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Community Health Nursing Vision for 2020: Shaping the Future

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Abstract

As health care is shifting from hospital to community, community health nurses (CHNs) are directly affected. This descriptive qualitative study sought to understand priority issues currently facing CHNs, explore development of a national vision for community health nursing, and develop recommendations to shape the future of the profession moving toward the year 2020. Focus groups and key informant interviews were conducted across Canada. Five key themes were identified: community health nursing

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in crisis now, a flawed health care system, responding to the public, vision for the future, and CHNs as solution makers. Key recommendations include developing a common definition and vision of community health nursing, collaborating on an aggressive plan to shift to a primary health care system, developing a comprehensive social marketing strategy, refocusing basic baccalaureate education, enhancing the capacity of community health researchers and knowledge in community health nursing, and establishing a community health nursing center of excellence.

Keywords

community health nursing, vision, system reform, primary health care, practice domains

As the health care system shifts health services delivery from the hospital sector into the community and from an illness care system toward a health protection and promotion model, it is important to understand how community health nursing will be shaped. Because most of the literature identifying issues and recommendations in nursing is aimed at nursing as a whole, and the literature specific to community health nursing is limited, it is important to gather national information on issues facing Canadian community health nursing and to develop strategies and recommendations for shaping an improved health care system. Shaping community health nursing to align and lead this broad health system change is essential to optimizing system effectiveness and efficiency. In 2006 and again recently, the Canadian Nurses' Association articulated the future direction for nursing toward supporting and promoting health, addressing the health determinants, and advancing community-based care in the health care system (Canadian Nurses Association [CNA], 2009; Villeneuve & MacDonald, 2006).

Challenges in the Future of Community Health Nursing

Staff shortages and recruitment and retention issues have been recurrent challenges for health services in Canada. The Canadian Nurses Association's (CNA's) "Toward 2020 Visions for Nursing" is an important discussion document that attempts to lay the groundwork for nursing's part in planning health care for the 21st century (Villeneuve & MacDonald, 2006). Community health nursing is facing particular challenges in education, recruitment, and retention of nurses (Med-Emerg Inc., 2006). The number of community

health nurses (CHNs) in Canada rose by 2.5% from 1996 to 2005, yet they still represent only 24% of all registered nurses (Canadian Institute of Health Information, 2006). The average age of all nurses in 2006 was approximately 45.1 years (Canadian Institute of Health Information, 2006), which was determined to be similar to community nurses in 2007 but with a larger proportion approaching retirement (Underwood, Deber, et al., 2009). As the community nursing workforce grows closer to retirement, it is increasingly important to create an atmosphere that fosters the commitment of nurses currently working in the profession and seeks to appeal to students. Inadequate staffing, burgeoning workloads, increasing complexity of clients, working with vulnerable families, and dealing with difficult clients are some of the top concerns of nurses (Armstrong-Stassen & Cameron, 2005). Armstrong-Stassen and Cameron (2005) have suggested that policies and practices designed to address concerns of nurses should consider the setting in which these nurses are employed (e.g., public health, home care, and community care access centers). Workforce challenges are compounded by inadequate preparation of graduating nurses to practice in community health settings. For example, a 2006 national survey of schools of nursing that examined integration of the Canadian Community Health Nursing Standards of Practice in undergraduate curricula reported that the application of knowledge to clinical practice in most schools of nursing is a consistent challenge (Canadian Association of Schools of Nursing [CASN], 2007).

Significant paradigm shifts are occurring in the Canadian health system, which is moving from being hospital and illness based to focusing on community and health promotion. Shaping community health nursing to align and lead this broad health system change is essential. The existing relevant literature is focused on identifying broad nursing issues and developing recommendations for action. The need for a national perspective and development of strategies that can influence health care system design is imperative for community health nursing.

Purpose

The purpose of this study was to identify priority issues for community health nursing in Canada related to education, practice, research, administration and policy. This study also sought to provide recommended actions for the identified priority issues that can be implemented nationally and to develop a vision of the future for the profession toward the year 2020 as identified in the CNA discussion document (Villeneuve & MacDonald, 2006).

