

## **The Roles, Development and Support Structures for Community Nursing**

One of the unusual aspects of community nursing practice is the fact that, given the many roles the nurse is trained to perform and then practices in a community context, the general public remains largely unaware that nurses perform these roles. This paper will discuss some seldom addressed aspects of community nursing practice, the preparation and support provided the community nurses in these regards, and the necessity for greater public knowledge of the many roles community nurses play in their everyday lives.

The concept of "community nursing" developed in the 1970s as health care providers began practising a wider mandate for public health care. While the image the general public has of nurses today (i.e., hospital-bound health workers) is still shaped by the pre-1970s model, community nursing has since developed in a variety of ways that the public probably does not realize (King et al, 402).

The name itself suggests something of the role of the community health nurse. Community is not synonymous with the general public. Rather, it signifies a smaller group whose interests and interactions bind them into a unit. The nurse's work within this environment implies a level of commitment that the public may not realize (King et al, 404).

The primary emphasis of community health nursing is obviously on health promotion, and illness and injury prevention. Given the

increasingly high costs of hospitalized medical care to the Canadian medical system, the reduction of illness at the community level results in significant cost savings that more than compensates for the funding of community health nurses in this regard (Craddock, 458).

While the public would doubtless recognize this aspect of the community nurse's role, there are other aspects which are lesser known but equally significant. These roles have developed - particularly in the late 1980s and early 1990s - as extensions of the primary emphasis on health promotion. Traditionally, community nurse's health promotion tended to involve helping individuals to change health-damaging behaviours through educational strategies. However, in recent years community nurses have been challenged to "think upstream", by which is meant that they should attempt to address the environmental causes of illness rather than simply dealing with its symptoms. In a sense, this simply extends health care further into the origins of illness, not simply from the hospital into the community, but to the root causes of illness (Reutter, 234).

From this perspective, community nursing entails effecting a balance between addressing the immediate health care needs of individuals in the community, and confronting the problems that create or foster illness on a community level. In the words of one researcher in the field:

IF we focus only on the individual . . . we risk

privatizing - rendering personal - the social and economic underpinnings to poverty and powerlessness . . . . But if we focus on the structural issues, we risk ignoring the immediate pains and personal woundings of the powerless and people in crisis.

(Reutter, 235)

Many in the general public would probably not be aware of this fundamental evolution that has occurred in the training and practice of community health nurses. For example, there is a marked emphasis upon social activism in community nursing practice today as nurses become more and more involved in the community as leaders and facilitators:

The new definition of health takes into account the multitude of factors that affect the health of the community. Thus, it is no longer possible for community health and social agencies to work in isolation and to focus on a narrow mandate. Community health nurses, with their broad view of community, are in a unique position to foster interagency linkages.

(Cradduck, 461)

Another role of today's community nurse that the public is probably unaware of is that of advocate. Because of their position within a community, these nurses are uniquely situated to be aware

of the most disadvantaged and powerless within a community who, for reasons of socioeconomic status or culture feel isolated within the broader society. The aged and the disabled are perhaps the most obvious examples of the "invisible" groups who often require extra resources to access facilities that most of the public takes for granted such as public transport (Craddock, 462).

It is of great importance to the continuance of community nursing practices such as those outlined above that the general public understands the importance of these roles to general community health. This factor is significant as broad public support can ensure continued government funding for community nursing that some interest groups would want to remove.

Consider, for example, the issue of the prevention of adolescent pregnancy. For a number of reasons, including intervention by various interest groups, half of all Canadian schools do not have any form of family life education whatsoever. Moreover, even where there are sex education courses, which discuss birth control methods, approximately 50% of the teachers have received no formal training in teaching these issues (Dover, 335).

Given the significant social costs of adolescent pregnancies - which invariably diminishes the mother's economic and education potential and often results in considerable burdens on the welfare system (sometimes for years to come) - it is clearly necessary that trained health professionals become involved in this issue (Dover, 334-36). Thus, the community nurse may be better

positioned to argue from a rational perspective on this very sensitive social and political issue. As well, given her position within the heart of a community, the community health nurse would be capable of mobilizing political support and ensure funding to counter the resources of certain interest groups who assume an opposing view from an ideological as opposed to a health perspective.

The above "hot-button" issue of teen pregnancy and birth control illustrates the importance of support networks for community nurses within the nursing field. In Ontario, there are three main nursing organizations: the RNAO (Registered Nurses' Association of Ontario); the ONA (Ontario Nurses' Union); and the CNO (College of Nurses of Ontario). The CNO is the regulatory body for nursing standards in Ontario. Its "stamp of approval" on the community nurse gives her an undeniable degree of authority to work within her community. The RNAO is the professional body that represents the voice of Ontario nurses by lobbying government to ensure continuing funding for community nursing. Finally, the ONA is the union which is responsible for protecting its members - such as community nurses - from harassment by groups or government that might not care for the advocate role that the community nurse is increasingly assuming (CNO).

It is clear that community nursing has undergone a virtual revolution in professional practice in recent years. The commitment of community nurses to tracing many illnesses back to their root causes in the social environment of citizens; to

poverty, deprivation and other factors which foster illness-inducing behaviours. Only by addressing these causes directly, with the support of the public at large, can community health nursing fulfil its mandate for a healthier community and country.

## **Bibliography**

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