

**Revising the Community Health Nurses of Canada Standards of Practice: a Scoping Review**

Prepared for the Community Health Nurses of Canada

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## **1. INTRODUCTION**

Since the Canadian Community Health Nursing Standards of Practice (the Standards) were first published in 2003, the role and scope of practice of the community health nurse (CHN) have been developed substantially to accommodate the ever-changing complexities of health care, service delivery, and workforce demands on the scope of community health nursing practice (Community Health Nurses of Canada [CHNC], 2011). Thus, the CHNC has edited and released subsequent versions of the Standards in 2008 and in 2011. National health care reform and the release of key government initiatives, including the Truth and Reconciliation Commission of Canada (TRC; Government of Canada, 2015) and Medical Assistance in Dying (MAID; Government of Canada, 2016) provided the catalyst for this review of the Standards (2011) to ensure they reflect contemporary practice and are congruent with legislative requirements. This document reports the process and results of the scoping review study in the context of the Standards.

The purpose of this scoping review study was to inform a review and revisions to the Standards. Moreover, this scoping review was undertaken to examine and clarify the broad area of community health nursing practice to clarify key concepts, identify gaps in the research knowledge base, and report on the types of evidence that address and inform practice standards in this topic area (Daudt, van Mossel, & Scott, 2013). Given the extent of the current literature, it was relevant to map out the different indicators that define the scope of community health nursing practice in the Canadian context. This step was essential prior to updating and editing the Standards in 2019. This scoping review is useful for registered nurses in the specialty area of community health nursing including the areas of practice, education, administration, and research.

## **2. METHODOLOGY**

### **❖ SCOPING REVIEW DESIGN**

The six-stage methodological framework for conducting scoping reviews as described by Arksey and O'Malley (2005) and enhanced by Levac, Colquhoun, and O'Brien (2010) were drawn on in the development of this scoping review. Levac and colleagues (2010) provide more explicit detail regarding what occurs at each stage of Arksey and O'Malley's (2005) review process, which include 1) identifying the research question(s), 2) identifying relevant studies, 3) study selection, 4) charting the data, 5) collating, summarizing, and reporting the results, and 6) consultation. Enhancements outlined in Levac and colleagues (2010) article helped increase both the clarity and rigor of the review process.

### **❖ RESEARCH QUESTIONS**

The aim of this scoping review was to map the available evidence to provide an overview of the literature available that supports the continuing validity of the Standards (2011) in the general context of Canadian healthcare and identify potential content gaps. The review sought to answer the following two questions:

- 1) Does the literature provide evidence that each of the Standards remains valid?
- 2) Are there content gaps in the Standards?

## ❖ IDENTIFYING THE RELEVANT STUDIES

### **Inclusion and Exclusion Criteria**

#### ***Participants***

This scoping review examined definitions and descriptions of community health nursing practice including, but not limited to primary health care, public health, population health, home health, and community-oriented primary care.

Exclusion criteria were articles focusing on the practice of nurse practitioners, advanced practice, licensed practical nurses, nurse managers, care technicians, and extended practice roles such as nurse anesthetists.

#### ***Concept***

The concept for this scoping review referred to the seven CHNC Standards. The current indicators for each of the standards that define the scope and depth of community health nursing practice were used to ensure community health nursing practice was broadly captured.

Exclusion criteria were articles specific to education for entry to practice or for continuing competence, and specific clinical competency development or assessment (e.g. wound care).

#### ***Context***

To have a broad picture, studies conducted in all care settings relevant to community health nursing (e.g., primary care, primary health care, community-oriented primary care, community health nurse/nursing, population health, public health nurse/nursing, etc) were considered. Countries of origin were limited to those similar to Canada in terms of economy (high-income based on World Bank open data, 2016) and healthcare system (western).

