

COMMUNITY HEALTH NURSING APPROACHES



Presented by-
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To accomplish community health goals and its aims the following approaches are to be utilized by community health professionals:-

- 1)persuasive approach
- 2)enforcement
- 3)team approach
- 4)community involvement
- 5)Intersectorial approach

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1)PERSUASIVE APPROACH

The presuasive approach implies convincing people through dialogue and educate them to change or modify their health behaviour. community health nurse make use of this approach in all types of nursing interventions related to health promotion and specific protection, early recognition, diagnosis and treatment and disability limitation and rehabilitation. it is through education that self care competencies of individual, family and community can be developed which is essential to acheive the goal of health for all.

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2) ENFORCEMENT

The enforcement implies the use of more coercive measures such as use of legislation e.g. prohibition of drug abuse ,child abuse, immunization as a condition to school admission etc. and the use of authority e.g. giving strict instructions or orders to do certain things especially when it is a question of life and death during emergency situations such as child labor, acute bronchopneumonia etc. Community health nurses make use of such measures in life threatening emergency situations.

3)TEAM APPROACH

Community health is a problem solving process and a team approach is very necessary to deal with varied and complex health needs & problems at large. It is just not possible for any one profession or discipline to provide such care. community health nursing is one of the professions & community health nurses along with auxiliary nurses and female health supervisors help to meet nursing needs of the community as a whole. other members of the team who are usually there include physicians, clinical specialists, public health engineers, health statistians, epidemiologists, health educationalists, counselors, social workers, clinical psychologists, pharmacologists, lab technicians, village health workers..community health nurses working in the community health settings needs to identify the health teams and their roles, functions and team dynamics so as to participate effectively in providing compressive health care services to people in the community & accomplish community health goals and aims.

4)COMMUNITY INVOLVEMENT

Health of the individuals living in a defined community is not only their "right" but also their "responsibility" to take care of their own health & als of the community at large. Without people's help ,participation or cooperation, it is neither possible to make health care services accessible & acceptable to them nor it is feasible to achieve community health goals and aims. community involvement & participation is recognized as one of the crucial supportive approach for successful implementation of community health care services. But it is all the more important for the primary health care component which is given greatest emphasis at the grass root level.

The extent of community involvement may vary from one community to another. It may depend upon their socio economic &cultural aspects ,health attitude, health knowledge etc. It ranges from true or active participation(i.e people are knowledgeable & have a positive attitude & get involved in planning & implementing their health care)to passive recipient of care provided i.e the major responsibility of community involvement lies with health personnel who directly deal with people at the community level. They need to encourage and promote them for their participation.

Community health nurse working with individuals, families, groups within the community as a whole for community health nursing services need to mobilize, encourage, organize & prepare them to take greater interest & responsibilities, develop self reliance for their own health matters.

5)INTERSECTORIAL APPROACH

Health of people at large cannot be attained by health sector alone because there are many factors which affect people's health but they are not under the purview of the health sector e.g food production and distribution, water, sanitation, housing, environmental protection and education etc. each one is dealt by separate sector and socio economic development & health. it is felt necessary to have proper coordination between the health & all other sectors concerned at all levels.

Health workers including community health nurses working at the grass root level for primary health care need to identify these sectors and coordinate with them to provide desired services which serve as entry points for the development & implementation for primary care services. community health nurses can also educate on: nutritional status of the family, food storage through programmes in the agriculture & health economics, proper use & maintenance of houses & the areas surrounding them through respective programs etc. "

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Health workers including community health nurse who can also involve personnel from these sectors at community level to promote health activities e.g agricultural workers can promote production of appropriate food stuff & their consumption by families; teachers in schools can promote good sanitation, encourage healthful behaviour in students, conduct courses on nutrition & first aid; mass media personnel can popularize various primary health care services by disseminating authentic in different communities etc.

Evidence-based practice (EBP) "entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected. This is done in a manner that is compatible with the environmental and organizational context. Evidence is comprised of research findings derived from the systematic collection of data through observation and experiment and the formulation of questions and testing of hypotheses

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EPIDEMIOLOGICAL APPROACH

Epidemiological analysis & measurement allow reearchers to measure health status & measurement of disease occurences in a population. Surviellance of disease yields epidemiological intelligence data by providing systematic count of disease frequency. these data can be in turn used to estimate the magnitude of health problems in the community, detect epidemics & understand natural history of a disease or detect potienal emerging infectious disease threats. Another use of this approach is case finding to identify health status of people who are at risk.

