Literature Review:

Practice Models in Community Health Nursing

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Introduction

Community health nursing encompasses a wide range of nursing practices and settings (Lind & Smith, 2008; CHNC, 2009a). Community health nursing focuses on the promotion and protection of community health and practice is linked to common beliefs and values (Lind & Smith, 2008). Nurses are the largest single professional group in a formal public health system and have tremendous potential to positively impacting the health of communities (Swearingen, 2009). Nurses are the backbone of the home care system which is predicted to see unprecedented growth in the near future. However, community health nursing in Canada is not highly visible, requires theoretical support, enhanced strong leadership, and would benefit from the implementation of a professional practice model which in turn could help to identify relevant research questions and to articulate and enhance the contribution of community health nursing to health outcomes.

A practice model is a system or framework that provides support to professional nurses in their everyday practice and direction to organizations in establishing the supportive practice environments in which professional nursing practice can occur (Hoffart & Woods, 1996). The Community Health Nurses of Canada (CHNC) is in the process of reviewing "The Canadian Community Health Nursing Practice Model" (CHNC, 2008) that was published in 2003 in the preamble to the Canadian Community Health Nursing Standards of Practice. The standards of practice will be revised in the coming months and parallel to that process, the Community Health Nurses of Canada are considering revision and/ or redevelopment of the practice model. The CHNC cannot begin its conceptual work without consideration of what is going on elsewhere in community health nursing and within the broader community health, public health and home health systems. CHNC can build on the contributions of prior and contemporary

work. This literature review was conducted to provide a foundation for the review of the Canadian Community Health Nursing Practice Model.

Purpose

The purpose of the literature review is to inform the development of a practice model for community health nursing in Canada that encompasses the Canadian Community Health Nursing Standards of Practice.

Objectives

1. Describe the community health nursing practice models reported in the literature
2. Identify the operational definition(s) for the practice model(s)
3. Describe the key components associated with a practice model
4. Provide examples from the literature of how practice models have been/are being used including how services are organized within the model
5. Discuss the implications of the literature findings for the development of a practice model for the Canadian Community Health Nursing Standards of Practice.

Literature Search Strategy

A systematic review of the literature was conducted, however it should not be considered comprehensive given the volume and diversity of material on the topic in the literature. A three part search strategy was used. First, a selected database search and retrieval was conducted with a focus on databases used in nursing, community health, home health and public health i.e. PubMed, CINAHL, Psychlit, Sociological Abstracts, Ebscohost. A search using Health-Evidence.ca provided some valuable resources. A search for books and textbooks was conducted using databases, internet websites and search engines such as the

Google Scholar, University of Saskatchewan library catalogue and Amazon.com. Key search terms used were:

- community health nursing and practice model
- public health nursing and practice model
- home health/home care nursing and practice model

Other search terms used were: professional practice model; nursing theory; community health nursing theory; conceptual frameworks; philosophy; nursing theory development; practice development; health promotion and population health. Articles and documents that were available as a full text article, available in English and published in 2000 or later were included. A Google and Google Scholar internet search for further published literature and grey literature was conducted using the same search terms and inclusion criteria. Information was sought pertaining to governmental or non-published papers (grey literature). Once a reference was located and retrieved, the reference lists were scanned and appropriate references were retrieved by hand. Articles were reviewed in full when information within the abstract did not provide enough detail to make a decision. Cross referencing using citations was conducted until duplication of the references was occurring. More than 150 articles were retrieved.

Each title and abstract of published and unpublished work was screened for quality and relevance to the development of a practice model for Community Health Nursing in Canada. Articles and documents were included when they were considered to have applicability to Canadian community and public health nursing practice and organizational context. The excluded papers either lacked a defined practice model, theory or conceptual framework or the context was not relevant. Preference was given to publications which were

research or evidence based and those that described the utilization of practice models, theory and conceptual frameworks, particularly those which described a process for development and/or an evaluation of the utilization. The resultant collection of documents (74) was inspected for recurring themes.

Background

The Canadian Community Health Nursing Practice Model was developed in 2003 to "reflect the knowledge and experience of community health nurses in practice, education, research and administration across Canada" (Community Health Nurses of Canada, 2008, p.9). The Canadian Community Health Nursing Practice Model is a pictorial representation of the articulation of the five Canadian Community Health Nursing Standards of Practice, the values and beliefs that ground community health nursing practice, the community health nursing process that outlines how CHN work and the environmental context for CHN practice. The graphic representation of the practice model can be found in Appendix 1 and was conceived by Joyce Fox (CHNC, 2008). The Standards have been an important tool for articulating the uniqueness of community health nursing as shown in Appendix 2 which is the speaking notes and PowerPoint slides from a presentation developed to support the 2003 Canadian Community Health Nursing Standards of Practice.