#### ***Types of Studies***

In keeping with the scoping review design, there were no restrictions on research design. Articles included could use quantitative, qualitative or mixed methods approaches. Additionally, because the purpose of scoping reviews is to provide an overview of the existing evidence regardless of quality (Levac et al., 2010), a formal assessment of the methodological quality of included studies in this scoping review was not performed

Articles were excluded if they focused on historical, financial or legal matters, tool development or intervention evaluation, book reviews, editorials, commentaries, or announcements.

#### ***Competency Companion Documents***

Recent competency companion documents identified by experts in community health nursing were also retrieved and reviewed. Additionally, foundational community health nursing companion competency documents identified in the previous literature review (Schofield et al., 2010) were retrieved and reviewed as they continue to provide foundational information and further detail and context to practice in regards to the Standards by articulating action based on competencies. It is recommended that opportunities for updating the current Standards be considered in the context of the companion documents as they further expand and detail community health nursing practice.

Recent Competency Companion Documents:

- Leadership Competencies for Public Health Practice in Canada (CHNC, 2015)

- The Pan-Canadian Health Promoter Competencies and Glossary (Health Promotion Canada, 2015)

Competency Companion Documents from Previous Literature Review:

- Public Health ~ Community Health Nursing Practice in Canada: Roles and Activities (Canadian Public Health Association [CPHA], 2010)
- Home Health Nursing Competencies Version 1.0 (CHNC, 2010)
- Public Health Nursing Discipline Specific Competencies Version 1.0 (CHNC, 2009)
- Core Competencies for Public Health in Canada, Release 1.0 (Public Health Agency of Canada [PHAC], 2008)

### **Gray Literature**

Google searches were conducted for specific topics (e.g. telehealth, TRC, MAID) and the Internet sites listed below were searched to identify and retrieve gray literature that had the potential to inform revisions of the Standards.

Canadian Association for Parish Nursing Ministry (<http://www.capnm.ca/>)

Community Health Nurses of Canada ([www.chnc.ca](http://www.chnc.ca))

Community Health Nurses Initiatives Group of RNAO ([www.chnig.org](http://www.chnig.org))

Canadian Health Services Research Foundation ([www.chsrf.ca](http://www.chsrf.ca))

Canadian Home Care Association (<http://www.cdnhomecare.ca>)

Canadian Nurses Association ([www.cna-aiic.ca](http://www.cna-aiic.ca))

Canadian Public Health Association (<http://www.cpha.ca>)

Public Health Agency of Canada (<http://www.phac-aspc.gc.ca>)

Truth and Reconciliation Commission of Canada ([http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec\\_Summary\\_2015\\_05\\_31\\_web\\_o.pdf](http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Exec_Summary_2015_05_31_web_o.pdf))

World Health Organization, Canada (<http://www.who.int/countries/can/en>)

### **Search Strategy**

A three-step search strategy was developed and conducted in conjunction with a professional librarian. The first step was an initial limited search of Cumulative Index to Nursing and Allied Health Literature (CINAHL) and PubMed. It was followed by an analysis of the text words contained in the title and abstract of the retrieved papers, and of the index terms used to describe the articles. The second step was a search using all identified keywords and index terms across the following databases: CINAHL, PubMed, Scopus, the Cochrane Library, and JBI Database of Systematic Reviews and Implementation Reports. Studies published in English were included. The period considered was from 2012 to 2018. A literature review conducted by Schofield and colleagues in 2011 to inform the last revision of the Standards justified this timeframe. During the third step, the bibliographies of studies found through the database searches were checked to ensure relevant references were included in this scoping review.

### **❖ STUDY SELECTION**

Following the search, all identified citations were collated and uploaded into the citation management software system, Endnote, and duplicates were removed. The primary author recorded each database searched and number of articles for each set of results as they were imported into Endnote. Title and abstracts were screened by an independent reviewer (SM) for

assessment against the inclusion and exclusion criteria for the review using Endnote. Qualms with article relevance were resolved with a second independent reviewer (JE). A research team divided the peer-reviewed articles for full-text inclusion in the review. Decisions for exclusion were documented in accordance with the preferred reporting items for systematic reviews and meta-analyses (PRISMA) statement (Moher, Liberati, Tetzlaff, Altman, & Group, 2009). An overview of the five stages of this scoping review methodology and reasons for study selection and exclusion are documented in Figure 1.