Method

A qualitative descriptive approach included data collection from four focus groups and 10 key informant interviews. Participants were identified by the Community Health Nurses Association of Canada Board, now called Community Health Nurses of Canada (CHNC), and the CNA staff. The sample included nurses from each province and territory in Canada from diverse practice areas such as home health, public health, parish nursing, occupational health, community health settings, community mental health, and street nursing. Participants were from diverse practice positions, including staff, manager, supervisor, advanced practice, specialist, and director; were aboriginal; possessed a range of nursing credentials, such as registered nurse, licensed practical nurse, registered practical nurse, registered psychiatric nurse in the community; and were from a primary domain perspective including practice, education, policy, administration, and research. The exclusion criterion was inability to speak English. Key informant interviews with nursing experts were selected on the basis of advice from CNA and CHNC. In addition, focus group participants unable to attend a scheduled meeting were invited to be key informants. The study was approved by the university research ethics board.

Data Collection and Analysis

Purposeful snowball sampling was used to select and recruit nurses (Patton, 2002). Focus group and key informant participants represented the domains of practice, education, research, policy, and administration. Every attempt was made to have each province and territory across Canada and each domain represented within each focus group and across the key informant interviews. In total, 80 nurses were invited to participate.

A focus group approach, as described by Kruger (1994), was used to help understand the issues facing community health nursing and solutions to address identified issues. The focus groups were held first, followed by the key informant interviews. Participants who declined the focus groups were invited to participate in the interviews and were asked who else they would recommend. Using a teleconferencing system, data were collected during 1-hr semistructured focus groups and 1-hr in-depth, semistructured key informant interviews. Interviews were conducted by the principal investigator or trained research assistants. The questions for the focus groups and key informant interviews were developed collaboratively by the researcher and the project team (see Table 1 for interview guide) and were based on an

Table 1. Interview Guide for Focus Groups (FG) and Key Informant (KI) Interviews

1. Can you tell me a little bit about your current area of nursing? (FG & KI)
2. Please describe for me the future issues in community health nursing related to practice, education, research, administration and policy? This can be focused based on the key informant's expertise. Probe for any issues related to positions (recruitment, retention, nursing practice roles; e.g., staff, specialist, consultant, manager, director of nurses in organization). (FG)
In the focus groups with community health nurses we heard a number of key themes that we would like your perspective on. (Described what they were). Would you add any further issues? (KI)
3. What factors do you think will influence these issues? Probe for education, research, practice, administration, and policy. Probe for facilitators and barriers. (FG & KI)
4. What changes do you suggest will address these issues? Probe for all areas and changes at various levels in ministry, provincial and national, association roles and by whom? (FG)
From your perspective what changes do you suggest to address these issues? (KI)Probe for all areas and changes at various levels in ministry, provincial and national, association, and regulatory bodies' roles and by whom? Also probe for type of changes, e.g., HHR strategies, policy changes.
5. From your perspective, what outcomes can be accomplished with a position paper such as this one? (FG)What do you hope will result from this position paper? (KI)
6. Do you have other comments, experiences, or recommendations from your participation in this study that you would like to share? (FG & KI)

action-oriented research approach with the aims of solving problems (Patton, 2002). The key informant interview questions were adapted to include preliminary analyses of findings from the four focus groups. This allowed the investigators to ensure depth of understanding of identified issues, explore emerging themes, and identify context-specific concerns (e.g., for rural and remote CHNs).

Descriptive statistics and frequencies of the demographic data were calculated using SPSS 15.0. Qualitative data analysis used the software program NVivo 7.0. The audiotaped focus groups and interviews were transcribed and then analyzed by three members of the research team using a conventional content analysis process (Patton, 2002).

All transcriptions were read and individually coded by each research team member, after which all three coders met to discuss and determine an initial coding framework. This code book was revisited and revised as additional codes emerged. Following the completion of independent coding, the group

met again to discuss any coding discrepancies and discuss themes. Triangulation was subsequently used to converge data and interpret themes (Hsieh & Shannon, 2005). Several themes were combined and the team agreed on the resulting five major themes. The thematic analysis was presented to the broader project team, who collaborated to develop the emergent recommendations.