Since 2003, the Community Health Nurses of Canada have been involved in several projects that provide an excellent foundation to inform the development of a professional practice model. These include the:

- Vision and definition of Community Health Nursing Practice in Canada (CHNC, 2009b)
- Discipline specific competencies for Public Health Nursing (CHNC, 2009b)

- Roles and activities for Public Health/Community Health Nursing (CPHA, 2010)
- Discipline specific competencies for Home Health Nursing (CHNC, 2010a)
- Final report: CHNC Environmental Scan.(CHNC, 2010b)
- A synthesis of Canadian community health nursing reports (CHNC, 2010c)

The primary purposes of a practice model are to:

- provide a common framework for practice
- contribute to the development of common language
- enhance communication
- facilitate community health nurses to be able to speak in a unified manner and,
- facilitate narrowing of the gap between theory, practice and research (Los Angeles County Department of Health Services, Public Health Nursing, 2010)

Strengthening the understanding of the relationships between relevant theory, evidence, research and practice is essential to development of practice model.

Findings from the Literature

The literature in nursing and other disciplines on community health nursing practice models and their use is not extensive. However, there is a substantive amount of literature that discusses the merits of theory based practice and actively calls for development specific for community health nursing. The following section describes current scholarship in community health nursing; highlights theory development and its use in community health nursing; professional practice models and their merit in supporting nurses and organizations

to address professional practice issues. These descriptions are followed by operational definitions and key elements of practice models and some examples.

Scholarship in Community Health Nursing

Nursing scholarship contributes to the expanding body of nursing science and research, education, administration and practice. Scholarship is defined in Wikipedia (2010) as the body of principles and practices used by scholars to make their claims about the world as valid and trustworthy as possible. Since the 1970's there have been significant advances in nursing scholarship.

Nursing philosophy, conceptual models and theories have been developed, utilized, evaluated and redeveloped. Philosophy, conceptual models and theories from other disciplines have been tested in nursing. Tomey and Alligood (2006) classify theoretical works into the four general categories of: philosophies, conceptual models and grand theories, theories and middle range theories. Descriptions of the 4 categories follow.

A "philosophy sets forth the meaning of nursing phenomena through analysis, reasoning and logical argument or presentation" (Tomey & Alligood, 2006, p6). A conceptual model provides a distinct frame of reference that is comprehensive and includes perspectives on each of the metaparadigm concepts (Tomey & Alligood, 2006, p. 6). Conceptual models can contain grand theories within them. Grand theories propose direction or action. A nursing theory is less abstract than a grand theory and can be specific to a particular aspect of nursing. A nursing theory may be derived from works in other disciplines or from any of the above categories of theoretical works. A middle range theory is more concrete in its abstraction and has a "focus on answering specific nursing practice questions" (Tomey & Alligood, 2006, p. 8). A middle range theory is defined as a set of related ideas

that are focused on a limited dimension of nursing and contains concepts that are "more easily liked to perceptible events and situations" (Chinn & Kramer, 2008, 300). Middle range theories can be developed inductively or deductively. They are composed of concepts and the relationships among them. They are "developed at the intersection of practice and research to provide guidance for everyday practice and scholarly research" (Smith & Liehr, 2003).

The literature reviewed was replete with references to philosophies, conceptual frameworks and theories. The following were identified as being used or having potential for use in community health nursing. They included: critical theories, critical public health theory, social learning theory, empowerment theory, theory of community empowerment, health promotion, population health, partnerships, social justice, community health, participatory theory, social capital, citizen participation, advocacy, socio-ecological theory, environmental health theory, wellness, symbolic interactionism, coordination, change theory, communication theory, health assets, critical social theory, human becoming theory, systems theory, self efficacy, attachment theory, vulnerable populations, ecological theories, life transitions theory, self regulated learning theory, strengths-based, adult learning theory, lifestage theory, development theories and community development theory.

Theory Development in Community Health Nursing

The terms theory, theoretical framework, conceptual model and practice model are used interchangeably and inconsistently in the literature. What is consistent is the quest to ground community health nursing practice in a solid and logical theoretical foundation. A key theme in the literature reviewed was that a theoretical foundation can inform thinking, guide action or intervention and assist to predict outcomes. Kim (2010) states that theoretical efforts need to

focus on how ordinary actions take on professional nursing meanings and in what ways these acts become different from ordinary human actions.