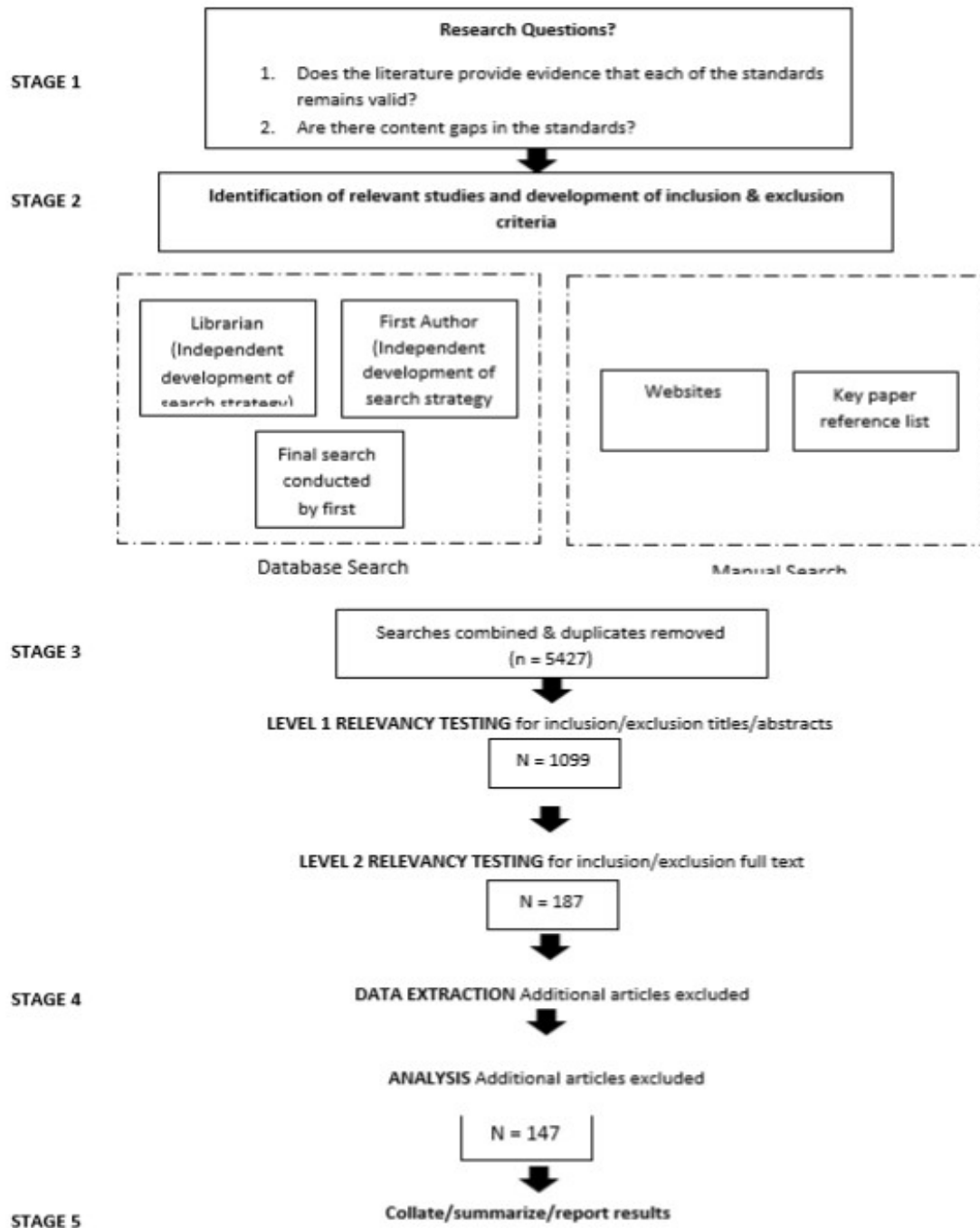


Figure 1: Modified PRISMA flowchart of five stages of scoping review process and studies selection and inclusion process

