

The nurse's role in preventive care in the field of community nursing

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Abstract

OBJECTIVES: According to published reports from the WHO, health care is undergoing a transformation that reflects the increasing importance of community care based on social, group, and individual needs. Community health care is provided by multidisciplinary teams, with nurses occupying irreplaceable positions. Nurse competencies constitute significant potential in the area of community based preventive care as well as the more traditional roles in treatment and recovery.

METHODS: Data was obtained from health care professionals and the public through a structured interview. The study population included 1,007 physicians, 1,005 nurses and 2,022 laypersons. Respondents were selected randomly with the aid of quotas. The parameters for the selection of health care workers (nurses and physicians) were constructed based on registration data from the Institute of Health Information and Statistics. Layperson selection was based on data from the Czech Statistical Office. The Statistical Analysis of Social Data program (version 1.4.4) was used to process the data, which was in the form of 1st and 2nd degree contingency tables. The dependence level was determined based on χ^2 and other testing criteria (according to the character of the signs).

RESULTS: The results show that respondents perceive the concept of a “community nurse” as a nurse working independently in local neighborhoods and communities. Results also showed that work in senior care, followed by home care, and care for chronically ill patients were the most preferred. A role for nurses in health care education centers was only supported by 13.1% of physicians, 13.8% of nurses, and 6.8% of laypersons. The results also reveal that community nursing is perceived by both health care professionals and laypersons as fieldwork (i.e. work not based in a hospital or clinic environment), yet, at the same time, it was perceived as work that dealt with people needing health care. The results also reflect the opinion that the establishment of an independent nurse in the workplace (in the form of preventive care) could lead to an increase in the quality of care for employees (65.7% of physicians and 70.8% of nurses), an improvement in workplace health education (33% of physicians and 34.7% of nurses) and would provide support for healthy work environments (31.4% of physicians and 30.4% of nurses).

CONCLUSION: Our results lead us to conclude that the health care system in the Czech Republic needs to better utilize the potential of trained nurses in the field of community health care. Additionally, steps need to be taken to increase job opportunities and staffing for nurses wanting to work in community health and preventive care.

INTRODUCTION

Community health care makes a significant contribution to the general health of the population and holds a crucial, irreplaceable position in overall health care. In the 1990s, significant health care reforms were initiated in member countries of the European Region of the World Health Organization. Most health care systems of most countries underwent a significant transformation. As a result, the length of hospital stays has been steadily reduced and efforts to further minimize length of hospitalizations has lead governments, under the WHO's guidance, to become increasingly aware of the economic and social significance of each citizens' health (Bártlová 2009). Ideally, community health care should be a multidisciplinary team effort in which nurses play an important role alongside general practitioners, psychologists, physiotherapists, nutritionists, midwives and other specialists. Their role in community health care complies also with their mission in the society. To ensure all tasks resulting from the mission, it is important that their number is regulated at national level. As Betlehem and Olah (2007) state, the highest managers in nursing and the politicians should know how to plan their number and scenario; it should be emphasized that planning can constitute a useful tool to ensure high-quality nursing care. So nurses play an important role also in providing for reform strategies related to transformation of health care in hospitals but also in preventive care facilities. Community health care services provide individuals and families with care at specific locations. These sites provide convenience by being closer to where people live and work and they provide easier accessibility for at-risk population groups and those with disabilities (Jarošová 2007).

As Bullough and Bullough (1990) stated, community health nursing influences all areas of life from birth to death. Their publications categorized individual areas of community nursing as follows: community health nurses; visiting nurses (providing home care), midwives (caring for women before, during and after birth), community nurses for children, community psychiatric nurses, nurses involved in caring for physically and mentally handicapped persons, school nurses, and nurses involved in preventive care in the workplace. Hanzlíková *et al.* (2006) emphasized that community nursing is tasked with preventing diseases as well as protection, preservation and support of public health. Community health nursing focuses not only on the

performance of therapeutic interventions, but also on consultative, educational, managerial, and preventive duties. Nurses use a holistic approach with regard to health care and preventive care, and health education and health management, as well as providing coordination and continuity of health care for individuals, families, and communities. The WHO (2000, 2003) also published a detailed description of the above-mentioned activities that can be provided by nurses in the provision of direct health care services to the public. Nurse competencies and roles within the health care systems of developed countries comply with the aforementioned WHO strategy, in which a person's overall health holds an important place.

