



# Manual of Community Health Nursing Practice



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# Contents

<b>Unit 1. Orientation to Community Health and Community Health Nursing</b>	<b>1</b>
• <i>Community</i>	1
• <i>Rural Community</i>	1
• <i>Urban Community</i>	2
• <i>Health</i>	3
• <i>Community Health</i>	3
• <i>Community Health Nursing</i>	6
• <i>Community Health Nurse Preparation</i>	9
<b>Unit 2. Principles, Philosophy, Qualities and Functions of a Community Health Nurse</b>	<b>12</b>
• <i>Principles of Community Health</i>	12
• <i>Principles of Community Health Nursing</i>	13
• <i>Philosophy of Community Health Nursing</i>	16
• <i>Selection of the Area for Providing Community Care</i>	17
• <i>Qualities of a Community Health Nurse</i>	18
• <i>Functions of a Community Health Nurse</i>	18
• <i>Role of Community Health Nurses</i>	21
• <i>Community Needs Assessment (CNA)</i>	23
<b>Practical 1: Community Identification</b>	<b>31</b>
• <i>Objectives</i>	31
• <i>Community Identification</i>	32
• <i>Indications</i>	32
• <i>Points to be Kept in Mind</i>	32
• <i>Equipment or Tools Required</i>	33
• <i>Procedure</i>	34
• <i>Guidelines for Community Identification</i>	34
• <i>Preparing a Report of Community Profile</i>	38
<b>Practical 2: Preparing a Map of the Community</b>	<b>39</b>
• <i>Objectives</i>	39
• <i>Preparing a Map of the Community</i>	39
• <i>Indications for Preparing a Community Map</i>	39
• <i>Points to Keep in Mind</i>	40

- *Articles Required for Preparing a Map* 40
- *Procedure* 40
- *Enlarging the Map* 42
- *Placement of Map* 43

### **Unit 3. Community Health Nursing Practice: Philosophy and Objectives 44**

- *Philosophy of the Department of Community Health Nursing* 44
- *Objectives* 45

### **Unit 4. Family as the Unit of Service 46**

- *Family, Individual and Community as a Unit of Service* 46
- *Genogram* 48
- *Ecogram* 50
- *Family Roles* 51
- *Functions of the Family* 52
- *Objectives/Goals of Family Health* 55
- *Family Developmental Tasks* 55
- *Principles of Family Healthcare* 56

### **Unit 5. Family Nursing Process 57**

- *Assessment* 58
- *Nursing Diagnosis* 58
- *Planning* 58
- *Implementation* 59
- *Evaluation* 59

#### **Practical 3: Baseline Survey Format of Family 60**

- *Genogram* 61

### **Unit 6. Home Visit 65**

- *Principles of Home Visit* 65
- *Steps for Home Visit* 66
- *Guide for Home Visit* 66
- *Meeting the Family* 67
- *Fact Finding* 67

### **Unit 7. Bag Technique 70**

- *Objectives* 70
- *Description of the Bag* 70

### **Unit 8. Procedures 75**

- *Oral Temperature* 75
- *Rectal Temperature* 76

- *Collecting Specimen for Sputum Examination* 77
- *Urine Analysis* 77
- *Steam Inhalation* 80
- *Checking of Hemoglobin* 82
- *Wound Dressing* 84
- *Injection Procedure* 87
- *Blood Smear for Malaria Parasite* 88
- *Testing for Refractory Error* 91
- *Assessment of Nutritional Status* 93
- *Physical Examination* 94
- *Anthropometric Measurements* 101
- *Nutritious Diet Preparation* 118
- *Antenatal Assessment* 121
- Practical 4: Organizing Various Programs 129**
  - *Health Education Program* 129
  - *Chlorination of the Well* 132
  - *School Health Program* 134
  - *Organizing Clinics and Camps* 137
- Practical 5: Preparation of AV Aids 139**
  - *Selecting AV Aids for Health and Nutrition Education* 139
  - *Care Plan Format* 143
  - *Guidelines for Community Health Nursing Family Case Study* 144
  - *Proforma* 147

<i>Appendix</i>	149
<i>Index</i>	153

# UNIT 2

## Principles, Philosophy, Qualities and Functions of Community Health Nurse

### **Principles of Community Health**

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As stated by WHO, community health refers to the health status of the members of the community and the problems affecting their health and to the totality of healthcare provided for the community. Health is considered in the broadest context of its contribution to social development.