## ❖ CHARTING THE DATA

A team of researchers divided the peer-reviewed articles for reading and data extraction. A charting table was developed to record the key information of the selected studies. The relevant data extracted included author(s), year of publication, origin/country of origin (where the study was published or conducted), and relevant extracted literature for both support for the indicators and gaps identified in the literature. Data extracted were charted and organized thematically according to the seven current Standards: (1) health promotion; (2) prevention and health protection; (3) health maintenance, restoration, and palliation; (4) professional relationships; (5) capacity building; (6) access and equity; and (7) professional responsibility and accountability (CHNC, 2011). Each of the indicators for the Standards were used as subthemes. Care was taken about the amount and content of material transposed to a chart to protect against loss of context and steps were taken to ensure I could go back to the original source.

## ❖ DATA ANALYSIS

To aid with data analysis, descriptive and conceptually oriented matrices as described by Miles and Huberman (1994) were constructed. The development of matrices was an iterative process that involved systematically reading and judging the meaning of the text within each descriptive thematic node (each Standards) and determining key patterns. Data from each category and its sub-categories were lifted from its original text and plotted in a separate chart (e.g., main categories as rows and subcategories as columns).

The data set was then interpreted as a whole. Core categories were compared to identify and interpret relationships, which identified core themes. Rigorous and transparent decision and analysis processes were facilitated by using matrix and networking data display techniques (Miles & Huberman, 1994). I began by exploring and describing themes and then proceeded to explain relationships. A number of concluding and verification tactics (e.g., noting patterns, clustering, comparing) were used to draw interpretations emerging from the displays. This phase of the analysis provided a way to examine the substantive content.

## ❖ RESULTS

Listed below are the references of the corresponding articles that provide evidence that support the Standards continued validity. These references also identify content gaps in the area of community health nursing practice. More details to follow.

### ***Standard 1: Health Promotion***

Abbot & Elliot, 2017; Abe, Turale, Klunklin, & Supamane, 2014; Allen, Brown, Duff, Nesbitt, & Hepner, 2013; Adderley & Thompson, 2015; Aston et al., 2015; Aston et al., 2016; Ballantyne-Rice et al., 2016; Bigbee & Issel, 2012; Browne, Varcoe, Ford-Gilboe, & Wathen, 2015; Canales & Drevdahl, 2014; Chabot, Gagnon, & Godin, 2012; Cowley et al., 2015; Craig, DiRuggiero, Frohlich, Mykhalovskiy, & White, 2018; Cusack, Cohen, Mignone, Chartier, & Lutfiyya, 2017; Dahl & Clancy, 2016; Dickson & Lobo, 2018; Dmytryshyn, Jack, Ballantyne, Wahouse, & MacMillan, 2015; Donovan & Warriner, 2017; Eggert, Blood-Siegfried, Champagne, AL-Jumaily, & Biederman, 2015; Ezeonwu, 2015; Farrer, Marinetti, Cavaco, & Costings, 2015; Kempainen, Tossavainen, & Turunen, 2012; Kirk,

