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Citation: McBride, M. (2025). The code and community nursing: promoting professionalism and trust. *British Journal of Community Nursing*, 30(8), pp. 370-372. doi: 10.12968/bjcn.2025.0132

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Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/35883/>

Link to published version: <https://doi.org/10.12968/bjcn.2025.0132>

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The Code and community nursing: Promoting professionalism and trust

Key words

NMC Code, Promoting professionalism, boundaries, student nurses, social media, community nursing

Introduction

The NMC (2018) states that all nurses, midwives and nurse associates must uphold the professional standards set out in the code and deliver high quality care and services to the public, regardless of the setting. It is vital that patients, service users and colleagues have clear, consistent and positive messages about what they can expect from the nursing professions, and this can pose challenges within the sphere of community nursing, due to the diverse and complex nature of their work (Harper-Ovstebo & Mair, 2024). Community nurses are highly autonomous practitioners, acting with integrity, advocating for patients and providing evidenced-based care as they build a trusting therapeutic relationship with their patients. The NMC code (2018) states that nurses should be committed to these high standards of practice and clearly outline how this will be achieved within the Prioritising People section of the code.

20. Uphold the reputation of your profession at all times
21. Uphold your position as a registered nurse, midwife or nursing associate
22. Fulfil all registration requirements
23. Cooperate with all investigations and audits
24. Respond to any complaints made against you professionally
25. Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system

The creation of the nurse-patient relationship is essential for effective care and often in the community, patients might get the same nurse visiting them multiple times. It is well

documented that there is a challenge in maintaining boundaries when delivering a professional service in domiciliary settings whilst keeping interpersonal relationships at a level to allow work to be undertaken (Queens Institute of Community Nursing, QICN, 2014). Evidence suggests that nurses invest conscious effort in getting to know their patients and building relationships, but at times patients also seek personal information about the nurse, in order to feel some connection (Strandas & Bondas, 2018; Wälivaara et al , 2013). Trust is imperative and often linked to personal sharing and intimacy, personality and attitude and a level of reciprocity, which is important if nurses are truly going to understand their patients' needs (Strandas & Bondas, 2018). However this often comes with its own challenges and without the physical boundaries that an inpatient setting provides, nurses often find themselves self-imposing restrictions to maintain professional boundaries but still maintaining the therapeutic relationship (Wälivaara et al , 2013). The NMC code (2018) is very clear in section 20 that all registrants must stay objective and always have clear professional boundaries with people in their care, which includes their family members and informal carers. Therefore, the art for community nurses is to maintain a connection that fosters a trusting relationship to facilitate positive health outcomes, whilst seeing themselves separate from the patients, which can require judgement and interpretation (Unhjem et al, 2018). It is possible to integrate personal elements into professional interactions, but this comes with experience and can be subjective; newly qualified nurses often highlight this challenge when they commence their first community nursing post. It is important that community nurses embrace this professional boundary to avoid being open to conflict, critique or disciplinary action or encounter negative experiences from unpredictable patients' responses (Unhjem et al, 2018).

Social media

The concept of professional boundary regulation also applies to the use of social media for nurses. The NMC code (2018) provides very clear information regarding all forms of

communication which includes social media and networking sites, urging registrants to act responsibly and respect the privacy rights of others (section 20.10). The NMC (2020) also substantiates this with additional principles that guide nurse, midwives and nurse associates to consider potential issues with social networking. This guidance states that individuals can put their registration at risk if they share confidential information, post inappropriate pictures or comments about patients, build relationships with patients, encourage violence or incite hatred or discrimination. The speed with which these platforms can share information, makes it potentially even more damaging and often they demonstrate minimal regulation which questions their suitability for a professional that values privacy and confidentiality (Thrumble & Gunowa, 2022). There have also been concerns regarding reliability of content as there is often unmoderated distribution of information (Khanum et al, 2016). However, there are countless benefits for using social media which include building professional relations, establishing support networks, accessing professional resources, creating an inclusive environment, enhancing personal autonomy in learning and improving clinical practice (NMC, 2020; Thrumble & Gunowa, 2022). The additional challenge that could be encountered in the community relates to the potential blurring of personal and professional boundaries particularly if private and professional social media accounts are combined. However, if community nurses utilising social media for networking are considerate, cautious, apply diligence and professional judgement, they can reap the benefits which include rich peer dialogue, improving patient safety through innovative practice and enhancing professional connections which can often improve inclusivity in a community of nurses that are often marginalised.

