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The Role of Community and District Nurses

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Abstract

Community and district nurses play a pivotal role in the healthcare system, serving as a bridge between hospitals and the communities they serve. Despite the increasing emphasis on preventing hospital admissions and providing care in the community, district nursing services often remain underfunded and under recognised. This article highlights the critical role of nurses working in the community, delving into their wide-ranging responsibilities and their significant impact on both individual and community wellbeing. It offers valuable insights for those considering a career in community nursing.

Although the NHS continues to face growing demands and resource limitations, district nurses remain central to the provision of community care. Their advanced skills enable them to deliver holistic care, allowing patients to remain in their homes while adapting to the ever-changing needs of the healthcare landscape. With workforce expansion plans underway, district nurses are poised to meet the challenges of the future, ensuring high-quality, patient-centered care in the community.

Keywords: Community Nursing, District Nursing, Care at Home, Care Homes, Nursing careers

Learning Outcomes

By the end of the paper, you will be able to

- Understand the development of the community and district nurse role
- Have a critical awareness of the concepts of care delivered by nurses working in the community
- Recognise district nursing as a career choice
- Comprehend the nature of transitioning to community nursing

Introduction

This article explores the multifaceted responsibilities and significant impact that community and district nurses have on the overall well-being of individuals and communities as well as offers support to nurses considering a career in the community.

Table 1. DEFINITIONS

Community Nursing: Community nursing encompasses a range of healthcare services provided to individuals and families within their homes and communities. It involves promoting health, preventing illness and managing chronic conditions.

District Nursing: District nursing is a specialised field within community nursing that focuses on providing comprehensive care at an advanced-level to individuals with complex health needs. District nurses are highly skilled specialist practitioners who are appropriately prepared through the District Nursing route often working in specific geographic areas, forming deep connections while leading and managing a team of community nurses.

The National Health Service (NHS) continues to face increasing demands because of the ageing population, the rising numbers of people living with multiple long-term chronic conditions alongside a reduction in funding and recruitment and retention issues. Although the NHS Long Term Plan (NHS England, 2019) identified the need for investment into community and primary care services to support the increasing demands, district nurses have historically been the primary providers of care in the community.

By completing further study and expanding their advanced level skills and scope of practice, district nurses have become specialists in holistic care by undertaking effective patient assessments in a variety of community settings often ensuring patients can remain in their own homes. The development and expansion of skills enable the NHS and community providers to offer a service that is flexible, proactive and individualised to meet the needs of the patient. Furthermore, the future of the NHS continues to place district nurses at the forefront of healthcare with a new ambitious highly anticipated workforce plan which will see training places increase by more than 150% by 2031/32 (NHS England, 2023).

District nurses are the air traffic control of healthcare – cut the numbers and you might expect more plane crashes or not being able to take off at all. It's a risk to all of us, we're more likely to need nursing care in our lives than any other kind of care.

– PROFESSOR ALISON O'LEARY

No day in the life of a community nurse working in a district nursing team is the same. Overall, the role of a community nurse is multifaceted, dynamic and evolving, encompassing a wide range of responsibilities aimed at promoting health, preventing illness and improving the quality of life for individuals and communities in diverse settings. Through their expertise, compassion and dedication, community nurses play a vital role in advancing public health and wellness initiatives and addressing the healthcare needs of underserved populations. In Table 2., some key responsibilities and functions of a community nurse have been included.

Table 2. ■ Some Key Responsibilities and Functions of a Community Nurse

- Health promotion and education
- Chronic disease management
- Wound care
- Medication management
- Home health services, which includes home visits to assess patients' needs, monitor their health status and coordinate care with other healthcare professionals
- Palliative and end-of-life care
- Coordination of care
- Health equity and social justice
- Emergency response and crisis intervention

The Role of Community Nurses in Care Homes

The role of the community nurse in a residential care home setting can vary depending on the specific needs of each resident's mental, physical and emotional health. However, it is important to recognise that community nurses play a vital role in providing comprehensive healthcare services to support people living in care homes. Individualised care plans are developed to address the specific needs and preferences of each resident considering factors such as nutrition, mobility, medication management, wound care and personal care. These should always be developed in partnership with the professional staff based within care homes and with the patient themselves.