Health is one of the fundamental concepts of nursing and it includes several components: physical, mental, spiritual, social, intellectual, and environmental (Koňošová 2006). This definition of health is also in compliance with the best-known WHO definition of health, which states that health is a condition of complete physical, mental, and social well-being, as opposed to only being an absence of disease or weakness (Hanzlíková *et al.* 2006; Koňošová 2006; Líšková 2013). Koňošová (2006) further states that an understanding of health as a concept depends on the society, the degree of its development and its culture. All of these things are reflected in health care and subsequently in the tasks fulfilled by nurses in the relevant society. In the past, the concept of 'disease' was emphasized in nursing care, and therefore nursing care was particularly focused on treating the 'ill'. As social development continues, the focus has gradually shifted toward increasing overall health and taking a more proactive stance on preventive health care. Societal development is also reflected in the nurse's function and mission, and his or her competencies should comply with the new expectations. As part of fulfilling their missions, nurses' routinely work with people of all ages and, as Kozierová *et al.* (1995) noted, they advise the public on matters related to improving fitness, better nutrition, coping with stress and fostering good relationships within the community. They encourage people to get involved in the assessment, implementation, and evaluation of various programs to improve overall health. As Líšková stated (2013), the role of nursing in supporting health is significant at both theoretical and practical levels because support for health is the first domain in the international taxonomy of the NANDA nursing diagnosis. Current trends in health care have created roles for nurses based on scientific research, evidence-based practice, population needs, and development of a nursing profession within increased autonomy. Prevention is closely related to support of health and is designed as an activity to promote health rather than fight disease. It constitutes an important part of health care and strives to preserve human health.

The current health care system in the Czech Republic, which is primarily focused on providing care to

citizens needing therapy, but without addressing prevention and health support within the community, does not allow community care nurses to perform all of the activities described in the WHO guidelines. Home care nurses and nurses working with general practitioners (for adults, children or youth) are regarded or defined as being community care nurses. In both cases, nursing activities are limited exclusively to the physician's office. Although the nurse is, from a legal perspective, qualified to perform activities within the scope of nursing care without a physician's directive (i.e. completely independently on the basis of their own assessment of the patient's needs; Czech Republic Ministry of Health 2011), home nursing care must always be ordered by a physician, otherwise it is not covered by public health insurance (according to Czech legal regulations). Thus, the orientation of the Czech Republic health care system leads to a situation in which nurses are not involved in population-oriented preventive care directed toward the overall protection of public health, even though nurses are prepared for such activities during their professional education. This fact has led us to prepare a research project called "Nurse integration into the community care of the health care system of the Czech Republic and comparison with situation in EU countries", which was funded by the Internal Grant Agency of the Czech Republic Ministry of Health.

Among other things, the goals of the research project included performing a representative quantitative study to ascertain the opinions of both the adult population and health care workers (physicians and nurses) regarding the concept of a community health care nurse. There was also an assessment of which areas of community care should have increased involvement by nurses. Finally, there was an assessment of respondent opinions about increasing the number of employment opportunities for nurses in the field of preventive care.

MATERIAL AND METHODS

Data collection from laypersons and health care professionals was performed using a structured interview. Each respondent was informed about the research purpose and familiarized with the interview protocol. Participation in the project was voluntary and based upon informed consent.

The study population included 1,007 physicians, 1,005 nurses, and 2,022 laypersons. Respondents were selected randomly with the help of quotas. The parameters for the selection of health care workers (nurses and physicians) were constructed using data from the Institute of Health Information and Statistics. Selection of the laypersons group was based on data from the Czech Statistical Office.