The development of nursing theory began in earnest in the 1970s and has contributed to growth in the profession of nursing over the past four decades. However, long before the 1970's nurses were actively contributing to the development of professional nursing. Florence Nightingale, Virginia Henderson and others envisioned a body of nursing knowledge that was unique and was effective in informing nursing practice (Tomey & Alligood, 2006). However, in the 1970's there was a significant increase in awareness of and action on developing nursing philosophy, conceptual frameworks and theory. Global agreement on the metaparadigm for nursing of the concepts: person, health, nursing and environment provided a framework for this scholarly work (Fawcett, 2005). The metaparadigm helped to clarify and increase understanding of key concepts and the process of knowledge development in nursing (Tomey & Alligood, 2006).

Schim et al (2007) proposed the addition of social justice as an additional metaparadigm concept for the practice of community health nursing. They contend that nursing centered on the practice of social justice ensures distribution of life resources in a way that benefits the marginalized and constrains the self-interest of the privileged (Schim et al, 2007, p. 73). They challenge others to "embrace the notion that nursing's focus should be assuring the rights of all people….(as) equal access to the benefits and protections of society are characteristics of a just society and a caring profession" (Schim et al, 2007, p. 78).

Nursing theorists' work that was identified as being used or having potential to be useful in community health nursing practice included the work of: Florence Nightingale, Virginia Henderson, Rosemarie Parse, Martha Rogers, Hidegard Peplau, Jean Watson,

Dorothea Orem, Imogene King, Margaret Newman, Betty Neuman, Nola Pender, Peggy Chinn, Adeline Falk- Rafael, Patricia Benner and Effie Hanchett. The McGill Model, the Calgary Family Systems Model, "Community as Client" model and the Nurse Family Partnership were also cited as being used to guide practice in community health nursing.

Thematically, several theoretical frameworks were identified in the literature reviewed. They are highlighted below. A more comprehensive and focused literature review would need to be conducted to evaluate the merits of each of these theoretical perspectives. Whitehead (2009) contends that health promotion practice in nursing is 'out-of-step' with the wider health promotion community and examined why. He suggests that "lack of both clear theory and policy as a means to underpin and validate its basis" (p. 872) is a major limitation to nursing's ability to make the contribution it claims it can.

Using systems theory is attractive in that it allows a nuanced or multilayered perspective. Conceptualizing an issue or problem as a system or within a system allows one to take advantage of reflexivity and analysis across system boundaries (Stewart & Ayres, 2001). Paradigms such as feminism, critical social theories, and post colonialism have been employed to critique the current situation and provide guidance towards a social justice agenda (Boutain, 2005, p.26).

Stevens (1989) states that critical social theory "holds the key to understanding the constraining environmental factors affecting people's health and provides the potential for transforming the conditions that hinder human potential" (p. 62). Critical social theory concepts of oppression, liberation, ideology, critique, dialogue, conscientization and action may be helpful to community health nursing to outline, make manifest and guide their contribution to addressing health inequity. Stevens (1989) claims that the assumptions,

concepts and propositions of critical social theory would assist community health nurses to reconceptualize their understanding of the metaparadigm concept of ‘environment” broadening it to encompass social, political, and economic aspects. This view was part of the 2003 CHN practice model.

A critical approach or using critical theory offers an opportunity to integrate the moral and political necessities for social change into the daily work of practitioners, including registered nurses (Labonte et al, 2005). Using this approach builds “upon moral, theoretical, empirical and experiential knowledge and reflection” (Green & Labonte, 2008, p.9). Labonte et al. (2005) suggest that using a critical population health approach would promote a practice that proceeds from “theoretical engagement (theories of knowledge, society and social change), community engagement (a politicization of research knowledge) and policy engagement (which must extend beyond the simplistic notions of ‘knowledge translation’ that now permeate the research communities)” (p.5).

Critical caring is “proposed as a hybrid, midrange theory that builds on nursing science and critical feminist theories” (Falk-Rafael, 2005, p. 38). It is described as having the potential to anchor public health nursing practice in an “expanded nursing caring science that reincorporates the social justice agenda characteristic of early public health nursing practice but not featured prominently in contemporary nursing theories” (Falk-Rafael, 2005, p. 38). Critical caring transforms the carative processes of Jean Watson's theory into 7 carative health-promoting processes that form the "core" of public health nursing practice. The carative health promoting process, that of contributing to the creation of supportive and sustainable physical, social, political, and economic environments, is particularly well suited to enacting political action as an expression of caring (Falk-Rafael, 2005).

Viewing health from socio-ecological perspective was strongly supported in the community and public health literature. Kothari et al (2007) state that "socio-ecological models help with the identification of determinants at different systems levels and suggest relationships between and among them" (p. iii6). This lens assists practitioners to move from an individual behavior change focus to "approaches that respond to the reciprocity between biology, health behaviors and the environment" (Kothari et al, 2007, p. iii6). Bronfenbrenner's ecological model of human development continues to be an important resource for understanding the 'person in context' and was drawn upon in the work of David Olds in developing intensive nurse home visiting programmes (Bryans, Cornish & McIntosh, 2009).

