

Community Health Nursing Roles

Nathon Kelley

Ferris State University

### Abstract

The purpose of this paper is to compare and contrast two types of community health nursing; individual and populations. These two types have varied roles and responsibilities to their clients. They each have education and certifications that are required to perform the role. The clients they serve and the level of care they provide to these clients is also compared. Where this care is provided and how it is funded is also varied.

## Community Health Nursing Roles

The role of a community based nurse is one that can affect a whole community or just a single person. These nurses perform a specialized service that impacts almost all people. A community based nurse may work with people on an individual level or they may work with communities as a whole. The responsibility that these nurses have, vary with the type of community nursing they are doing (Maurer, & Smith, 2009). This paper will examine the roles that a community health nurse fulfills with individuals and with populations. This paper will also look at how the cares of these two are similar and different.

### **Individual Client**

The care of an individual client is the most common practice setting for a community health nurse. Approximately 38% of community nurses work in home health or hospice (Maurer & Smith, 2009). The community health nurse can work in a client's home, see them at a health department, or care for them in an institution. Community health nurses care for clients of all types and from all walks of life. Clients can be teen girls looking for advice on birth control or a cancer patient preparing themselves and their families for their death. The care the community nurse provides can be done in different settings. They can provide care in a client's home, in a nursing home, a hospital bed, or at a county health department to name a few (Maurer & Smith, 2009). This extensive client population makes it difficult to fully explain all the roles and responsibilities that community health nurses perform. A traditional role of a community nurse is caring for clients in a formal public health department setting. There is however, many other roles that community health nurses provide.

The roles of the hospice nurse or the palliative care nurse are varied. A hospice nurse provides care to a client at the end of life. The hospice nurse can provide this care directly by providing care for all of the client's activities of daily living (ADL). A hospice nurse can also provide care for the client by directing other nurses on the proper management of a hospice client (Ingleton, Sargeant, & Seymour, 2009). Hospice nurses have many responsibilities. Beyond providing direct care for the client, they also act as a resource and support for the client and their family. They look at the client in a holistic way by supporting their psychological, social, and spiritual needs (Maurer & Smith, 2009).

Funding for community nursing varies depending on the role the nurse is in. In the public sector, much of the funding comes from tax dollars. County health departments are funded by tax dollars. Many private agencies, such as hospice, receive a mix of public and private funding. They may receive funding from government programs such as Medicare or Medicaid. They also get funding from donations and grants (Maurer & Smith, 2009).

Community health nurses provide all levels of care. They provide education in the form of counseling a teen about safe sex, to caring for the terminal ill patient who needs help performing all ADL's. The community health nurse can provide care in multiple settings to the same client. A nurse may see a high risk newborn at the hospital, follow up at their home, and also see them at the health department (Maurer & Smith, 2009).

The preferred level of education for a community health nurse depends on the practice setting. A nurse caring for a client in their home may only need a diploma or associates degree. These nurses rarely need specialized certifications. However for the vast majority of community nurses, they either need a bachelor's degree and even sometimes a master's degree. The

American Nurses Credentialing Center (ANCC) offers an advanced certificate in public health nursing (Velez, 2010). This certification is only for nurses with a master's degree. A nurse can also obtain many other certifications that are linked to their practice setting.

### **Populations and Aggregate**

The community health nurse also plays a key role in the care of populations or aggregates as a whole. These two words are interchanged in the practice of community nursing. Maurer & Smith (2009) describe two means to the word population. The first meaning, being the number of people in a giving area, and the second one meaning a group or aggregate of people based on a characteristic. This characteristic can be anything from age, gender, race, social class, level of disability, or medical condition to name a few (Maurer & Smith, 2009).

The role and responsibility of the nurse when caring for a population or aggregate are similar when caring for an individual person. The nurse fulfills the role of researcher, advocate, and teacher but on a larger scale. The responsibilities of a nurse working with a population are to assess that population's health care needs, and to tailor programs to address those needs (Maurer & Smith, 2009). Weis, Schank, Coenen, & Matheus (2002) studied how parish nurses work with client aggregates when providing care. The study examined the practice of 19 parish nurses in 22 different communities. This study's purpose was to show how parish nurses use the nursing process to care the community they serve.

This level of community nursing almost always requires a bachelor's degree and often times a master's degree. As with care for the individual client, there are specialized certifications that a nurse can obtain. The public health certification offered by the ANCC is

recommended, if not required to perform the roles required of a public health nurse working with populations (Maurer & Smith, 2009).

The community health nurse who is addressing the needs of a population is not usually working with individual people. They are looking at demographics. They look at a health problem and apply epidemiology to address the needs of the effected population. These nurses provide care to a population. They many address the needs of a few people or millions. The size of the population is not the determining factor, it is the health disparity that links them that the nurse is addressing (Maurer & Smith, 2009).

The community health nurse working with populations, practices in various settings. Much of the work with populations is done in public health departments. This is not the only practice setting. These nurses will also go out to the locations where the clients, whose needs they are addressing, are at. They may go to hospitals, schools, churches, nursing homes, and many other settings (Maurer & Smith, 2009). The funding for these nurses comes for public and private sources. As with the care of the individual, the funding source varies for many reasons. Tax dollars go to public health departments that work to address the needs of their communities. There are also organizations that use private money to address the needs of populations.

### **Individual versus Populations and Aggregates**

The care for these two different, but similar groups is alike and different in many ways. At the heart of both of these groups is the desire to improve the health of a single person. The way that the nurse goes about it is just different. A nurse caring for an individual provides direct care that impacts that patient and their family, while a nurse caring for populations does so

indirectly. The roles that these nurses play are different but the responsibilities to their clients are the same.

The education required is different for these two groups. Almost any nurse can provide care to an individual in the community setting with the minimum of degrees. However a nurse providing care to a population needs to have advanced training. The certifications are similar in both with some roles requiring more advanced certifications.

The care of the individual client is more in-depth on a single person, but does not look at trends that are found in populations. This care can be as simple as education and up to total care for all of their ADL's. The care of a population is not looking at an individual person but a group of people with something in common. This is one of the main areas that these two practice types vary. The care of the individual has more varied practice settings then the care of populations.

The education needed to perform the varied roles of the community nurse depends on the type of client being served. Much of the care for individual clients can be done with any degree level but for care of populations one needs a more advance degree. Certifications are not required for all the roles but there are certifications available for many of the roles. These certifications can assist the nurse to better care for their clients. This is true if the nurse is caring for an individual or a population.

The funding for these two groups is similar. The funding comes from a mix of private and public funding. There is not a difference in the funding sources. The same sources fund both groups but in different ways. An example would be a private insurance company. This company may pay for a person to receive in home nursing care. At the same time they may have

nurses on staff to assess the needs of the people covered by the insurance company, and create programs to improve their health.

### **Conclusion**

The role of the community health nurse is varied. Their influence on the healthcare community can be seen and felt across the spectrum. The community health nurse plays a vital role in the way healthcare is delivered and will continue to do so in the future.



## References

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