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The NMC Code and the community nurse: Prioritising People

Key words

NMC Code, Prioritising People, therapeutic relationships, community nursing

As all registered nurse, midwives and nursing associates are aware, their practice must be in line with the professional standards set out in the Nursing and Midwifery Code (NMC, 2018) at all times. These values and principles can be applied in a range of settings, but they are not negotiable or discretionary (NMC, 2018). Registrants need to uphold these standards so there is a clear and consistent message to patients and service users so they are aware of what they can expect from the professionals that provide their care. For community nurses, it is just as vital to put the needs of their patients first and ensure safety, protection of privacy, and responsiveness to needs but also protect the rights of the populations that they treat, all whilst dealing with the ever-changing landscape of delivering care outside of a hospital setting.

The NMC (2018) clearly outline how this will be achieved within the Prioritising People section of the code.

1. Treat people as individuals and uphold their dignity
2. Listen to people and respond to their preferences and concerns
3. Make sure that people's physical, social and psychological needs are assessed and responded to
4. Act in the best interests of people at all times
5. Respect people's right to privacy and confidentiality

For those that work in community nursing teams, it is indisputable that caring for patients in their own homes fosters an effective therapeutic relationship which then facilitates patient centred care. This relationship has often been categorised as a 'therapeutic alliance' which can help patients achieve their goals (Arnold, 2020). But these professional relationships represent more than just an

effective way to deliver clinical interventions or measure outcomes, they place emphasis on the patient's wishes and views on their own care (Griffiths, 2016). This then enables patients to understand their options and treatment choices available, thus weighing up the risks and benefits and making their own decisions. This truly aligns with section 2 of the NMC Code (2018) where it is essential to work in partnership and recognise the contribution that people can make to their own wellbeing, by having a true understanding of how much they wish to be involved, demonstrating respect and upholding dignity. Community nurses can enable this high standard of care with a level of emotional intelligence and consider each person's inseparable connection with their significant others, their culture, community and the environment in which they live (Allan, Henderson and Hay-Higgins, 2025).

Section 2.6 of the NMC code urges registrants to recognise when people are anxious or in distress and respond compassionately and politely. For the majority of people, regardless of their diagnosis or condition, their preferred place of care would be their own home, where they feel more comfortable in their own surroundings (Allan, Henderson and Hay-Higgins, 2025). As Alzaharani (2021) suggests, many studies have identified that being in hospital can adversely impact an individual's wellbeing and have psychological consequences such as anxiety, depression and uncertainty about the future and increase the risk for poor health outcomes (Barr et al, 2019); much of this stems from isolation and loneliness they experience when away from their home, friends and family. This would then place community nurses in an excellent position to provide emotional support to people in their own homes, when they can recognise the subtle nuances displayed by patients that indicate distress. It is well documented that district nurses have an important role in assessing and meeting patients' emotional needs (Griffiths, 2017) and a repertoire of expert communication skills to deliver the support where required; thus, ensuring this section of the code is met in a compassionate way.

However, the privileged position that community nurses assume can often bring with it some challenges, as some patients are more concerned that they might be judged on their living conditions, or the lifestyle choices they have made, which would not be evident if their consultation was in a neutral setting. Whilst community nurses will always take a personalised approach and uphold dignity, as section 1.2 of the NMC Code (2018) stipulates, there is a duty to deliver the fundamentals of care effectively, making sure that people are kept in clean and hygienic conditions, and this is often where conflicts arise. As Bosley and Parham (2025) state, whilst hospitals and care homes must abide by standards for environmental cleanliness, we do not have such standards for patients' homes, so professionals are left to make decisions as autonomous practitioners around expectations of their patients in terms of hygiene standards. At times there might be conflict between respecting the patients' preferences to decide how they live versus the nurses' rights to provide care in a suitable setting and avoid the transmission of microorganisms (De Veer et al, 2022). This often raises issues such as capacity and public duty to environmental health, but whatever the outcome, the situation needs to be addressed with dignity and sensitivity and onward referrals made where appropriate.

Section 3 of the NMC Code (2018) focuses on the physical, social and psychological needs of the people that we care for, and the communities we serve are possibly the best places to ensure this holistic care takes place. Section 3.2 in particular refers to recognising and responding compassionately to the needs of those who are in the last few days and hours of life. As NICE (2019) outlines, there are tools and frameworks that exist which can be useful in initiating conversations about advance care planning, organising additional care and supporting carers, but often being the one person that has that close relationship with the patient and the family, providing continuity of care ensures the nurse notices subtle changes and indications of deterioration that might not otherwise be identified. To achieve this, a nurse needs adequate training and experience but palliative care and supporting those at the end of life is something that most district and community nurses consider their preferred and most rewarding level of practice (Ferguson et al, 2023).