Hartrick Doane and Varcoe (2005) state that while definitions and theories offer knowledge that is helpful in practice, they do not reveal what it is like to navigate the complexity and challenges of each new situation. They believe that rather than being able to determine one clear truth, we most often find ourselves in complex situations where there are multiple truths (interpretations, experiences, perspectives) (Hartrick Doane &Varcoe, 2005, p.5). They suggest that the goal of nursing is not an end, but rather a way of being. Thus they suggest we seek theories that will enhance the nurse's way of being, that support nurses to be in-relation with people and families in ways that are "more responsive, more health promoting, more ethical, more safe and thereby increasingly more competent" (Hartrick Doane &Varcoe, 2005, p.14)

Models provide a focus for nursing practice. As an example, Hartrick Doane and Varcoe (2005) describe three perspectives (or models) within health promotion, medical, behavioral and socioenvironmental. Each of these models has contrasting definitions of health,

health promotion and nursing practice. When health is defined according to the medical perspective, as the 'absence of disease or infirmity', nursing practice focuses on treating or preventing disease. Within a behavioral model, health includes well-being and a health promoting nursing practice would include an emphasis on changing behaviors and lifestyles (e. g. quitting smoking) with the goal of decreasing disease risks and maintaining well-being. From a socio environmental model perspective, health is considered to be 'a resource for living…. a positive concept…. the extent to which an individual or group is able to realize aspirations, to satisfy needs, and to change or cope with the environment" (World Health Organization, 1984). The focus of nursing practice is then on addressing the social conditions and enhancing the capacity and power of people to live a meaningful life (Hartrick Doane & Varcoe, 2005, p. 29).

Operational Definition for a Professional Practice Model

A professional practice model is the structure, process and values that support nurses' control over the delivery of nursing care and the environment in which care is delivered (Hoffart & Woods, 1996, p. 354). Five key elements of a nursing professional practice model, envisioned as strands in a rope were identified by Hoffart and Woods (1996) and include: values; professional relationships; a care or service delivery model; a management approach; and compensation and rewards.

Key Elements of a Professional Practice Model

In this section the core elements and potential value the elements can play in addressing professional practice issues in community health nursing are described. Five key elements of a nursing professional practice model were described and depicted as strands of a rope by

Hoffart and Woods (1996). They include: values; professional relationships; care or service delivery model; management approach; and compensation and rewards.

Values: Values are part of a collective belief system that underpins professional practice and informs the development of educational programs (Hoffart and Woods, 1996).

Professional relationships: Professional relationships are based on the "nurses' beliefs and attitudes about their profession and their own personal worth" (Hoffart & Woods, 1996, p. 355). Professional relationships in community health nursing impact on communication, consultation, collaboration and forming effective partnerships with individuals, families, groups, communities, other professionals and team members as well as other sectors and organizations (Hoffart and Woods,1996).

Delivery structure and process: A care or service delivery model is considered to be the structure and process through which work is assigned and coordinated (Hoffart & Woods, 1996). In community health nursing the service delivery model could be neighborhood nursing, team nursing, primary health care, case management or perhaps family-centred care.

As an example of a service delivery model, family-centred care acknowledges the central role of families and builds on their strengths. Involving the family fully in all aspects of care is a key element of this service delivery model. Family-centered service has been associated with positive outcomes in health and education and is considered a best practice in school nursing (Concepcion, Murphy & Canham, 2007).

Management approach: The fourth element of a professional practice model described by Hoffart and Woods (1996) is the management approach. This specifies the structure and processes for decision-making. These authors found that participatory management approaches are more consistent with professional nursing values such as

autonomy and accountability, and better support nurses to work to their full scope of practice and to provide quality care. This observation is consistent with results of a recent Canadian Community Health Nursing Study (Underwood et al, 2009).

Compensation and rewards: The final element, compensation and rewards include the system for remuneration and recognition of the nurses' contributions. Hoffart and Woods (1996) contend that aligning pay and rewards with individual and team performance, productivity and outcomes are powerful means to support and reinforce the values and expectations outlined in the other four elements of a professional practice model (p. 356).

Mathews and Lankshear (2003) describe 16 essential elements of a professional practice structure. The elements were identified by members of the professional practice network of Ontario and the four most challenging issues identified in this article are relevant to the practice of community health nursing. The first issue was formal communication and clear authority. This element included having direct authority relating to "creating an environment that supports clinicians to incorporate evidence-based practice, maintain their competency and/or create systems and processes to enhance practice and professional development" (Mathews & Lankshear, 2003, p 67).