This approach could be made and would differ from one country to another and it would be generally based on a restricted number of principles described below:

1. Healthcare should be shaped around the life patterns of the population. It should serve and should meet the needs of the community.
2. Primary healthcare should be an integral part of the national health system and other services should be designed in support of the needs of the peripheral level, especially as related to technical, supply, supervisory, and referral agencies.
3. Healthcare activities should be fully integrated with the activities of other sectors involved in community development, i.e. agriculture, education, public works, housing and communication.
4. The local population should be actively involved in the formulation and implementation of healthcare activities so that healthcare can be brought in line with the local needs and priorities. Decisions upon the community needs requiring solutions should be based on a continuing dialogue between the people and the services. For example, village health sanitary committee.
5. The healthcare offered should place a maximum reliance on available community resources, especially those which have hitherto remained untapped and should remain within the cost limitations relevant to each country.

6. Healthcare should be an integrated approach to preventive, promotive, curative, and rehabilitative services for the individual, family, and community. The balance between these services would vary according to community needs and might well change over time.

The majority of interventions should be undertaken at the most peripheral practice level of the health services by the workers most suitable trained for performing these activities.

The above principles involve the new philosophical base of community health, as expressed in the Alma Ata Declaration. This development has given new direction to community health in many countries, and therefore, deserves attention.

The major emphasis in the Declaration is on:

- The availability of healthcare for all
- The promotive and preventive aspects of healthcare
- The integration of curative and preventive care
- The active involvement of individuals and communities in planning and providing care
- The development of maximum potential for self-care
- The utilization of all levels and types of healthy manpower
- The intersectoral approach.

## **Principles of Community Health Nursing**

A community health nurse's (CHN) role as a teacher, educator, counselor, social worker, friend, health provider, nutritionist, nurse practitioner, etc. performs several tasks. In such situations, it matters a lot as to what she does, how she behaves, and handles the problems the manner of communication, and the way she carries on her work in general. So she must follow certain principles. They are:

1. Community health nurse should know the community thoroughly. The leaders and key persons in the community such as the village president, municipal councillor, should be known to her. She should know the women leaders, youth leaders and other influential people like teachers of the school. This is to establish good working relationships.
2. She should work effectively with other members of the health team by establishing good interpersonal relations (IPR). For this,

she should know the role of every member in the health team and to utilize their services in providing adequate care to the families. This is also to avoid duplication of services.

3. The community health nurse is responsible to the authorized agency. She plans her work in consultation with the authorities of the agency in which she is working.
4. The community health nurse needs to maintain professional relationships and etiquette with everyone in the community. She needs to visit the various agencies existing in the community such as BDO, municipal dispensaries, and get to know the personnel working there. She should also know the Vaidyas, indigenous dais, doctors, etc. and their way of handling or treating particular diseases. She has to live with the people whom she serves. She should meet the TBAs, sometimes those who practice nature medicine, etc. and right type of contact should be maintained with them, expressing concern and interest in what they are doing and thus winning their cooperation.
5. Community health nursing services should be available to all people irrespective of their age, sex, creed, nationality, political affiliation and social and economic status.
6. She should be non-sectarian, non-political in her relationship. The community health nurse should not in any way interfere with the religious and political beliefs of the people.
7. She should know the various beliefs, customs, and habits of people. If the community feels that the community health nurse understands their beliefs and customs, they are more likely to accept her views on health.
8. She needs to be vigilant in not accepting any bribes or gifts.
9. The services offered need to be realistic in terms of available personnel and facilities, and should be of continued nature.
10. The services planned should be according to the needs of the clients and the community, and not in relation to their personal conveniences. For example, organizing clinics or teaching when all mothers are available after their work.
11. Health education needs to be interwoven throughout her practice in the field. Her teaching at home should be based on the needs of the family rather than procedure or task oriented.

12. The services offered should be periodically assessed to determine the progress in terms of immunization completion, family planning (FP), improvement in nutrition, environmental sanitation, personal hygiene, etc.
13. Adequate reports and records need to be maintained on the work and services carried out by the community health nurse.
14. Facilities must be provided in any agency for further professional growth. There should be an ongoing staff education program.
15. The community health nurse should have job satisfaction. There should be provision for supervision and directing community health nursing services. When such facilities are available, the community health nurse should utilize them.
16. A community health nurse needs to be well-qualified and should maintain professional interest.
17. Above all, the community health nurse needs to practice herself what she teaches.
18. Community health nursing is an established activity based on recognized needs and functioning within the total health program.
19. Community health nursing recognizes the family and community as units of service.
20. Recipients of healthcare should participate in planning relating to the goals for the attainment of health.
21. The community health nurse does not provide material help to patients, but directs them to appropriate community resources for necessary financial and social assistance.