Participants

Participants included 35 current or past CHNs and represented community health nursing across the practice domains. Four focus groups, each including a range of five to nine participants ($N = 25$) and 10 key informant interviewers were held in a 2-month period. There were 5 to 8 participants in each focus group. The initial plan was to conduct one focus group for each of the four domains (practice, administration, research and education, and policy), but because of time constraints and participant availability issues the focus groups were opened up to whoever was available at the scheduled times. Therefore, there was one mixed-domain group, one research and education group, one administration and policy group, and one group that had all practice and one policy participant. The distribution across four Canadian geographic areas was as follows: west, 34.2%; north, 17.2%; central, 31.5%; and east, 17.1%. The mean age of the study participants was 43 years. The participants were employed in nursing for a mean of 29.8 years and in community health nursing for a mean of 15.8 years. Table 2 summarizes participant demographic characteristics.

Results

Nurses overwhelmingly expressed a number of issues and factors influencing their practice domain in Canada. Although participants were encouraged to consider future issues facing community health nursing, they emphasized that there were many pressing issues that needed to be addressed for the sustainability of the health care system and community health nursing in the present as well as for the future. When considering factors influencing community health nursing, the most significant issue that affected each domain was the difficulty of working in the current health care system. The assimilation of domains of practice, education, research, administration, and policy became evident as the nurses talked about the issues and solutions. As they envisioned the future of community health nursing, nurses identified a number of strategies for change. They stressed that through strong leadership and

Table 2. Demographic Characteristics ($N = 35$)

	n (%)
Current place of work	
Community health, or health center	2 (5.7)
Home care agency	5 (14.3)
Public health	4 (11.4)
Business, industry, and occupational health	1 (2.9)
Association or government	11 (31.4)
Parish nursing	1 (2.9)
First Nations and Inuit health branch	1 (2.9)
Other community	3 (8.6)
Self-identified domain	
Practice	6 (17.1)
Administration	8 (22.9)
Policy	6 (17.1)
Research	1 (2.9)
Education	12 (34.3)
Not specified	2 (5.7)
Highest level of nursing education	
Licensed practical nurse	1 (2.9)
Registered nursing diploma	2 (5.7)
Baccalaureate	14 (40.0)
Master's	11 (31.4)
Doctorate	5 (14.3)
Not specified	2 (5.7)

changes in health policy, the system would be able to respond to the changing demographics of nurses and the public as well as to the public demand for service for 2020. The following section elaborates on the five major themes that emerged from this study: community health nursing in crisis now, a flawed health care system, responding to the public, vision for the future, and CHNs—the solution makers.

Community Health Nursing in Crisis Now

The issues reported point to a crisis occurring in community health nursing from across the country and in all domains that related to their role and identity, scope of practice, client acuity, preparation of students for community health nursing, and funding for research relevant to community health nursing. Nurses consistently identified their community health nursing roles as unclear and undefined. "It just sounds like we're in a crisis, that we're chasing our tails and our roles are becoming less and less well defined." They outlined an inability by nurses to agree on terminology.

> Right now we can't even identify who is a public health nurse because the criteria kind of shifts. It's the same with the community health nurse. We don't know what it is because it's a different thing in different jurisdictions and we haven't got any standard entry to practice for that role.

Scope of practice was viewed by CHNs as being underutilized, or reduced. They expressed concern that their scope of practice was not well understood and that they were being replaced by other disciplines.

Nurses described an increasing level of acuity of their clients. This higher level of need challenges their ability to apply holistic approaches. In addition, they lack the resources and knowledge to provide this level of care. For example:

> In the community setting, we're getting a high; the level of acuity is high. We're having early discharge of very complex cases coming out of, you know, acute care facilities. They're not just coming requiring room care; they come with… psychological issues, spiritual issues that need to be dealt with.… We practice in a holistic manner and there are lots of… pressures on the nurse to look at all aspects of the client, not just necessarily the physical. You're looking at mental and spiritual and psychological.