Sim, Hemmens, & Price, 2012; Kothari et al., 2016; Krumeich & Meershoek, 2014; Kulbok, Thatcher, Park, Eunhee, & Meszaros, 2012; Leipert, Regan, & Plunkett, 2015; MacDonnell & Buck-McFadyen, 2016; Marcellus & Shahram, 2017; Markle-Reid, Browne, & Gafni, 2013; Martin-Misener et al., 2012; Mawji & Lind, 2013; Mawji, Lind, Loewan, Underwood, & Thompson-Isherwood, 2014a; McConalogue, Kierans, & Moran, 2015; McPherson, Ndumbe-Eyoh, Betker, Oickle, & Peroff-Johnston, 2016; Polivka & Chaudry, 2014; Porr, 2015; Premji et al., 2017; Rahaman, Holmes, & Chartrand, 2017; Schaffer, Anderson, & Rising, 2016; Schofield, Baker, Chircop, & Dietrich-Leurer, 2018; Strickland & Baguley, 2015; Valatis et al., 2018; Willemse & Kortenbout, 2012; Yokoyama et al., 2014

### ***Standard 2: Prevention and Health Protection***

Abbot & Elliot, 2017; Akhtar-Danesh, Valaitis, O'Mara, Austin, & Munroe, 2013; Alfred et al., 2014; Aston et al., 2015; Aston et al., 2016; Aune & Olufsen, 2014; Bauer & Bodenheimer, 2017; Bekemeier, Walker Linderman, Kneipp, & Zahner, 2015; Bigbee & Issel, 2012; BurrIDGE, Winch, Kay, & Henderson, 2017; Carter, Valatis, Feather, Cleghorn, & Lam, 2017; Donovan & Warriner, 2017; Evans-Agnew, Mayer, & Miller, 2018; Ferrer et al., 2013; Goodwin Veenema et al., 2016; Green et al., 2013; Kulbok et al., 2012; Leahy-Warren et al., 2017; Machalek, Hanley, Kajiwarra, Pasquali, & Stannard, 2013; Markle-Reid et al., 2013; Martin-Misener et al., 2012; Mawji et al., 2014b; McDaniel, Logan, & Schneiderman, 2014; Peckover & Aston, 2017; Polivka & Chaudry, 2014; Samoff et al., 2012; Schaffer et al., 2016; Schofield et al., 2018; Seigart, Dietsch, & Parent, 2013; Shahram et al., 2017; Steffenak, Nordstrom, Hartz, & Wilde-Larson, 2015; Strickland & Baguley, 2015; Valatis et al., 2014b; Valatis et al., 2018; Van Bekkum & Hilton, 2013; Wilkes, Cioffi, Cummings, Warne, & Harrison, 2013; Wilson et al., 2015; Yokoyama et al., 2014

### ***Standard 3: Health Maintenance, Restoration, and Palliation***

Abe et al., 2014; Allen et al., 2013; Aston et al., 2015; Aston et al., 2016; BurrIDGE et al., 2017; Carter et al., 2017; Cowley et al., 2015; Dmytryshyn et al., 2015; Griffith, 2014; Kaasalainen et al., 2012; Leahy-Warren et al., 2017; Machin, Machin, & Pearson, 2012; Markle-Reid et al., 2013; McDaniel et al., 2014; Polivka & Chaudry, 2014; Porr, 2015; Schaffer et al., 2016; Schofield et al., 2018; Strickland & Baguley, 2015; Wilkes et al., 2013

### ***Standard 4: Professional Relationships***

Abbot & Elliot, 2017; Aston et al., 2015; Aston et al., 2016; Aune & Olufsen, 2014; Ballard & Syme, 2016; Barrett, Terry, Le, & Hoang, 2016; BurrIDGE et al., 2017; Carter et al., 2017; Donovan & Warriner, 2017; Etowa, 2015; Etowa & Debs-Ivall, 2017; Green et al., 2013; Johnson et al., 2017; Kollerup, Curtis, & Laursen, 2018; Kothari et al., 2014; Kothari et al., 2016; Kulbok et al., 2012; ; Martin-Misener et al., 2012; McPherson et al., 2016; Polivka & Chaudry, 2014; Porr, 2014; Schaffer et al., 2016; Shasanmi, Kim, & De Bortoli Cassiani, 2015; Smith-Battle, Lorenz, & Leander, 2013; Stoddart, 2012; Taylor, 2014; Tripp, 2013; Valatis et al., 2014b; Van Bekkum & Hilton, 2013; Wilkes et al., 2013