However, there can be challenges in providing this level of care to people in their own homes with close-knit, supporting friends and neighbours, when the physical boundaries for confidentiality can

Patient Mr A. is in the last few days of his life with a terminal cancer diagnosis. Community nurses from the local district nursing team have been visiting at least twice a day for the last week to provide end of life care. On exiting the property one afternoon, two members of his local book group approach the nurses to ask how their friend is doing. Although one of them has been seen visiting Mr A. a few months ago, the other one is not familiar and from the questions they are asking, it is clear they have not spoken to the family recently. The nurses know Mr A. cherished his book club and spoke highly of all of the members.

How could we consider Mr A's rights to privacy and confidentiality even though these are good friends?

What does the NMC code (2018) suggest in terms of sharing this kind of information?

seem a little blurred, in a way that is not experienced when providing care inside the confines of a hospital building. Consider the following scenario.

Maintaining confidentiality

The guidance relating to maintaining confidentiality is always clear, The Royal College of Nursing (RCN, 2025) suggests that 'professionals should not disclose personal matters about patients or service users unless given permission to do so, or it is absolutely necessary' and this is supported by the NMC (2018). However, it is sometimes possible to inadvertently breach confidentiality or share information inappropriately due to the situations community nurses find themselves in. It must be remembered that patients have a legal right for the medical records and other information to be kept confidential and the law also places an onus upon healthcare practitioners to uphold the duty of confidence (Dowie, 2024). These principles should always be upheld by nurses working in the community within all fields of practice.

Reference list

Allan E, Henderson L, Hay-Higgins E. Therapeutic relationships across the lifespan. In Chilton S, Bain H. A Textbook of Community Nursing. 3rd edn. London: Routledge. 2025. 145-177.

<https://doi.org/10.4324/9781003347545>

Alzahrani N. The effect of hospitalization on patients' emotional and psychological well-being among adult patients: An integrative review, *Applied Nursing Research*. 202: 61

<https://doi.org/10.1016/j.apnr.2021.151488>

Arnold E. Developing Patient-Centered Therapeutic Relationships. In: Arnold E, Boggs EC, Underman K. *Interpersonal Relationships E-Book: Professional Communication Skills for Nurses*. 8th edn. China: Elsevier 2020: 176-205.

Barry V, Stout ME, Lynch ME, et al. The effect of psychological distress on health outcomes: A systematic review and meta-analysis of prospective studies. *J of Health Psych*. 2019: 25(2);227-239.

doi:[10.1177/1359105319842931](https://doi.org/10.1177/1359105319842931)

Bosley H, Parham G. Infection Prevention and Control in the Community. In Oozageer Gunowa N, McBride M. *A Clinician's Survival Guide to District Nursing*. Amsterdam: Elsevier 2025: 34-44

De Veer AJE, De Groot K, Verkaik R. Home care for patients with dirty homes: a qualitative study of the problems experienced by nurses and possible solutions. *BMC Health Serv. Res*. 2022: 22; 592-603. <https://doi.org/10.1186/s12913-022-07988-2>

Dowie, D. The law and professional considerations of confidentiality. *Br J Comm Nurs*. 2024;29, (4); 160-161. <https://doi.org/10.12968/bjcn.2024.29.4.160>

Ferguson E, Wiseman L, Stratton F, Evans C, Linton J, McLeod L, MacArthur J. Exploring the delivery of end-of-life care by community nurses. *Br J Comm Nurs*. 2023; 28, (11); 542-548.

<https://doi.org/10.12968/bjcn.2023.28.11.542>

Griffith R. The changing nature of the district nurse patient relationship. *Br. J Comm Nurs*. 2016: 21 (6); 311-313. <https://doi.org/10.12968/bjcn.2016.21.6.311>

Griffiths J. Person-centred communication for emotional support in district nursing: SAGE and THYME model. *Br. J Comm Nurs*. 2017: 22 (12); 593-597. <https://doi.org/10.12968/bjcn.2017.22.12.593>

Nursing and Midwifery Council. The code: professional standards of practice and behaviour for nurses, midwives and nursing associates. 2018. <https://www.nmc.org.uk/standards/code/> (accessed 16 February 2025)

NICE. End of life care for adults: service delivery. 2019. <https://www.nice.org.uk/guidance/ng142>. (accessed 15.3.25)

RCN. Confidentiality. 2025. <https://www.rcn.org.uk/Get-Help/RCN-advice/confidentiality>. (accessed 15.3.25)