There is a sense that nurses feel devalued by both nurses and the public. They described feeling "like second-class citizens" and being "invisible." The public, other types of nurses, and nursing students seem to lack an understanding about the role and the contributions of CHNs, as reflected in the following comment:

> Sometimes what you do in your community can make the biggest impact in the lives of the people that you're serving, but it is not

> visible to them until they go look back retrospectively in about 20 years, and they may recall community health interventions at the point,… so I think that it's undervalued by the consumer, by the nursing profession, by colleagues within different areas of nursing.

Nurses reported that students receive inadequate preparation for community health nursing, especially given the shift in acuity of care. The demands on CHNs are growing, but the training and preparation to meet this demand is not. Factors that contribute to this include shortage of faculty with knowledge and experience in community health, as well as a lack of appropriate related clinical placements. Community health nursing educators described a devaluing of community health in the basic baccalaureate and graduate programs. In one educator's words:

> It doesn't get any easier trying to have a place for family and community health nursing within baccalaureate programs, but also in graduate programs. You're always the poor cousin.… So even though the rhetoric is there that things move towards community… one needs to really look at what they mean by community. And generally, what's meant is it's moving the hospital or the medical model system out into the community. So it's a real challenge in education too… because we're outnumbered as well. The majority of your faculty teach students in the hospital system. So when it comes to decision making around curriculum and so on,… just looking at the democratic process, you're outnumbered. So unless your system has a really strong philosophical commitment to family and community health nursing, then it's very difficult.

A number of issues were raised in regard to research and community health nursing. Foremost is the serious lack of funding for research relevant to community health nursing, especially in comparison to research funding in other areas:

> Having said that, is the monetary support there for community health nursing? No, compared to other kinds of nursing? No, compared to other kinds of health research? No, that's not where the money is.

The capacity to integrate new knowledge into practice or to be able to conduct research was questioned. Factors such as lack of time or insufficient preparation were discussed by several participants, as noted in the following quotes:

> There's so much in public health that's not being, and community health that's not being published… it's two issues. One is getting nurses to build in research right upfront to new innovations that they're working on, and to publish what they do. They need to get engaged in that more. And maybe they're not getting enough curricula around research in the schools to help them to see that as a true part of what they do.

> We could have a stronger contribution to research from both community and public health nursing but again, with the constraints that both of those areas are working under where, you know, we're compromising their ability to participate in the—not only in the production of the knowledge and innovation but, as well, in the application of same.

Notwithstanding, some notable advances in community health and relevant research methodologies were noted. Participants in this study praised community health nursing for demonstrating leadership in developing a cutting-edge model of knowledge translation in engaging decision and policy makers in the research process to shift health policy.

In regard to administration, there is a perception by some that administrators are unsupportive of nurses' work and, at times, even question the necessity to have nurses performing certain roles. Some nurses felt that administrators did not value their scope of practice and the unique role of the nurse. The growing replacement of nursing managers with nonnurse administrators, especially in public health, was also raised. Although policy was discussed frequently throughout the focus groups and interviews, it was rarely mentioned as a primary area of work. Policy will be discussed further in subsequent themes.

Overall CHNs clearly articulate a number of challenges contributing to a sense of crisis that influence their practice. Priority issues to advance community health nursing practice were a definition of community health nursing practice, practice environments that support the full scope of practice and holistic care, nurses prepared in community health nursing, and research funds for community health nursing.

Flawed Health Care System

As the nurses describe priority issues influencing community health nursing practice, broader health care system factors emerge. The ability to

demonstrate excellence in practice is hindered by operational and funding structures of the health care system.

> What is fundamental and needs to be understood is that the structure in which we ask nurses to practice their expertise and knowledge is fundamentally flawed. And nurses do what is allowed for them and beyond that framework, but the framework is flawed.

Reduced and unstable funding is a persistent threat and a reality that creates uncertainty and fear. Nurses struggle with constantly shifting funding sources and also levels of funding that do not meet the existing need for services in the community. Newly established community programs that begin to demonstrate success are often cut when governments change or there is a competing demand for funds.