Second, creating a culture of professional practice was challenging. Continuing professional development, supporting reflective practice and creating a learning environment where identified as important. Development of collaborative practice and interprofessional relationships including physician involvement in professional practice issues was another challenging area. Often, it was clear that while a professional practice culture was supported in spirit there was tremendous variation in how and if that culture was operationalized. Professional practice models have been identified as an attribute of magnet hospitals and there

is some indication that working from or within a professional practice model would aid an organization and the nurses in addressing the above key issues.

"A professional practice model mandates that nurses decide what the activities and responsibilities of nursing are and the credentials required to safely perform these activities" (Arford & Zone- Smith, 2005, p.467). It is based on the assumption that professional nurses should participate in governing their practice environments and that these practice environments impact on job satisfaction and quality of care (Harwood et. al., 2007).

Examples of Professional Practice Models from the Literature

Cava (2008) identified that "professional practice issues are those that affect the practice of professionals as they conduct their day-to-day work" (p. 57). Examples of professional practice issues are self-governance; autonomy; development and application of competencies (knowledge, skills and attitudes); ethical behavior; development of professional standards; and leadership. The use of professional practice models can be helpful to address issues of accountability, identity and scopes of practice (Matthews & Lankshear, 2003).

Cava (2008) developed and piloted a professional practice framework in Toronto Public Health. Using a collaborative decision making process, a model was selected and implemented. Seven professional practice leader positions were developed and filled and an Interprofessional Practice Leaders Network was established. The Network facilitates addressing of cross cutting issues. An evaluation after one year of implementation indicated increased communication and enhanced satisfaction. Processes to facilitate and ensure that practice issues are brought forward was still evolving.

London Health Sciences Centre (2007) in London, Ontario describes a professional practice model as integrating the beliefs, values, philosophy and vision of the organization. At London Health Sciences Centre a professional practice model provides a framework for communication and relationship building, work organization, and support for knowledge and skill development. It assists to clarify roles and functions, define leadership, accountability and decision-making and finally to strengthen the decision-making role of nurses.

Another example, Main Line Health in Philadelphia defines a nursing practice model as a system or framework that supports professional nurses in their everyday practice by defining the components of nursing practice in a way that brings significance to daily practice (Main Line Health, 2010). Collaboratively they have developed a practice model in which each component is integral to professional nursing practice and effectively depicts how nurses collaborate, communicate and develop professionally. The original model was based on Virginia Henderson's Definition of Nursing. It incorporates Henderson's valuing of the unique relationship between the nurse and patient to addresses universal human needs. The model expands on Henderson's definition by acknowledging that nurses use their knowledge and skills in partnership with others to provide superior care. Main line Health has developed a variety of resources to support organizations and teams in the utilization of the practice model including a graphic depiction of the model and a Professional Practice Model video.

In the Los Angeles County, Public Health department, the LAC Public Health Nursing Practice Model was developed to create a common framework and uniting vision for practice in a setting where nurses worked in both a generalist and targeted or program based service delivery model. The development of the practice model facilitated public health

nursing to articulate their practice and contribution in the larger public health and health care context. This articulation was in response to increasing demands for accountability for community health improvement outcomes (Smith & Bazini-Barakat, 2003) The LAC PHN Practice Model is grounded in nationally recognized PHN standards and incorporates essential services, indicators and an intervention model. The authors indicate that using familiar nursing frameworks, supports the implementation and the application of the model to all levels of population-based practice, individual, family, community and larger system. The LAC PHN Practice Model includes a pictorial representation illustrating key elements and the relationships between these elements. The graphic facilitates easier application of the model to nursing practice and utilization by the organization to support nursing practice.

Critical Professional Practice Issues

Two extensive literature reviews of community health nursing were located that clearly indicate there are critical professional practice issues in community health nursing. A Professional Practice Model as described above appears to have merit in supporting community health nursing and organizations in addressing the issues. A summary of the literature reviews follows.

Brookes, Davidson, Daly and Hancock (2004) conducted a critical international literature review of the role of community health nursing. This was undertaken to inform policy and strategic directions for community health nursing in Australia. The authors found a lack of literature on this topic compared to other areas of nursing. Within the literature they found, the key themes that emerged included: absence of a clear role definition for community health nursing; variability in educational requirements; diminished power of community health nurses in policy decision-making; conflicting role expectations; untapped potential; emerging

influence of specialist nurses; uptake of traditional nursing roles by non-nurses; and the absence of a cohesive model of professional development that is consistent with social, political and economic trends.