The physician group was 47.3% men and 52.7% women. With regard to age, 40% was in the 45–54 age group. The nurse group was 96.8% women and 3.2%

men. Regarding age, 31% was under 34 years of age. The layperson group was 48.2% men and 51.8% women.

The Statistical Analysis of Social Data program (SASD, version 1.4.4) was used to process the questionnaire data. Analyzes was done using 1st and 2nd degree contingency tables, and the dependence level was determined based on the chi-square of the characteristic of the independence test (χ^2) and other testing criteria (i.e. by the character of the signs).

RESULTS

Preferred utilization of independent nurses in community based health care

The concept of a "community nurse" is not common in Czech health care practices. Based on the results, we can state that the perception of the "community nurse" concept is, in essence, identical in both physicians and nurses. More than 3/4 of respondents from both target groups perceive a community nurse as someone working in the field (i.e. outside of a health care facility). One of the key research moments concerned the effort to ascertain the degree to which health care professionals and laypersons feel there is a need for more nursing involvement in community care and if they consider increased involvement possible. The opinion of Czech public regarding the feasibility of independent nurses working in community care was relatively clear. Most of them (62.3%) were quite or definitely convinced that nurses could work independently in community care in the Czech Republic; the remaining 26.7% did not have a formed opinion on the matter. Only 11% of Czech laypersons were somewhat or strongly opposed to nurses working independently in community care. Therefore, we can say that most laypersons of the Czech Republic would welcome independent nurses working in community care. A more clearly defined opinion on this issue was held by women, who welcomed independent nurses working in the community; men, on the other hand, were less certain about the issue and usually chose the answer, "I don't know." The results have an $\alpha=0.001$ and the chi-square characteristic for the independence test (χ^2) has a value of 18.553 with 4 degrees of freedom. Therefore, opinions on this issue were influenced by the respondent's gender. Age also influenced opinions; older ages (over 55 years) more frequently chose the answer, "I don't know," which means that their opinions on the matter were less unambiguous.

However, it would seem that the public is convinced of the benefits of independent nurses working in community health care. The research further showed which areas of community care respondents felt would be the best utilization of independent nurses, i.e. which areas need nursing services the most. Senior care was the area mentioned most often among all groups (63.4% of laypersons; 53.0% of physicians, and 50.1% of nurses). Home care where care is provided to people in their natural environment (in terms of support) was considered

the second best utilization among all groups (43.1% of physicians, 43.0% of nurses, and 31.4% of laypersons). Care for chronically ill patients was considered the third best utilization (35.3% of physicians and 36.2% of nurses), while laypersons felt that care for incurably ill patients was the third best utilization (29.1%). Nursing work in health education or in health education centers was considered important by only 13.1% of physicians, 13.8% of nurses, and 6.8% of laypersons (results are presented in more detail in Figure 1).

Opinions regarding independent nurses in workplace health care and workplace preventive medicine