Despite policy direction of the health system toward health and health promotion and community-based care, nurses agree that the funding is more focused on illness care than health care and on care for increasingly complex clients. Underpinning this disparity between health and illness care, nurses identified the dominance of the biomedical perspectives as a major force. When asked about the hope for the future, one nurse stated that medicine has driven the health care system away from health. She felt that there is a need to return to the concepts of health and wellness as opposed to focusing solely on the treatment of illness.

> What I'm hoping will come out of your position paper is a going back to that and a recognition that over time… and I think that it's happened as a result of policy decisions made in health care that put the focus on health care delivery on illness treatment in hospitals and by physicians. You know, that goes back to the Diagnostics and Hospital Services Act of 1957, Medicare, the Canada Health Act, all the rest of that which were major policy decisions—that as a result of those decisions we have made illness and treatment and rehabilitation sexier than health and well-being.

Nursing care in the community is described as appearing more like an institution than an environment to support the health of individuals and communities to address the factors that influence their health.

> It's not primary health care in the broadest sense. And you know you see all kinds of examples where they're moving labs, blood collection

> labs, out into the community. Well, sure, they're moving a hospital service out into community, but to me, that's not community nursing; that's just community-based care.

Nurses describe a real fear for the future with the focus on illness care and that the system could not continue to function as such, in light of changing demographics and increases in chronic diseases. The dichotomy between the threat of coping with emerging infectious diseases and supporting health was mentioned and a need to strengthen resources in the community in the future:

> So unless we're prepared to invest in putting more people, more nurses, and other practitioners into the community health, public health setting, we are never going to be able to address the immediate needs of vaccination, immunization, preparing for a pandemic—let alone the more long-term developmental needs in terms of creating health communities.

Responding to the Public

In discussing the factors influencing community health nursing, nurses' views of the public's influence on the future of health care and its relationship to their role as CHNs was important. In the CHNs' struggle to work within the system, they recognized that in the end the public need to be the driving force for system change. Some nurses who were part of the baby boomer generation identified with the changing population demographics and projected what could be the high expectations by the public for health care:

> The baby boomer generation… has hit high expectations throughout our whole lives, cause we're such a large group, we've been able to change society in whatever way we wanted, we… have high expectations for very personalized, individualized, accessible services and will not be looking at being institutionalized as they age.

Nurses talked about the impact of the consumer voice on health care, as indicated by this nurse's comment:

> The budgets of provincial governments are demonstrating that there are resources going into prevention and promotion and I would then

> say that clients and consumers are demanding that. So that will have a big impact on where nurses are working.

CHNs articulated that in terms of solutions, they are the best-situated health care providers to lead this change from a provider-driven to a client-driven system:

> They have an ability to engage the public in driving their own health and being clear about what their expectations are in a way that not all of the nurses in the health care continuum can do so… they have a particular role to play with the public.

Vision for the Future

When nurses were asked about their views on a vision for community health nursing they clearly stated that nurses "will, [and] should be where people live, work, and play." Nurses spoke distinctly about taking leadership in shaping of community health nursing.

> I think that absolutely we need to shape, and I think we need to identify why we're shaping and the fact that we are the number one health care provider in these settings in both the acute care and in the community… so therefore we need to take a lead role in any shift in how that service delivery is going to change… if we don't… someone else is going to do it for us.

Nurses want to be able to return to the "grass roots" of nursing, to be able to assist clients in a way that is much broader than just giving immunizations or giving a baby a checkup. Nurses discussed the need for "freedom" within their practice to use the full scope of their training.

> Freedom to practice in a way that we've been trained to do… just freedom to practice that when you're working with individuals maybe doing immunization, you're doing… should be doing… a holistic assessment and identifying other factors that are influencing their health.

Nurses spoke distinctly how the vision could happen and with whom. They suggest that CHNs need to partner with universities, national and provincial

organizations, with national organizations taking the lead to work with all partners across health and social sectors, as well as nongovernmental community organizations:

> The Canadian Nurses Association would have a huge role in that of trying to lead that movement by working with all partners and affiliates, you know CNA developing work that, and documents that, look at the role of registered nurses and the role of advanced practice nurses and all the work that's happening around you know the certification, so that's a role for CNA, of creating some of these policy statements and then working with partners to try to get them out.