In the second article by Kennedy et. al. (2008), the authors undertook an integrative literature review intended to explore the evidence base for nursing in the community. The literature review was commissioned by the Scottish Executive in 2005 following an announcement of the policy *Delivering for Health* which called for a shift in the focus of care away from acute hospitals and into the community. The literature review found little evidence "which directly indicated the effectiveness of different models of community nursing" (Kennedy et al, 2008, p. 435).

However three major implications for practice emerged from this integrative literature review. The first implication for community health nursing is that effectiveness of nursing in the community depends on the development of trusting relationships with clients within the community and population. Individual nurses have in-depth knowledge of the community and population but require effective interventions and high-quality infrastructure to underpin their work. Clear articulation of the roles and relationships is required to enable evaluation of community health nursing contribution. Collaborative working relationships and inter professional service provision structures are essential. A clear articulation of nursing's contribution was missing in the literature. Second, nurses' contribution to anticipatory care, or prevention, is an important role. The review found little documented evidence of nursing's contribution to reducing health inequalities. The evidence that did exist, suggested that nurses are in a strong position to work with communities to enable them to drive change for themselves. Sophisticated and larger-scale research approaches are required to evaluate this

contribution. Finally, the integrative review found that there is a lack of research focused on evaluating the impact of nursing actions. Suggested reasons for the lack of focus on community nursing include invisibility and the coordinating role of community nursing which makes the contribution difficult to isolate.

Tullai-McGuinness (2004) challenges that current homecare practice models have a narrow focus of providing care as opposed to the broader focus of a genuine professional practice model which values nurses' control over practice decisions and supports the development of organizations that incorporate attributes consistent with nursing values.

While it is outside the scope of this literature review to identify an exhaustive summary of the current literature to support all of the elements of a community health nursing professional practice model, the following section highlights selected articles and documents as they provide a strong starting point for the work to develop a Professional Practice Model for Community Health Nursing. .

The foundation values and beliefs identified in 2003 in the CHNC Standards of Practice included caring, the principles of primary health care, multiple ways of knowing, individual and community partnership and empowerment (CHNC, 2008). In 2009, in the Definition of Community Health Nursing in Canada the value or concept of social justice was added (CHNC, 2009a). The seven primary values identified by the Canadian Nurses Association (2008) for all registered nurses in Canada for practice are to: provide safe, compassionate, competent and ethical care; promote health and well-being; promote and respect informed decision-making; preserve dignity; maintain privacy and confidentiality; promote justice; and be accountable (p. 3). The Public Health Agency of Canada identify values important to the practice of public health to include; a commitment to equity, social

justice and sustainable development; recognition of the importance of the health of the community as well as the individual; and respect for diversity, self-determination, empowerment and community participation (PHAC, 2007, p.3). These values were identified as part of an extensive consultation process with more than 3000 members of the public health community. Home health nurses are committed to providing care that is accessible, responsive, timely, safe and promotes dignity (CHNC, 2010).

Delivery structures and processes in community health nursing in Canada are diverse. Evidence that innovative service delivery models will characterize the future was provided by Williams (2007). The author described an innovative case management model in which home care clients deemed to be at risk of unplanned admission to hospital were identified and given special care in their homes. This model constituted a blend of “old” care delivery processes and new processes. The old methods were reflected in the fact that health care professionals made actual home visits, whereas the new processes involved the use of computers to identify those patients most at risk of unexpected hospitalizations. The model showed promise in reducing unplanned hospitalizations, thus potentially reducing health system costs and risk, anxiety and inconvenience for the client.

Graham (2010) observed that “the future should be central to the mission and methods of public health” (p. 150) and identified the tensions that challenge the ability of public health to shift from present practices to a future orientation. Schofield et al. (2010, in press) undertook a descriptive, qualitative study to identify recommendations to guide the future of community health nursing. Their findings informed six recommendations including developing a common definition and vision for community health nursing in 2020 and

developing an aggressive plan to shift the direction of health care to a primary health care modle.

Vlasses and Smeltzer (2007) identified healthcare trends that they believed would transform healthcare delivery and nursing practice. These trends include: rising healthcare costs and the resulting necessity for finance reform; technology including genomics, health information systems and robotics; personalized medicine based on an individual's unique genetic profile; and innovative care delivery models. The authors call for nursing to act as guardians for values that promote human dignity and respect for the patient and "re-imagine…how we serve patients and believe in them" (p. 380).