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NURSING PROCESS

The nursing process is a modified [scientific method](#).^[1] Nursing practise was first described as a four stage **nursing process** by Ida Jean Orlando in 1958,^[2]. It should not be confused with [nursing theories](#) or [Health informatics](#). The diagnosis phase was added later.

The nursing process uses clinical judgement to strike a balance of [Epistemology](#) between personal interpretation and research evidence in which [critical thinking](#) may play a part to categorize the clients issue and course of action. Nursing offers diverse patterns of knowing.

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Phases of the nursing process

The nursing process is goal-oriented method of caring that provides a framework to nursing care. It involves five major steps:

- A - Assess (what data is collected?)
- D - Diagnose (what is the patient's problem)
- P - Plan (how to manage the problem)
- I - Implement (putting plan into action)
- E - Evaluate (did the plan work?)

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Assessing phase

The nurse completes an [holistic](#) nursing assessment of the needs of the individual/family/community, regardless of the reason for the encounter. The nurse collects subjective [data](#) and objective [data](#) using a nursing framework, such as Marjory [Gordon's functional health patterns](#).

Models for data collection

Nursing assessments provide the starting point for determining nursing diagnoses. It is vital that a recognized nursing assessment framework is used in practice to identify the patient's* problems, risks and outcomes for enhancing health. The use of an evidence-based nursing framework such as Gordon's Functional Health Pattern Assessment should guide assessments that support nurses in determination of NANDA-I nursing diagnoses. For accurate determination of nursing diagnoses, a useful, evidence-based assessment framework is best practice.

How to collect data

Client Interview Physical

Examination

Obtaining a health history (including dietary data) Family

history/report

Diagnostic Data

Observation

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Diagnosing phase

- Nursing diagnoses represent the nurse's clinical judgment about actual or potential health problems/life process occurring with the individual, family, group or community. The accuracy of the nursing diagnosis is validated when a nurse is able to clearly identify and link to the defining characteristics, related factors and/or risk factors found within the patient's assessment. Multiple nursing diagnoses may be made for one client.

Characteristics of the nursing process

The nursing process is a **cyclical** and **ongoing** process that can end at any stage if the problem is solved. The nursing process exists for every problem that the individual/family/community has. The nursing process not only focuses on ways to improve physical needs, but also on social and emotional needs as well.

Cyclic and dynamic

Goal directed and client centered

Interpersonal and collaborative

Universally applicable Systematic^[7]

The entire process is recorded or documented in order to inform all members of the health care team.

NURSING THEORIES

A nursing theory is a conceptualization of some aspects of nursing communicated for the purpose of describing, explaining, predicting, & or prescribing nursing care.

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PEPLAU'S THEORY(1952)

Hillegard Peplau focuses on the individual, the nurse & interactive processes; the result is the nurse patient relationship. For e.g. when the client seeks help, the nurse & the client discuss the nature of the problem & the nurse explains the services available. As the client-nurse relationship develops, the nurse & the client mutually define the problem & potential solutions.

HENDERSON'S THEORY(1955)

Virginia Henderson defines nursing as "assisting individual, sick or well, in performance of those activities that will contribute to health, recovery, or a peaceful death & that the individual would perform unaided if he or she had necessary strength, will or knowledge." According to this theory nurses help the client to perform his basic needs.

ABDELLAH'S THEORY(1960)

The theory was developed by Faye Abdellah & others emphasizes delivering nursing care for the whole person to meet physical, emotional, intellectual, social, & spiritual needs of the client & family.

ROGERS'S THEORY(1970)

Martha Rogers considered individual (unitary human being) as an energy field coexisting within the universe.

OREM'S THEORY(1971)

This is self care deficit theory. Nursing care becomes necessary when client is unable to fulfill biological, psychological, developmental or social needs.

KING'S THEORY(1971)

Nursing theory is defined as dynamic interpersonal process between the nurse, patient & health care system. The goal of nursing is to use communication to assist client in reestablishing or maintaining a positive adaptation to the environment.