A need for a national common vision for community health nursing and greater focus on community in nursing education was heard.

> We need to refocus nursing education and I think that one of the things that we need to do is to have a common vision across the country of what we think is the role of an RN in this system and then the educational facilities, the practice settings, and to then develop some very concrete strategies for how we're going to move to where we are, to where we think we ought to be, you know that's the whole change management thing.

CHNs as Solution Makers

Several solutions were identified for building the capacity of community health nursing in each domain and rebuilding the health system for the future, including focusing on increasing the perceived value of CHNs both inside and outside the system. Participants emphasized a need for CHNs to "take charge of their destiny" and articulate the value that they add to the health care system. Many spoke of the power possessed by CHNs and the advocacy skills inherent to community health nursing roles.

> Power is about influencing, and we have a code of ethics that says we need to be the voice for the voiceless. We need to influence; we need to advocate. So we don't have to ask permission, we just need to do it.

To harness the collective power within community health nursing, CHNs emphatically stated that the CHN role needs to be consistently defined and

CHNs should have a common vision developed by CHNs across Canada. The Canadian Community Health Nursing Standards of practice were identified as a facilitator to this, creating a shared vision of community health nursing, giving credibility and a common language, and identifying the need for critical dialogue among nursing leaders.

Nurses repeatedly stressed the need to raise the profile and understanding of community health nursing with the public, other nurses, and politicians through social marketing strategies harnessing the media. If the true scope of practice and the nature of what CHNs do are not recognized, it will be difficult to bring about change. One participant stated, "It's really important that we have nursing represented at the decision-making [table]."

Several ideas were generated to advance community health nursing in nursing curriculum, including the integration of nontraditional community partnerships with community health nursing clinical placements; service learning courses in partnership with communities; collaborative learning units that bring together nurses, faculty, and students; increased opportunities for distance education; and increasing the number of experienced faculty in community health nursing. Curricular change is required to strengthen nursing education to adapt to the changing scope of practice and to enhance the integration of theory and clinical practice in community health nursing. In addition, nursing education needs to prepare them to work in diverse settings when learning about community health nursing, rather than one aspect of community health nursing.

> There are distinct focuses of education and specialization within community health nursing, and I think that when we talk about preparing for the future, I think we need to realize that it's not really cookie cutter, I think we need to enhance… the preparation of nurses to work in a home health setting… and work to the standard of Community Health Nursing Association but also to enhance the public health competencies of nurses working in that context [public health].

Research in health and community health nursing is critical, and CHNs need to be involved. New knowledge will provide information about the pivotal role that community health plays. Research needs to be done in collaboration with nurses in practice, the community, and policy makers.

> You need to package it so that it becomes real in terms of what people that you're talking to need to hear or want to hear. So I think the idea of becoming experts in knowledge translations, knowledge brokering,

> working at what CIHR [Canadian Institute for Health Research] calls deliberative tables, that you get the researchers and decision makers, policy makers together from the very beginning and start to work together about what kind of issues you want to have addressed. I think those are all really important tactics for community health nurses to take.

Administration needs to support professional development of nurses through certification and build partnerships with nursing academia to increase awareness of changing trends in health care and advancing innovation in practice.

> It's taking a look at where the trends in health care are going to be in 10-20 years and what are we going to be requiring for care and for us to begin to shift the way we approach health care and shift the way we currently work and looking at new ways of delivering home and community care and public health in order to meet those needs that we will see.

Health care policy redirection was seen as essential. The need for a continuum of health services was a consistent theme. A robust public health infrastructure and home health sector is necessary so nurses will be "where people live, work, and play," strengthening the entire health care system and reflecting the true nature of where health services are provided to people. To achieve this goal, nurses need to work with national policy makers and other stakeholders.