Enhanced health in care homes (NHS England, 2020) is an ambition to strengthen the NHS support for people who live and work in care homes. This should mean that people living in care homes should receive the same level of healthcare as if they were living in their own homes and it is recognised that community nursing has some significant part to play in this. As well as providing individualised treatments, there is a need for community nurses to be involved in multidisciplinary meetings and planned holistic assessments after admission to a care home. The overall model for enhanced health in care homes moves away from previous traditional reactive models of care delivery and places greater emphasis on proactive care, centred on the needs of an individual (NHS England, 2020). Specialist nurses with extended skills may even be required to provide a weekly 'home' round to prioritise needs and provide planning for anticipatory care and for some will be named clinical leads for care homes (Vellani et al., 2021).

Table 3. DEFINITION OF TERMS

'Nursing homes' and 'care homes' are terms often used interchangeably, but they can have different connotations depending on funding streams. Both the care that people receive and the premises are regulated by the Care Quality Commission.

Care home with nursing services: A nursing home typically provides more intensive medical care and support; nursing homes are designed for individuals who require round-the-clock nursing care and assistance with activities of daily living due to chronic illness, disability or frailty. People may live in the service for short or long periods. For many people, it is their sole place of residence and so it becomes their home, although they do not legally own or rent it.

Care home services without nursing (e.g., residential care home): Residents of care homes may have varying levels of independence and may not require skilled nursing care on a daily basis. Care homes without nursing often focus on promoting independence, socialisation and quality of life for residents while providing a supportive and safe environment.

Reflection

District nursing teams do not generally visit nursing homes due to funding streams however there are some exceptions. Consider the care homes in your local area, do they provide nursing care?

The role of the community nurse in health monitoring is fundamental for evaluating the effectiveness of healthcare interventions and identifying areas for improvement for care home residents. Nurses actively participate in monitoring and assessing the health outcomes of individuals employing standardised tools and measures to quantify and evaluate improvement. Progress tracking with comparative pre- and post intervention data to identify disparities is used to assess whether desired outcomes have been achieved reference. Analysis of these data is used to recognise variations in outcomes among different demographic populations, such as gender, ethnicity or socio-economic status. This evaluation helps to identify effective strategies for future use and improvement (Braveman & Gottlieb, 2014).

Collaborations with the wider multidisciplinary team, such as medical staff, therapists, social workers and carers, assist in obtaining a comprehensive perspective and ensure that multiple perspectives and expertise are considered. This, in turn, supports quality improvements in patient care that is supportive of all disciplines and holds the patient at the centre (NHS England, 2020). Promotion of patient education and self- management, including ideas on lifestyle modification, helps to empower individuals to take control of their health and encourages shared care decision-making and improves overall engagement in care.

It is often recognised that in a modern care system, many older people living in care homes are approaching the end of their life (Office for National Statistics, 2021). This means that there is a need for community nurses to understand a structured approach to end-of-life care, with the Gold Standard Framework being widely used in care homes in the UK (British Geriatric Society, 2020). The idea of a structured framework for end-of-life care matches the aims of enhancing health in care homes with

the role of community nursing potentially providing professional advice and guidance to the staff based in care homes.

Overall, the community nurse in the care home plays a pivotal role in delivering person-centred care, promoting resident's well-being and ensuring their health needs are met effectively within the care environment.

History of District Nursing

The history of district nursing focuses on compassion, innovation and the evolution of healthcare delivery. The concept of district nursing emerged in the 19th century, and its development has been closely linked to societal changes, advances in nursing education and the recognition of the importance of community based care. The roots of district nursing can be traced back to the pioneering efforts of key individuals and the social reform movements of the time including Florence Nightingale.