A community health nurse with her knowledge and skill is in a position to serve people in various areas such as family, school, industry, clinic, rehabilitative centres, so on and so forth. Though she plans all her activities based on the principles as stated above, her plans should be flexible and all should be directed towards the welfare of the people in the community.

The results of our day-to-day work are not seen immediately. Changes take a long time. However difficult the times are, be sure to apply the principles in work to make the service and program effective.



## Philosophy of Community Health Nursing

The philosophy of community health nursing is derived from the acceptance of certain concepts and facts as a foundation for working with people.

Among these are:

- The essential dignity and worth of the individual
- The possession by individuals of potentialities and resources for managing their own lives
- The importance of freedom to express one's individuality
- The great capacity for growth within all social beings
- The right of the individual to basic necessities (food, shelter, medical care) without which fulfilment of life is often blocked
- The need for individuals to struggle and strive to improve their life and environment
- The right of the individual to help in times of need and crisis.

The primary purpose of community health nursing is to help determine the health needs of systems (individual, family, community) and to offer comprehensive quality of nursing services that will help them attain, maintain, or regain high level of wellness. Community health nursing strives to meet this purpose by using systematic approach—the nursing process and concurrent process—to assist patients to meet their basic health needs.

As systems and their environment evolve and interact, new disease patterns also evolve, which bring about changes in health knowledge and healthcare. Community health nursing must be sensitive to, and a part of the evolution of new knowledge that facilitates comprehensive quality nursing care.

In brief, the following concepts are basic to the philosophy of "Community Health Nursing":

1. Everyone regardless of race, creed, sex or sexual preference has a right to good health and a long productive life.
2. Everyone has some kind of health learning need.
3. Some people and communities need help to recognize that they need assistance to regain, maintain or attain a high level of wellness.

4. There is a continuous search for new knowledge that serves current purposes. Thus knowledge must have meaning.
5. Health and healthcare enable a society to be productive and perpetuate culture, which affects the standard of living in its people.
6. Health is only one of the competing values of people and thus holds a different place in their priority systems at different times.
7. Different cultural groups, religious groups, and groups with different concepts and values of health.
8. Individual and community autonomy vary over time and place.
9. Human beings are flexible and change with changing external and internal demands.
10. Human beings have strong impulse for growth.
11. Health is a dynamic adjustment of human beings to their environment.
12. Systems (individuals, family and community) move up and down the wellness continuum.
13. The major purpose of community health nursing is to help systems attain, maintain or regain high level of wellness.
14. Over time new health knowledge and technology evolve to meet the changing health needs.
15. Community health nursing remains an effective force in society by utilizing and participating in the development of health knowledge and technology.

### **Selection of the Area for Providing Community Care**

Every college of nursing should have its own area of practice. In some states the PHCs, and the area to provide care is allotted by the State Government. Necessary permission has to be obtained from the state officials and the district officials after paying the due amount to the concerned authority.

Community department staff should contact first the PHC, meet the medical officer, and seek help from the staff of the PHC for further functioning—namely, knowing the boundaries of the area under a particular PHC, population coverage, area map, etc., which would facilitate the functioning of the department.

## Qualities of a Community Health Nurse

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Along with general qualities of a good nurse, community health nurse should have following qualities:

- Educational Qualifications
  - Diploma in general nursing and midwifery, and should be registered with state nursing council
  - According to new concept, the educational qualifications of a community health nurse:
    - Should have passed a course in general nursing and diploma in public health of 9 months duration, or university course in nursing (BSc nursing/post basic BSc nursing)
- Communication skills: She should be a good speaker, interviewer, conversationalist, and a good teacher
- Observation skills
  - Should have the ability to observe physical, mental and emotional states
  - Should have the ability to recognize signs and symptoms of diseases
  - Should be capable of assessing the health level of individual, family and community
- Ability to lead and take decision
  - Should be able to take right and immediate decision according to the situation
  - Should be capable of taking independent decisions
  - Should be able to lead the health team
- Other qualities
  - Should have knowledge of available resources and health problems of community
  - Should have understanding of human behavior
  - Should have managerial abilities
  - Should be physically and mentally fit.