Discussion

Our findings identified a number of priority issues facing community health nursing that crossed several practice domains. The insights gained from this qualitative study are important for shaping the future of community health nursing for 2020 related to the particular domains. In the vision of community health nursing for 2020 in Canada, nurses described CHNs as leaders in the movement toward primary health care. Population health and the health and well-being of individuals, families, and communities must be the driving force in the health care system.

Consistent with existing nursing research (O'Brien-Pallas et al., 2004) and community health nursing education research (Holt & Warne, 2007; Valaitis et al., 2008; Whitehead, 2007), participants, both in education and practice domains, described a lack of resources in nursing education, especially related

to availability of community placements and a lack of community-focused faculty members. In addition, nursing educators described a devaluing of community health nursing in nursing curricula, contributing to insufficient time in theoretical and clinical placements necessary to develop entry to practice competencies in disease prevention and promoting the health of individuals, families, and communities. These findings are consistent with a recent survey of schools of nursing in Canada on public health nursing education by the CASN (2007). To address the serious recruitment and retention issues facing community health nursing currently and in the future, nursing education needs to be refocused with greater emphasis on and valuing of community health nursing within baccalaureate and graduate curricula. Refocusing of the curricula will also need to reflect changing demographics, building nurses' capacity in advocacy and policy development, emerging infectious diseases and growing chronic diseases, and increasing consumer demands for health care to be delivered in the community. Strategies to strengthen the community health nursing curricula include strengthening community clinical placement partnerships, new educational pedagogy like service learning, use of technology for long-distance education, community health nursing qualifications and experience for faculty, and greater integration of community health nursing theory and practice.

In this study, nurses from all community health positions, geographic locations, and sectors in community health nursing have unmistakably identified trends in nursing shortages and increasing patient acuity, similar to previous nursing research (Armstrong-Stassen & Cameron, 2005; O'Brien-Pallas et al., 2004). They distinctly stated that there is a crisis in community health nursing across Canada—which is consistent with other authors (Human Resources Development Canada, 2006; Pearson & Care, 2002)—and it is without doubt within their capacity to respond to the shift in acute care to the community. This crisis also diminished their ability to address growing health inequities in a manner consistent with the principles of primary health care in the Declaration of Alma-Ata (World Health Organization, 1978). Building on the understanding of primary health care as discussed in the CNA "Toward 2020: Visions for Nursing" document (Villeneuve & MacDonald, 2006), CHNs in this study took the concept further and clearly declared that the health care system needed not only to be restructured but to shift to primary "health" care with more equitable distribution of resources across the continuum to support individuals, families, and communities to have better control over their health. The need for adequate resources to address such human resources issues is clearly recognized in the literature (Advisory Committee on Health Human Resources, 2000; Med-Emerg Inc., 2006; World Health Organization, 1978).

Another point of emphasis with respect to the CNA documents on the future of nursing and health was their acknowledgement of projected increases in complexity of nursing care within communities, but the CNA document focused predominately on CHNs' work with individuals and families (CNA, 2009; Villeneuve & MacDonald, 2006). In this study, CHNs broaden and challenge the individualistic scope of the CNA vision for nurses in the community to include their work with communities and populations. There was consistent recognition of the need to examine the scopes of practice for nurses, including registered nurses, licensed practical nurses, and registered practical nurses, as in the CNA vision. CHNs repeatedly stressed that supporting CHNs to work to the full scope of practice will be essential to enact primary health care for 2020. Not surprisingly, the lack of definition and clarity, as well as a lack of profile, in the role of CHNs was identified as a barrier to working to one's full scope and contributed to community health nursing being a devalued area of nursing practice. This issue has been established in previous literature (Carr, 2005) and found in a national Canadian study on community health nursing (Underwood, Mowat, et al., 2009). Consequently, it was suggested that a common definition should be developed and that the profile of community health nursing needs to be raised. To achieve these goals, critical dialogue among nursing leaders in all domains and subsequent social marketing strategies are needed.