Supporting student nurses in the community

In section 20, the NMC code (2018) emphasises that all nurses should act as a role model of professional behaviour for students and newly qualified nurses to aspire to; community nurses in particular have a key role in supporting students to become competent, whilst potentially

attracting them to the community environment (Unhjem & Hem, 2025). It is no surprise that there are barriers for student nurses when it comes to selecting the community as their first destination post, therefore even more importance should be attributed to providing the best experience for them when the opportunities arise. Student nurses need to gain awareness of the role of the district nurse, the wider structure of community healthcare and what kind of preceptorship support they are likely to receive (Lavery & Morrell-Scott, 2024). They also need to feel a sense of belonging and be reassured that the community is a suitable place to start their career as a newly qualified nurse, thus establishing their professional identity in an area that supports staff wellbeing and self-care (Murphy & Clarke, 2024). During their time on a community placement, the student nurse needs to understand that although there might be risks, facilitating holistic person-centred care to an individual in their own home is the most rewarding form of nursing (Carr et al, 2018).

In general, student nurses really value the support that they receive on a community placement (QICN, 2022) as they embrace a wide range of experiences and feel reassured by the one-to-one supervision that is often available. Students also appreciate the value of working in a multi-disciplinary team and will often gain more from a placement if they have engaged with preparation and explored all learning opportunities available to them (QICN, 2022). However, supporting students within a community nursing team doesn't come without its challenges, particularly if the teams are quite small and have a lower number of qualified practice assessors and supervisors. Often office space is at a premium and can be quite limited and the logistics of collecting students either on foot or by car can add additional time onto an already busy allocation. As Norman and Meszaros (2021) suggest, challenges are often catalysts for change, so these factors should not be seen as barriers to supporting pre-registration nurses, but an opportunity to discover alternative innovative ways of enhancing learning. Where appropriate, students can organise outreach visits to spend more time with other health and social care professionals, corporate teams or voluntary agencies and charities which will also

increase their knowledge and understanding (Norman & Meszaros, 2021). On occasions blended learning can also be a valuable way to facilitate a community experience if it is prepared well, robust in content and seen as appropriate for meeting the placement learning outcomes and proficiencies.

Due to the diversity of the student population, and a focus on widening participation to reduce inequalities in education; students often present with a wider range of specific learning needs (Murphy & Clarke, 2024). It is up to the practice assessor and supervisor to try to best accommodate reasonable adjustments to reduce disadvantages but also support inclusivity in terms of educational opportunities (QICN, 2022; NMC, 2023) See scenario box 1. Whilst the community nursing teams will always endeavour to make reasonable adjustments and adapt to the needs of the students, they are not always made aware of the requirements in a timely fashion and sometimes the functional aspect of the role actually creates a barrier. At times like these, it is vital to engage the support of the link lecturer, listen to the student to reduce their apprehension and ensure that they have engaged with the full induction and a pre-placement visit if possible (Carr et al, 2018). For students to be inspired to take their first post in the community, they need to have a wide range of experiences and be aware of the dynamic career

Scenario box 1

Louis is a first-year student nurse who has been allocated to the district nursing team for his second placement. He will be with the team for 6 weeks and Gifty been allocated as his practice assessor (PA). The day before his placement starts, Louis speaks to Gifty on the phone to say he has a diagnosis of autism and dyslexia and thought that she should be aware. He stated that he has been cleared by Occupational Health and also has a statement of reasonable adjustments that has been provided by the University. Gifty is worried, as she has never supported a student with these sorts of requirements before and is not sure how he will cope in the busy team.

- What actions do you think Gifty should take to make reasonable adjustments for Louis? How can she promote inclusivity?
- Who can she approach for support, advice and guidance?
- What information does the NMC provide regarding supporting students with specific learning needs?

opportunities available to them; all of which can be achieved with a positive placement experience and effective role modelling.

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