The history of district nursing reflects a continuous evolution driven by the commitment to providing quality care within the community. From its beginnings in the 19th century to its present day adaptation to contemporary healthcare challenges, district nursing remains an integral part of the healthcare landscape, embodying the principles of compassion and community based care (QNI Heritage, 2020).

Policy and District Nursing

Policy plays a crucial role in shaping the landscape of district nursing, influencing the delivery of healthcare services, the scope of practice for nurses and the overall quality of care provided in the community. Various policies at local, national and international levels impact district nursing which focus on the topics included in Table 4.

Policy considerations are integral to the effective functioning and advancement of district nursing. Policies shape the regulatory environment, resource allocation and the overall framework within which district nurses operate, influencing their ability to provide comprehensive and patient-centred care in community settings.

Table 4. ■ Key Policy Areas Affecting District Nursing

- Healthcare funding and resource allocation
- Legislation and scope of practice
- Integrated care and interprofessional collaboration
- Telehealth and technology integration
- Public health and preventive care initiatives
- Ageing population and long-term care policies
- Quality improvement and performance metrics

Nurse Education in the Community

As explained in Table 1, both community and district nurses work in the community. However, to be recognised and practice as a district nurse, even though the title is not protected, registered nurses must undergo specialised training and attain specific qualifications. The postgraduate specialist practice qualification in district nursing (SPQDN) is a recognised credential that signifies a nurse's advanced knowledge, skills and competence in the field of district nursing. This qualification is typically obtained through formal education, training and assessment and it allows nurses to specialise in providing healthcare services within the community, often focusing on home-based care and health

promotion. The SPQDN equips nurses with the knowledge and skills needed to address the diverse and complex healthcare needs of individuals and families in their homes, contributing to the overall improvement of community health outcomes. Advanced practice in district nursing refers to a level of nursing practice that extends beyond basic or general nursing roles. It involves nurses taking on advanced responsibilities, often including clinical leadership, advanced assessment, diagnosis and the management of complex health conditions within the community or home setting. Advanced practice developed within the SPQDN enables nurses to have expanded roles that allow them to provide a higher level of care and contribute to the development and improvement of community healthcare services.

Table 5. The Role of Community and District Nurses

Misconceptions Regarding Community nursing	Counterargument
You need 1 year on a hospital based ward before becoming a district nurse	This is not essential. Newly qualified nurses can go straight into the community and receive preceptorship to help them adjust to their new role and consolidate their knowledge and skills. They do, however, need the confidence to be a lone worker.
Working in the community deskills you	This is not true. The role of the community nurse involves many advanced nursing skills and training is provided to support achieving these competencies.
District nursing is where you go to retire	This is not true. The community nursing workforce is mixed in age range and is not a physically easier role than working in a hospital environment. You need to be fit and agile and many nurses start progressive advanced nurse careers within the community setting.
Career progression is difficult	Nurses working in the community can often progress faster than their hospital counterparts with fast-track programmes available in some areas, and opportunities for additional training to qualify as a District Nurse or Advanced Nurse Practitioners in their chosen field.
District nursing is not real nursing	This is not true. Nursing in the community, in patients' homes is where you can provide the most holistic, person-centred care possible. Often caring for very complex, acutely unwell individuals and their families when they are most vulnerable, community nurses can have an enormous impact on patient experience.

District Nursing as a Career Choice

Many student nurses choose the community for their first post as soon as they graduate from their university, particularly if they have been allocated there for their final placement (Phillips, 2014). Others may commence their career pathways in a hospital environment and then transition soon after when they have consolidated their skills and increased their confidence. However, there are still some misconceptions regarding community nursing as an appropriate newly registered nurse role that require addressing (see Table 5).