Our study participants echoed the paucity of research in community health nursing contributing to the devaluing of this area of nursing. This finding was consistent with the study literature review. Nevertheless, participants acknowledged some notable advances in community health, and relevant research methodologies have recently been made. Specifically, study participants praised community health nursing for demonstrating leadership in developing a cutting-edge model of knowledge translation in engaging decision and policy makers in the research process to shift health policy in the community health nursing study. A deliberative approach with key stakeholders may advance the necessary shift in the health care system toward a "truly" primary health care system.

The findings presented here were based on four focus groups and 10 key informant interviews. Although the original goal was to conduct an additional two focus groups and to arrange interviews with additional identified key informants, the researchers were able to achieve data saturation. The use of teleconferencing for conducting focus groups and interviews has potential limitations in terms of observing participants' nonverbal behavior and facilitating interactions among participants for focus groups. To address this issue, interviewers were purposeful in ensuring that all participants were

involved and engaged throughout. Another study limitation, because of lack of availability and scheduling challenges, was that the domains and all credentials were not equally represented by study participants and may be less reflective of frontline perspectives. This study reflected the perspectives of nurses, predominately with many years of experience in nursing, and did not include perspectives from other health care providers or non–health stakeholders. No doubt, other stakeholders beyond nursing would offer different perspectives and in fact could provide other possibilities not found in this study. Policy perspectives were not articulated as clearly as were other domains. Policy influences cross over each of the domains, yet nurses did not identify this as a key aspect of their roles. Although strategies involving CHNs informing policy change was evident in the solutions, there is a need to better understand the role of community health nursing in policy making.

Moreover, although the findings of this study represent the views of Canadian CHNs, those in other countries, including the United Kingdom and Australia, face similar trends and issues in community health nursing practice (Brookes, Davidson, Daly, & Hancock, 2004; Cook, 2009; Drennan, Andrews, Sidhu, & Peacock, 2006). Collaborative action-oriented discussions with international colleagues can provide promising opportunities to advance community health nursing practice globally.

In conclusion, the purpose of the study was realized. The results of the study highlight a significant need for the health care system to acknowledge a foundational sector of nursing. Priority issues recognized include being underresourced, underfunded, unrecognized, inadequately prepared, and working below the full scope of one's practice. With their focus on the promotion of health of individuals, families, communities, and populations, CHNs are the most qualified nurses in the health care system who can support and promote the health of Canadians for 2020. Action is required now. Nurses recognize that to achieve an optimum functioning in community health for 2020, population health and the health and well-being of individuals, families, and communities must be the driving force in the health care system. Community health nursing is a significant resource and plays a vital role in enabling the public to be healthy in Canada. To achieve both a healthy Canadian population and to move toward a vibrant, valued, attractive, and sustainable community health nursing workforce in Canada, the following recommendations are identified:

Develop a common definition and vision of community health nursing in Canada for 2020. The definition would identify the scope of practice and

competencies based on the Canadian Community Health Nursing Standards of Practice and must recognize and respect diverse community health nursing practice settings. The definition will help enhance the value, effectiveness, and efficiency of daily community health nursing practice; prepare nurses for entry to practice; advance nursing research and nursing leadership; and direct nursing policy in human resource planning. Both the common definition and vision for 2020 must be achieved through critical dialogue in formal and informal forums with CHNs from all domains.

Develop an aggressive plan to shift the direction of health care to a primary health care system. This plan should be developed with community health nursing leaders from various settings in research, practice, administration, and education from across Canada, in partnership with decision makers and policy makers at both the federal and provincial or territorial levels. Shift in funding would also follow with the change in health system policy.

Develop, implement, and evaluate a comprehensive social marketing strategy to raise the profile and improve understanding of community health nursing among the public, politicians, and other members of the nursing profession, thereby improving the image and attracting nurses to work in community health nursing.

Collaborate with CASN in the reorientation of basic baccalaureate education to include community health nursing in public health and home health. In addition, graduate education programs in community health nursing need to be developed.

Collaborate with the national community health nursing chair in building the capacity of community health researchers and knowledge in community health nursing.

Establish a community health nursing center of excellence or collaborating center to integrate research, education, practice, administration, and policy domains. In addition, it would serve to advance interprofessional collaboration in practice and education with relevant stakeholders.

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