In terms of professional relationships and management approach, a national study of community health nursing using an appreciative inquiry process found three important organizational attributes that support community health nursing practice in Canada (Underwood et al, 2009; Meagher-Stewart et al, 2009). These attributes are management practice, local organizational culture which includes values and leadership characteristics and government policy including system attributes. The findings highlight the need for organizational development to support professional practice. The authors make a number of key recommendations including supporting practice autonomy for nurses, ensuring opportunities for professional development for practitioners and managers and establishing comprehensive communication strategies. A professional practice model as described above can support community health nurses and the organizations that employ them to address these recommendations.

McMurray (2007) identified 10 principles for building a healthcare system from a community health perspective. The principles include: inclusiveness and fairness; equality;

cultural safety; responsiveness to health and illness needs; focus on health promotion; evidence-based, evidence informed; partnerships are valued; social capital is built; adequately and appropriately resourced; well managed for best processes and best practices (p. 390-391). These principles provide a good starting point for the practice model element of management approach.

Underwood et al (2009) in a series of recent studies of community health nursing in Canada found that community health nurses thrive in workplaces where they share the vision and goals of their organization. They also found that community health nurses work well in an atmosphere that supports creative, autonomous practice. However, building effective relationships with members of the community and other members of an inter professional and inter sectoral team, a hallmark of community health nursing practice, requires time and support from management and senior leadership in organizations (Underwood, 2009).

As the examples provided above show, a professional nursing practice model can contribute to a narrowing of the research – theory - practice gap. Quality nursing research is required to support the development and implementation of theory in practice and policy development. The development of this research capacity faces significant systemic challenges and requires deliberate and innovative strategies to address and overcome the challenges. Gifford et al (2007) review of the literature describes leadership activities of nurse managers that influence nurses' use of research evidence. In addition they identify interventions which support nurse managers to influence research use by nurses in practice. Their findings indicated managerial leadership for research includes "activities that create a context and infrastructure for change" highlighting the importance of the contribution of

leaders and managers to the research adoption and diffusion process (Gifford et al, 2007, p. 140).

One model that is showing success in Canada is a three-month intensive internship led by Dr Nancy Edwards at the University of Ottawa, which provides individual and group mentoring, creates opportunities for experiential education, and strengthens networks with researchers and decision-makers in health services and policy research (Edwards & MacDonald, 2009).

Education of nurses for future community health nursing practice must be in keeping with professional practice attributes and consistent with profession practice standards. Benner et al. (2009) call for a radical transformation in the education of nursing students and identify several required shifts. First, is a shift to teaching for a sense of salience, situated cognition and action to assist students to learn how to use nursing knowledge and science in practice. Second, is the need to continue to strengthen the integration of clinical and classroom teaching to better prepare nurses to practice in diverse and complex clinical situations including the varied community settings. Third, they call for a heightened focus on developing clinical reasoning and multiple ways of knowing. And finally they identify the need to shift from socialization and role taking to an emphasis on professional identity formation.

Summary and Implications

Development and utilization of a professional practice model for community health nursing appears to hold promise. The Community Health Nurses of Canada has provided a strong foundation upon to review and strengthen the Canadian Community Health Nursing Practice Model through their work in the development of a vision and definition of community health nursing, identification of standards of practice, and competencies as well

as the articulation of the role and activities for community health nursing in Canada. Further articulation of foundational values and beliefs, professional relationships, and potential or promising service delivery models and processes is required. Articulation of leadership and management competencies and structures required for community health nursing is another area where the Community Health Nurses of Canada can contribute. Conducting a focused environmental scan of implementation of professional practice models in community health settings – identifying opportunities, challenges, benefits, lessons learned, tools to support the development and implementation and evaluation of outcomes would be a useful action.