## Functions of a Community Health Nurse

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Functions of community health nurse are determined by the place of posting and designation. Though community health nurse has to function according to the organizational structure, education and

experience also influences her job-chart. From the point of view of preventing illnesses and promoting community health, a community health nurse's area of work is very vast. Some of her important functions are described here:

## Managerial Functions

These include following responsibilities:

- Assessment
  - Collecting information about the community—community need assessment approach
  - Finding health problems
  - Finding the limits and availability of resources
  - Deciding the nature and role of nursing services
  - Epidemiological survey
- Planning
  - Preparing plans to provide comprehensive nursing services to individuals, family and community, e.g. assigning subcenters, action plan
  - Planning the distribution of work and cooperation among members of health team
  - Planning services in work areas (e.g. school, home, clinic, etc.) amending and improving the plans of programs
- Supervision
  - Supervising the work of subordinates like, male/female health workers, TBAs, etc.
  - Inspecting the work of other health workers, e.g. health inspectors, etc.
  - Inspecting the care provided by members of family
- Co-ordination and Cooperation
  - Establishing coordination and cooperation among the members of health team
  - Procuring cooperation of the influential people of the community in health work
  - Maintaining contact with government and non-government organizations and other authorities
  - Participating in meetings
  - Working as a liaison between health officers and health workers

- Evaluation
  - Monthly self assessment of the work
  - Sending the report of working to higher officers/health authorities/agencies
  - Evaluating own work on the basis of clinical services, immunization, motivating eligible couples and progress of family welfare programs, etc.

## **Nursing Functions**

- Providing comprehensive nursing services to individuals, families and community
- Assisting in the diagnosis and treatment of diseases
- Guiding the family in taking care of the patient
- Using more of domestic appliances in the nursing work
- Regular home visits.

## **Educational Functions**

- Educating individuals and groups
- Participating in school health education programs
- Assisting in the training programs of nursing and health workers
- Giving practical training about care of patients
- Educating about improvement and development of environment
- Preparation and intelligent use of audiovisual material
- Assisting in conducting surveys, demographical fact collection and presentation, etc. for research purpose.

## **Other Work**

- Appropriate use of referral services
- Assisting in establishing and functioning of clinical and health centers
- Assigning duties among health workers
- Maintenance of health records and timely despatch of reports
- Assisting in maintaining health statistics.

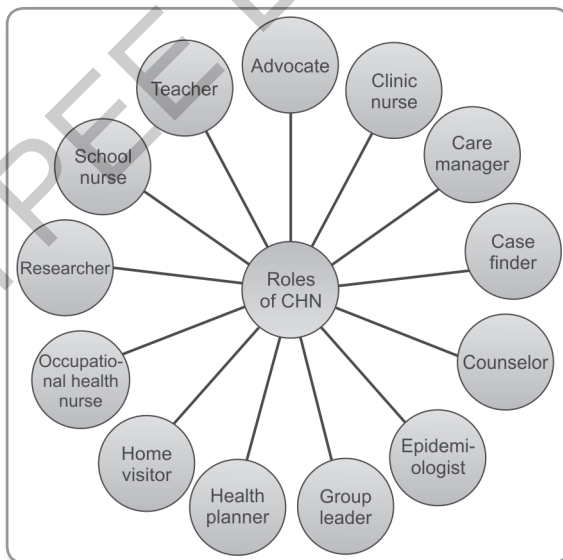
The WHO has defined three necessary components of community health nursing practice that further delineates the uniqueness of the speciality area (1976).

1. A sense of responsibility for coverage of needed health services in a community. It is not necessary that community health nurses provide these services. The sense of responsibility for their provision, however, must be present.
2. The care of vulnerable groups in a community is a priority. The basis for involvement in the healthcare groups is based upon their vulnerability. The long involvement of community health nurses in MCH is based upon this component.
3. The client (individual, family, group, community) must be a partner in planning and evaluating healthcare.

## Role of Community Health Nurses

A variety of roles can be assumed by nurses in providing community health nursing services (Fig. 2.1):

- *Advocate*: Clients in community health setting frequently are unable to obtain needed healthcare services or to negotiate for change in the healthcare system. Community health nurses (CHN) seek to promote an understanding of health problems, lobby for beneficial public policy and stimulate supportive community health action.