NEUMAN'S THEORY(1972)

Stress reduction is goal of systems model of nursing practice. Nursing actions are in primary, secondary & tertiary level of prevention.

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LEININGER'S THEORY(1978)

Leininger's cultural care diversity & universality theory states that care is the essence of nursing & dominant, distinctive & unifying feature of nursing. To provide care to clients of unique cultures the nurse selects interventions from one of the following:-

- a) culture care preservation & maintenance
- b) culture care accommodation & negotiation or both
- c) culture care restructuring & repatterning

ROY'S THEORY(1979)

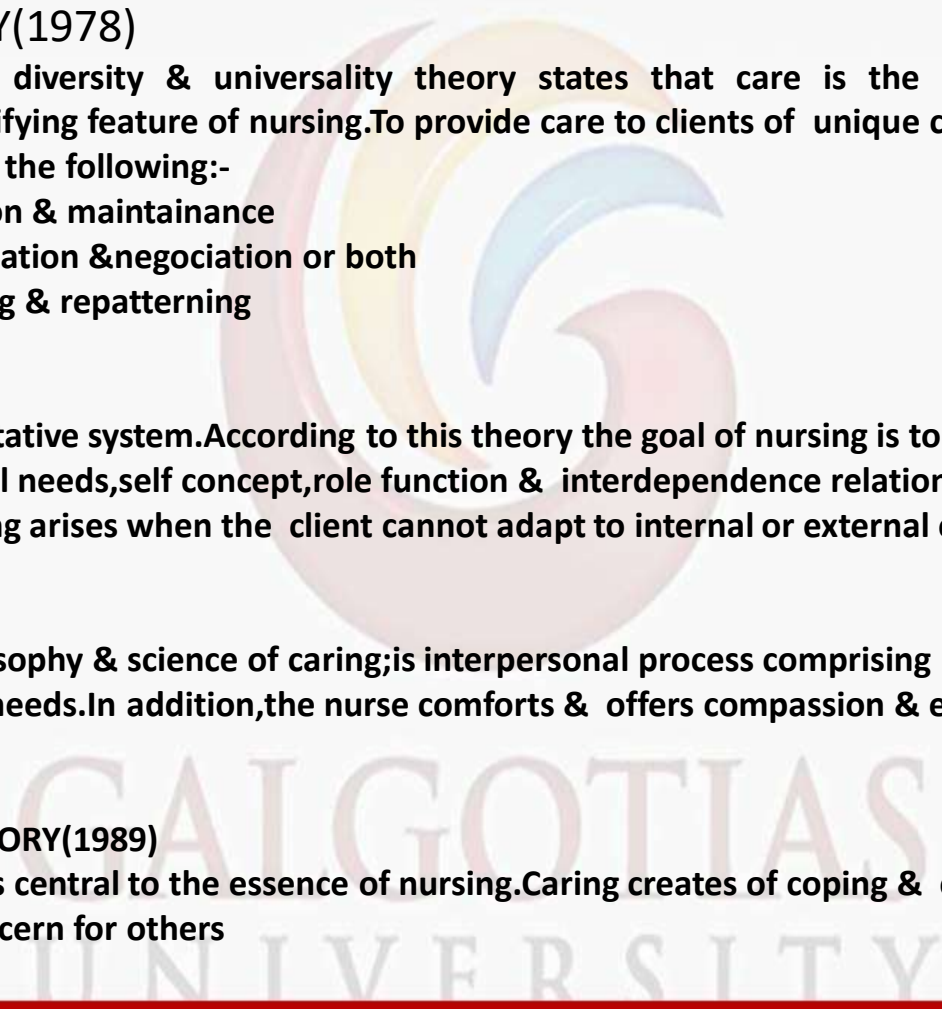
Sister Callister Roy's adaptive system. According to this theory the goal of nursing is to help the person adapt to changes in physiological needs, self concept, role function & interdependence relations during health & illness. The need for nursing arises when the client cannot adapt to internal or external environment.

WATSON'S THEORY(1979)

This theory involves philosophy & science of caring; is interpersonal process comprising interventions that result in meeting human needs. In addition, the nurse comforts & offers compassion & empathy to clients & families.

BENNER & WRUBEL'S THEORY(1989)

This theory states caring is central to the essence of nursing. Caring creates coping & enables possibilities for connecting with & concern for others



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