As Phillips (2014) suggests, we should embrace novice nurses in the community and indeed prepare students during their placement for registered practice there, although one of the limitations is that not all preregistration nurses have adequate community placements. For student nurses to be inspired to take a post in the community, they need to gain a wider range of learning experiences. As the QNI (2021) indicate, excellent placement opportunities have never been more necessary, with learning and support being essential (Wareing et al., 2018). Many student nurses are not aware of the flexible and dynamic career pathways available within the community setting (QNI, 2021). To influence career choices after qualifying, there have been recent improvements in this area whereby commitments have been made to grow preregistration clinical placement capacity to provide more high-quality learning experiences (Health Education England (HEE), 2020). One must also be mindful that assisting

with the transition to community nursing will also facilitate workforce development and reduce healthcare pressure (Chamberlain et al., 2020).

For those that have been inspired, once qualified, that transition into the community is not always easy. Being a guest in a patient's home and being exposed to their lifestyle choices is often a challenge, and at times, it is difficult to be nonjudgemental and be able to deliver nursing care safely in an environment that may not be designed for that purpose (QNI, 2016). There are additional issues to consider when care is being delivered in a home environment which may include types of housing, environments and facilities available that nurses may have not previously considered if they have not worked in a community setting (QNI, 2016).

Community nurses must learn to develop positive relationships with their patients and their families, which are different to inpatient settings. Time is needed to build trust and get to know the individual needs. These relationships are unique and require professional boundaries that will protect both the nurse and the patient (QNI, 2016). Effective working in the community is built on communication and established partnerships; this applies to patients and their families but also the teams that nurses work in.

Career Transition Into the Community

It has been suggested that both clinical support and educational support should be included in a transition programme, and that orientation should also include an introduction to broader community issues and a structured approach to ongoing mentoring (Chamberlain et al., 2020). Nurses within the community need to be critical thinkers and the support needs to be in place to facilitate this with a focus on personal and professional safety. Hampson et al. (2017) have also recognised that preceptorship will be beneficial, both professionally and personally, for transitioning staff and will engender competence and confidence. A period of preceptorship support is beneficial to staff professionally and personally. Preceptees have reported they feel valued, and that the preceptorship process engenders confidence and competence.

There has been some research relating to developing oneself in the role of a nurse within the community setting, and the notion of developing a sense of belonging within that environment (Chamberlain et al., 2020). Both Harvey et al. (2019) and Chamberlain et al. (2020) concur that there are formal and informal processes that occur during this transition and that this sense of belonging is paramount, which embraces embedding oneself in the culture and being accepted in the team, which is essential for optimum practice and staff retention. Often working in the community after qualifying or moving from a hospital setting evokes a sense of being a 'novice' or 'imposter syndrome' which can often appear at times as one progresses through their career (John, 2019). As Harvey et al. (2019) have identified, there is also often a sense of being a 'generalist' but needing to be a 'specialist' which compounds the degree of discomfort. They also suggested that transitioning individuals need time to adapt, and that often relates to facing the challenges of becoming a sole practitioner and the isolation of being a lone worker (QNI, 2016). An ideal transition experience requires an individualised approach where the nurse can progress at their own pace and socialise adequately; the need for robust preceptorships is paramount and can reduce occupational distress (Darvill et al., 2014; Lea & Cruickshank, 2017). In addition, this is a vulnerable time when it is easy to experience low motivation and unnecessary conflict, which can be avoided with a nurturing environment (Lea & Cruickshank, 2017). It has also been recognised that whilst nurses might leave their university with a high level of knowledge and motivation, when faced with the resource issues and frustrations of practice, it is often easy to become demoralised (QNI, 2016).

Summary

This article delves into the critical role of community and district nurses in modern healthcare, serving as a vital link between hospitals and local communities. It explores their diverse responsibilities and profound impact on individual and community wellbeing, offering insights for those considering a career in community nursing. Despite the NHS facing escalating demands and resource challenges, district nurses remain central to community care. Their advanced skills enable holistic care delivery, empowering patients to stay in their homes and adapting to evolving healthcare needs. With a workforce expansion plan underway, district nurses are poised to meet future healthcare challenges head-on.

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