**Fig. 2.1** Roles of community health nurses

- *Care managers:* Helping clients make decisions about appropriate healthcare services and to achieve service delivery integration and coordination is a major role of community health nurses.
- *Case finder:* Community health nurses look for clients at risk among the population being served.
- *Counselor:* Clients in the community health setting frequently face difficult and complex health concerns and desire supportive and problem-solving assistance. Community health nurses are often in a unique position to help clients deal with stress related to health concerns.
- *Clinic nurse:* Clinic services are increasingly being expanded to meet the needs of populations at risk.
- *Epidemiologist:* The community health nurse uses the epidemiological method to study disease and health among population groups and to deal with community-wide health problems.
- *Group leader:* She works with groups in practice.
- *Health planner:* Providing health programs for population at risk.
- *Home visitor:* Perhaps the most unusual aspect of the speciality is that community health nurse enters the client's setting. She not only assesses the environment, but also works with it. Home visitors are able to gather environmental information as well as data about family system and its functions within its own setting. They also are able to provide direct care services in a situation familiar to the client.
- *Occupational health nurse:* Expanding and changing area of community health nursing.
- *Researcher:* The goals of community health nursing practice are far from being realised. The critical need for research to assist healthcare professionals in reaching their goals enhances the researcher role of a community health nurse.
- *School nurse:* The role of the nurse with vital population.
- *Teacher:* Application of teaching-learning principles to facilitate behavioral change among clients is a basic intervention strategy of community health nursing.

Many of the above roles are carried out with all populations and within all community health nursing service delivery settings. For example, advocacy, case findings and teaching are essential

components of community health nurse's activity whether in a clinic, home, school, work place, and senior citizen center.

Many other roles are assumed by the community health nurse. Those described above are by no means all inclusive. The excitement of this speciality area lies in its diversity.

## **Community Needs Assessment (CNA)**

### **What is it?**

Community needs assessment is a combination of information gathering, community engagement and focused action with the goal of community improvement. A community needs assessment identifies the strengths and weaknesses (needs) within a community. Community leaders, local government, advocacy groups or a combination of these then address these identified needs through development programs.

### **Types**

Community needs assessment can be broadly *categorized into three types* based on their respective starting points:

*First*, needs assessment, which aims to discover weaknesses within the community and create a solution (Community Needs Assessment I).

*Second*, needs assessment, which are structured around and seek to address an already known problem or potential problem facing the community (Community Needs Assessment II).

*Third*, needs assessment of an organization, which serves the community (domestic violence centers, community health clinics, etc.) (Community Needs Assessment III).

### **Steps of Community Needs Assessment (Fig. 2.2)**

Planning and organizing, data collection, coding and summarizing the needs assessment results, and sharing the results with the community to facilitate action planning. During the planning and organizing phase stakeholders are identified, local organizations and/or local government begin to collaborate. Depending on the type of needs assessment being conducted one can tailor their approach.



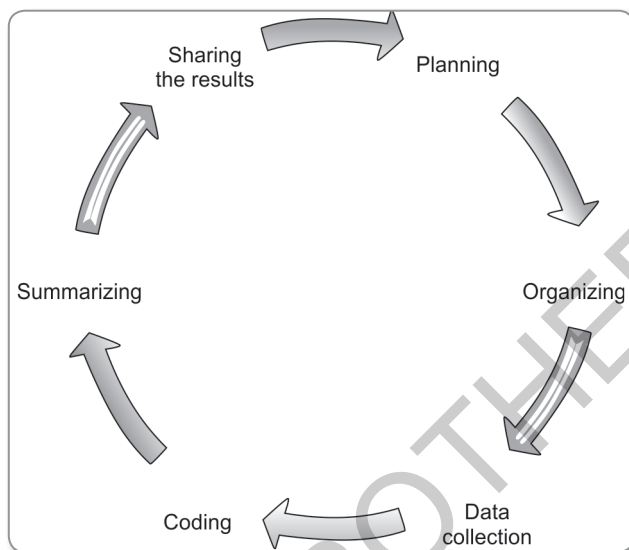


Fig. 2.2 Steps of community needs assessment

## Types of Community Needs Assessment—Strategies for Planning and Organizing

*Community needs assessment I:* This type of needs assessment seeks to evaluate the strengths and weaknesses within a community and create or improve services based on the identified weaknesses. Organizing this type of needs assessment is primarily structured around how to best obtain information, opinions, and input from the community and then what to do with that information. This process may be broken into targeted questions which can direct the overall project. The following are sample questions taken from “A Community Needs Assessment Guide” from The Center for Urban Research and Learning:

- Define goals for the needs assessment
- What is the specific purpose of the needs assessment?
- How will the data from the community be used; to set a new agenda, support a new program or support new changes in service delivery or policies?
- What is the timeline for the needs assessment?
- If applicable, identify the target population. How will a sample from the population be chosen? Are there any special considerations

## Manual of Community Health Nursing Practice

This book is a concise clinical companion for all nursing students as they learn in the community the art of providing basic preventive, promotive and curative care to clients in the family and community. The manual is packed with useful and needed information for quick reference to students and staff, who teach and supervise students in the field as they do their family visits.

The manual comprises various procedures that can be performed in the family, survey forms, family folder, diagrams of assessments and practical sessions.

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