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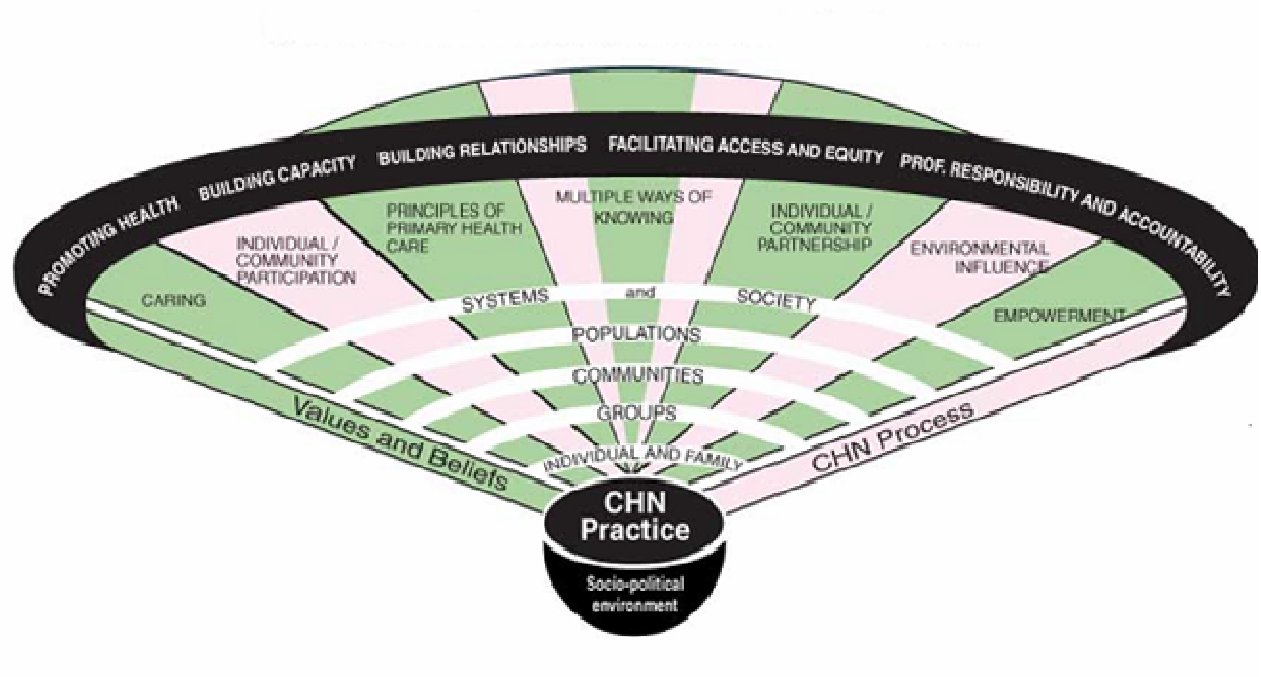

Appendix 1: Canadian Community Health Nursing Practice Model (CHNC, 2008, p.9)

Appendix 2: Text from a slide titled “What is Unique about Community Health Nursing”. The slide is part of a PowerPoint presentation that supported the 2003 CHNC Canadian Standards of Practice document

Box 1 - CHNs promote, protect & preserve the health of individuals, families, groups, communities & populations…this is different from other types of nursing e.g. hospital nursing. Whereas in a facility setting like a hospital, the main focus is mostly on individuals and families, the CHN has a broad scope of practice that includes working with individuals & families, but also with groups and the broader community. Behind all endeavors is the overarching health of the entire population

Box 2 - …wherever people live, work, learn, worship & play…. again this is unique to CHNsg – in a hospital setting, the clients come to the facility. In the community, the nurse brings the care to the individual, group community. CHNs provide service in diverse places such as people’s homes, schools, churches, community centres, on the street. This often poses challenges (Murray, 1998; Simoni & McKinney, 1998):

- practice in the client’s personal environment (versus a facility environment).
- distractions in other settings.
- unpredictable situations (which are often the norm).
- ‘unique’ home situations encountered.
- some family members may differ in their level of acceptance of the nurse in their territory
- having to learn to use and trust what other professionals, the client and the community have already contributed and can contribute.

Box 3 - …in a continuous versus episodic process Box 3: this again is unique to CHNsg – much of the work that CHNs do is long-term and is usually not immediately apparent. The impact of the work is evident over the long-term.

Box 4 - View health as a resource & focus on capacities (Health is resource) – the focus on health and health promotion is critical to the work of CHNs. CHNs focus on individual/family/group/community strengths as a starting point. This is much different approach than focusing on illness or case finding.

Box 5 - Work at a high level of autonomy – (autonomy) CHNs work individually and as part of a team. They are very autonomous in the work that they do which can pose challenges e.g. lack of access to immediate professional support systems, few supplies, low technology, and difficulty in connecting with other professional caregivers. CHNs are skilled at relationship building and thus, some of these challenges can be mitigated.

Box 6 - Have a unique understanding of the influence of the environmental context of health (environment) – CHNs have expertise in understanding the effects of the determinants of health – research is continually showing us that the determinants have much more impact on health than some of the 'traditional' aspects of health. Examples of the determinants include education level, poverty. The determinants will be discussed in more detail later.

Box 7 - Build partnerships based on primary health care principles, caring & empowerment (partnerships) – much of the impact of CHNs' work is due to the successful partnerships that are developed within communities. Partnerships, primary health care, caring & empowerment will be discussed in more detail later.

Box 8 - Combine specialized nursing, social and public health science with experiential knowledge (specialized) – CHNs draw from a broad base of specialties including nursing, social science & public health science.

Box 9 - Marshal resources to support health by coordinating care & plan Nsg services, programs & policies (marshal resources) – CHNs are masters at seeking out resources and facilitating what need to be done to support health.