### ***Standard 5: Capacity Building***

Abbot & Elliot, 2017; Abe et al., 2014; Aston et al., 2015; Aston et al., 2016; Bekemeier et al., 2015; den Boer, Nieboer, & Cramm, 2017; Dickson & Lobo, 2018; Dosani & Currie, 2017; Dosani et al., 2017; Falk-Rafael & Betker, 2012; Kirk et al., 2012; Kothari et al., 2014; Kulbok et al., 2012; Machin et al., 2012; Markle-Reid et al., 2013; Mawji & Lind, 2013; Polivka & Chaudry, 2014; Porr, 2015; Schaffer et al., 2016; Smith-Battle et al., 2013; Stephan, McInnes, & Halcomb, 2018; Strickland & Baguley,

2015; Valatis et al., 2014b; Valatis et al., 2018; Wilkes et al., 2013; Wilson et al., 2015; Yanicki, Kushner, & Reutter, 2015

***Standard 6: Access and Equity***

Abbot & Elliot, 2017; Abe et al., 2014; Akhtar-Danesh et al., 2013; Aston et al., 2015; Aston et al., 2016; Aune & Olufsen, 2014; Babenko-Mould, Ferfusion, & Atthill, 2016; Ballantyne-Rice et al., 2016; Barrett et al., 2016; Bekemeier et al., 2015; Bigbee & Issel, 2012; Browne et al., 2015; Cusack et al., 2017; Cushman et al., 2015; Dahl & Clancy, 2016; Debesay, Harslof, Rechel, & Vike, 2014; Dickson & Lobo, 2018; Etowa, 2016; Etowa & Debs-Ivall, 2017; Farrer et al., 2015; Krumeich & Meershoek, 2014; Kulbok et al., 2012; Leipert et al., 2015; MacDonnell & Buck-McFadyen, 2016; Marcellus & Shahram, 2017; Mawji & Lind, 2013; Mawji et al., 2014a; McPherson et al., 2016; Monsen et al., 2016; Polivka & Chaudry, 2014; Olds et al., 2013; Rahaman et al., 2017; Salter et al., 2017; Schaffer et al., 2016; Schofield et al., 2018; Shahram et al., 2017; Smylie et al., 2016; Willemse & Kortebout, 2012; Wilson et al., 2015; Yanicki et al., 2015; Zhuo, Khoshnood, & Forster, 2015

***Standard 7: Professional Responsibility and Accountability***

Abbot & Elliot, 2017; Abe et al., 2014; Akhtar-Danesh et al., 2013; Alfred et al., 2014; Anderson, Moxham, & Broadbent, 2016; Aston et al., 2015; Babenko-Mould et al., 2016; Ballard & Syme, 2016; Ballantyne-Rice et al., 2016; Barrett et al., 2016; Bigbee & Issel, 2012; Bjork, Bersten, Brynildsen, & Hestetun, 2014; Cameron, Harbison, Lambert, & Dickson, 2012; Ishimaru, Yamada, Matsushita, & Umezu, 2016; Johnson et al., 2017; Kemppainen et al., 2012; Kirk et al., 2012; Kollerup et al., 2018; Kothari et al., 2016; Kulbok et al., 2012; Machin et al., 2012; Martin-Misener et al., 2012; McPherson et al., 2016; Monsen et al., 2016; Olds et al., 2013; Peckover & Aston, 2017; Pereira, Pellaux, & Verloo, 2018; Polivka & Chaudry, 2014; Premji et al., 2017; Rahaman et al., 2017; Schaffer et al., 2016; Schofield et al., 2018; Thompson & Adderley, 2015; Turney, Clarke, & Steventon, 2012; Van Bekkum & Hilton, 2013; Wilkes et al., 2013; Wilson et al., 2015; Yanicki et al., 2015;



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