



Short Communication

Can community as a whole be a client for nurses?

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Community Health Nursing and Public Health Nursing has a long history in the world. However, most of the times it is associated to care in community more than care to community [1].

Meanwhile, an important political and social context evidence is revealing the need to empower communities as a whole, in order to promote their own capabilities to solve their own problems. Problems related with a lack of participation of citizens in the decisions related to community problems (abstention in political choices, low existence of organizational structures that involve each citizen in the decisions to promote solutions or a lack of literacy to leadership concerning to health promotion, as previewed since Ottawa).

Nursing, as a science, it is concerned to Persons in their intentional processes (influenced by knowledge, beliefs or life values), their unintentional processes (such as physiological issues) and their processes of interaction with environment (like the political, economic, social or cultural environment) [2]. In the professional dimension has made the evolution of its clinical decision-making, always anchored in this assumptions [3,4]. However, community, in the nursing models and theories that emerged at the last 50 years of the twentieth century, was always a context or a resource to individuals or family care [1]. There were, from the last decade of twentieth century, emerging theories and models sustained by a systemic view of the client of nurses, in a collective perspective, such as Calgary Family Assessment Model and Calgary Family Intervention Model – CFAM and CFIM [5] or Dynamic Model of Family Assessment and Intervention- MDAIF [6]. This models allowed the comprehensive organization of clinical decision in Nursing (from de diagnose process to the intervention and assessment of health gains), focused in a collective client, in this cases, the family as care unit of nurses.

Based on MDAIF and on the Continuous Model of Community Empowerment (CMCE) propose by Laverack [7], has born a theoretical model in Community Health Nursing: the Community Assessment, Intervention and Empowerment Model – MAIEC [1,8,9]. This model presents the concepts of Community, Community Environment, Community Health and Nursing Care to Community, shaped on the metaparadigms of Nursing propose by Fawcett [2]. It also presents the assumptions and postulates that orient the vision of nurses to community as their unit of care. Having also a prescriptive domain, MAIEC has a Clinical Decision Matrix, that prescribe the diagnose activity of nurses to communities, and the nursing interventions, considering the International Classification for Nursing Practice- ICNP [10].

The differences between MAIEC and those other models, is the fact that Laverack’s model is not related to nursing, and don’t have, this way, theoretical concepts associated to nursing metaparadigms. CMCE explains the community empowerment process, and MAIEC integrates this process in nursing process, associating it to a nursing clinical-decision matrix, that prescribes nursing decisions since diagnosis to the identification of health gains, sensitive to community health nursing care. CFMA and CFIM, and MDAIF, although having a systemic approach in nursing decision, are focused in Family as unit of care and not in Community as unit of care. This is the fact that makes MAIEC the only nursing model, actually identified, that is focused on community as the central target of nursing care, considering all the processes associated to community as a whole. MAIEC clinical-decision matrix, considering “Community management” as the main focus and “Community Process”, “Community Participation” and “Community Leadership” as diagnostic dimension foci, associate nursing diagnosis activity based on community empowerment as process (when considering criteria related



to the process propose by CMCE). Indeed, also considers community empowerment as result (when possibly the assessment of health gains by the change on nursing judgments in the main and secondary foci of nursing).

This model is being tested in different kinds of communities, with a research that has its epicentre at the Centre for Interdisciplinary Research in Health (CIIS) at Universidade Católica Portuguesa (Porto, Portugal) [11-13]. One of major results of the study is that the use of MAIEC promotes community empowerment [14]. This way, Nurses, and especially Community Health Nurses are important resources in health to promote the community empowerment to increase the health conditions of the world related with major Public Health problems. For this reason, we identify challenges like epidemiological phenomena that demand the communities as a whole develop community coping to protect it selves from diseases. There are also political and social problems like poverty, discrimination, violence or mental health problems that demand a collective mobilization to solve it with sustainability.

Now there is the chance to have a nursing approach that promotes the effectiveness of community partnerships [15], and health gains sensitive to Community Health Nursing care, to answer this major problems.

The main advantages that we have identified with the use of MAIEC are

The increase of community empowerment associated with community nursing care, with an objective instrument that allows assessing the impact of using MAIEC in this domain [14]; This way, it is a very good instrument to value the community health nursing care in communities, giving contribution to social visibility of Community Health Nursing.

The opportunity to document nursing process related to community care in Information Technology used in Portuguese Health Service (because of the use of ICNP in nursing decision-making matrix), enhancing the production of indicators that promote the contracting of nursing care to communities. Therefore, in addition, it is a good support to community health nursing services management.

The potential relation between the health gains in "Community Management" and the and the economic return on investment in community intervention projects, considering that health resources are scarce and should consider community empowerment to monetize it, as demonstrated by zambrano and his collaborators [16]. In this matter, the use of MAIEC possibly the community participation and shared leadership in solving community problems, leveraging more resources with less costs and better results, due to the way in which community leaders and members are appropriately involved in the therapeutic relationship process.

The limitations of the use of MAIEC should also be considered

The fact of being an innovative paradigm in nursing requires

an intensive training, and specialized curricula, because it is an advanced nursing care to communities. The human resources in Community Health Nursing in Portugal are scarce, so the use of MAIEC demands a growth in this nursing speciality resources.

The contexts are not familiar with this systemic approach of the community as a client and it is still necessary to build a therapeutic relationship of trust with communities, considering the empowerment as the philosophy of relationship between nurses and these communities.

In the year that World Health Organization promotes 2020 as the Year of the Nurse and the Midwife, our research results are a very important contribute to evidence the major importance of Community Health Nurses as a scientific and professional taskforce that enhance community health and community empowerment as process and result of their approach. The research team is now developing research strategies to identify the economic impact on the investment in nurses to approach communities as unit of care, measuring MAIEC impact in the community empowerment [14].

Can community as a whole be a client for nurses? Not only is it possible, it is a right for world communities.

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