist nurses with good knowledge in the disease and its complications. (Butterworth et al., 2020)

Here we would be discussing COPD, why it's required, its history, development program, and its consequences on communities in Australia.

Certifications involve the formal assessment of a nurse's competence in a specific area of nursing and often lead to a formal designation on completion. The objective of certification is to promote health and safety of the public through the provision of quality nursing care.

To fulfill the work efficiently, nurses should have accurate knowledge and implementation of different procedures in the treatment or

regarding different health issues. Specialized courses and certifications impart knowledge which helps in building up community nurses strong in handling different critical situations and improving their skills. At present, PROSE (Prevention, Restoration, Optimization of health, Sustaining and End of life care) states the role of community nurses. For exemplification, community nurses need to compulsorily do certification in Diabetic educator for convenient and quality care of diabetic patients, vaccinator course for giving vaccination of swine flu vaccine, diploma course in midwifery to handle cases of pregnant women, etc. (Goniewicz et al.2021)

5.2. Continuing Professional Development

Continuing professional development (CPD) is the process by which nurses develop their personal and professional qualities, and improve professional practice systematically throughout their careers. It is a continuing process, going beyond post-qualifying or post-registration education and training. CPD combines different methodologies to learning, such as training workshops, conferences and events, e-learning, reading academic journals, and work-based learning. CPD can be a requirement of membership of a professional organisation or can be used to enhance personal and professional development. There are many opportunities for CPD for community nurses, however they can find it difficult to access the same level of education and training resources as their colleagues in hospital or acute care. They may be isolated from other nursing professionals and so it may be harder to access support and advice, or to get involved in training or other educational activities. Furthermore, they will often have to fund their own CPD activities. The nature of CPD for community nurses is unfixed, depending on the changing needs of the professionals themselves, their patients and clients, and changes to the policy and organisation of their care. As community nursing practice evolves, community nurses must constantly evaluate their own knowledge and skills to ensure safe, effective, evidence-based care. CPD can be a means to achieving service improvement by enabling community nurses to influence their own practice through development of new roles and skills, and involvement in research and

service innovation. Rook (2007) describes CPD as a 'personal journey that should enhance professional confidence and professional identity'. An example of this is a recent project to develop a career and education framework for community nurses in London and the south-east. This is aimed at enhancing the quality of care by developing the skills and competencies of community nursing staff at all levels, with the underlying principle that more highly educated and skilled staff can deliver a higher quality of nursing to patients and clients. (Maben et al.2022)

## 6. Policy and Advocacy in Community Nursing

• The quality of a nation's healthcare and the extent of health disparities are influenced by public policies. In particular, the extent to which the most vulnerable members of the population receive adequate healthcare services. Healthy public policy is a prerequisite for the creation of health-promoting environments. The Ottawa Charter (WHO 1986) recognized the importance of public policies in ensuring equality in health. It is in the political arena that nurses can exert influence and make a significant contribution toward achieving health for all. Nurses often feel that they are too removed from the world of policy-making to get involved in influencing health policies. However, change is first and foremost about believing that change is possible. It is also about believing that you can make change happen. Since government policies have such a major impact on the health of the community, individual nurses and professional nursing organizations need to seize every opportunity to participate in shaping policy. 6.1.1 The impetus for change It is often said that change is driven by the three C's: concern, cost, and crisis. It is beneficial for policy change to be driven more by concern and less by cost or crisis. This is particularly the case for vulnerable populations who are the most adversely affected by cost-cutting exercises and funding shortages for health programs and services. In closely examining the adverse effects of "New Public Management" approaches to public sector

reforms on the health of vulnerable populations, Cook and colleagues stated that "one of the greatest moral and practical challenges for clinicians and health system managers is to find coherent ways to promote the interests of the most vulnerable people in our society in a healthcare system now organized to serve the interests of paying customers".

## 6.1. Influencing Healthcare Policies

Health policy has been described as "the decisions, plans, and actions that are undertaken to achieve specific healthcare goals within a society" (WHO 2008). These decisions can be made by any organization that has an influence over public health, such as Medicare, health plans for the elderly, or they can be local, national, or community-based decisions made by government and other policymakers. An effective health policy can significantly improve population health and the general social determinants of health. The aim is usually to improve access to healthcare, make it more cost-effective, and of higher quality. The more positive health policy has on public health, the more it needs to be defended, contested, and evaluated. This plays directly into the hands of community nurses because any changes to health policy, or policy of other sectors that has health implications, can have wide-ranging effects on the health of the population and health inequality. Step one in any policy-making process is usually the identification of a problem or an objective, and it is at this point that community nurses can use their community assessment and diagnosis skills to feed information back from the population they serve.

However, for some nurses, the role of patient advocate extends further. In recent years, there has been an increasing interest in the role of community nurses in influencing health policy. This is being driven by recognition of the part that health policy plays in determining health status, the realization that community nurses see first-hand the health needs of the population arising from social and economic factors (DoH 2003b), and also because of the widening scope of nursing practice to encompass elements of

health policy usually associated with roles such as health visitor, school nurse, and general practitioner.

## 6.2. Advocating for Vulnerable Populations

The health promotion and maintenance abilities of community health nursing are illustrated in the approach to solving the existing healthcare issues. In particular, concern has been expressed for the growing numbers of vulnerable populations. Healthy People 2010 aims to reach specific goals for populations in the United States, providing a defined resource for health promotion. The association of community health nursing with the Healthy People program helps to provide specific focus for improving the health of the nation. The mission of the ACHNE can be directly related to the advocacy and promotion of the Community/Public Health Nursing profession. According to the ACHNE mission, it exists to: advance the science of public health nursing, enhance the educational levels of public health nurses, promote quality public health and nursing services to the communities, and demonstrate the effectiveness of public health nursing in the health care system. This mission statement can be implemented through the various levels of the socio-ecological framework to ensure quality care to all populations. By utilizing the ACHNE mission and the Healthy People initiative, community health nursing has the potential to create social change and address health disparities to help vulnerable populations receive equal care. (Angell et al.2020)

## 7. Conclusion

The demographic trends mentioned above indicate that community nursing will continue to grow. With the increase in the elderly population, there will be a greater need for long-term care services, including community-based and residential care. Technological advances will also enhance services in the community. Many procedures are now able to be done in the community that formerly could only be provided in acute care settings. These historical shifts in care where the central focus

is no longer illness-based and occurring within acute care settings has obvious implications for community nursing. Client centred care, health promotion, and illness prevention require the unique skills that community nurses offer. A better understanding of the future of community nursing is essential to meet the employment and health needs of clients and for public sector workforce planning. An important first step is gaining consensus on who comprises the community nursing workforce and the services they provide. This can be difficult due to the wide varieties of settings and roles. A more coherent and positive future for community nursing can only be obtained through workforce strategy development and addressing the issue of casualisation. Use of casual nurses as a cost cutting measure has become increasingly popular in both acute and community settings. Casualisation can lead to the loss of valuable organisational knowledge and poorer patient outcomes through lack of continuity of care. To secure a skilled and experienced community nursing workforce there must be greater employment opportunities and a clear career structure. This will encourage nurses to enter the community and remain there in a long term and satisfying career. Steps must also be made to ensure that nurses have the educational preparation and skills to move between acute and community settings and to have career mobility within the community sector.

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