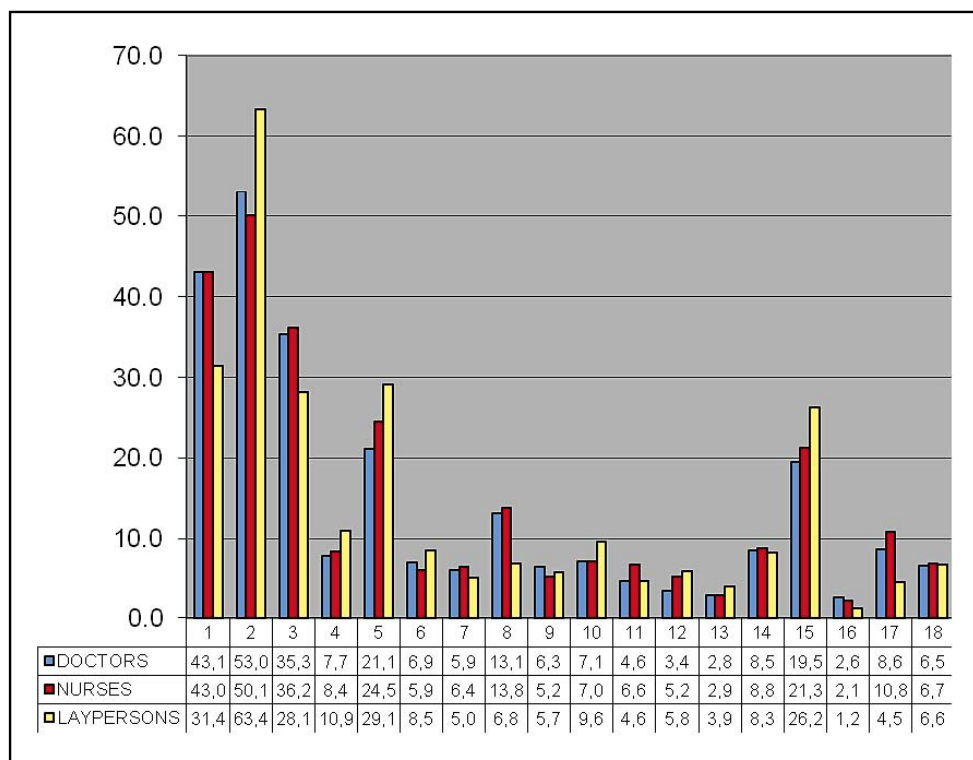
The physicians and nurses included in our research groups were asked, "Whether they could imagine a nurse in workplace preventive care, working independently and directly with employees." Based on the results, we can state that the prevailing opinion of health care professionals (doctors and nurses) in the Czech Republic is that there is a need for more opportunities for independent nurses in workplace or occupational health care. The opinions of physicians and nurses on this issue were similar. Almost 7/10 (69.2%) of physicians and more than 7/10 (72.5%) of nurses were quite or definitely (respectively) convinced that an independent nurse could find employment in this area; a small portion (14% of physicians and 9.9% of nurses) rather or definitely could not foresee the employment of independent nurses in occupational health care. The remaining approximately 17% of respondents from both groups

did not have a clear opinion on the issue and answered, "I don't know," physicians were slightly more skeptical about the potential involvement of nurses in occupational health care than nurses; however, these differences were not statistically significant within the target groups of physicians and nurses. This indicates that the opinions on the issue are homogeneous and do not differ by individual demographic and socio-professional characteristics. Both physicians and nurses believed that independent nurses could find employment in the area of occupational health care in the Czech Republic.

With regard to laypersons, their opinions concerning the possibility of independent community nurses working with employees were not investigated, but they were asked whether the nurse of company's physician was involved in health support at their workplace. The question was filtered, which means that it was only answered by employed laypersons who stated that they have examinations with a company physician. The question was, "Is the nurse who works at your company's physician's office involved in health support at your workplace?" The results show that only 27.5% of respondents responded positively. Most (45.1%) laypersons believe that it is rather or definitely not the case; while 27.4% were uncertain about the matter and answered, "I don't know." Based on the results, it can be stated that, at present, nurses who work in company physician offices are usually not involved in occupational health care.

The potential benefits from the establishment of an independent community nurse in workplace preventive care were ascertained from healthcare profession-

Fig. 1. Work area preferences (by group) within community care nursing (in %). $N = 1007$ (physicians); $N = 1005$ (nurses); $N = 2022$ (laypersons). **Legend:** 1. home care; 2. senior care; 3. care for chronically ill patients; 4. visiting nurse care for children; 5. care for incurably ill patients; 6. care in a general practitioner's office; 7. independent nursing units; 8. health care education centers; 9. health education for children; 10. care for pregnant women; 11. family care; 12. care for school children; 13. Visiting nurse services for mothers; 14. care for mentally ill patients; 15. care for the terminally ill; 16. care for minorities; 17. care for at-risk groups; 18. no area of preference. (Note: the sum of relative frequencies exceeds 100% because the respondents could select more than one area, with a maximum of three).



als with the aid of the following close-ended question: “What benefits could result from the establishment of an independent nurse for workplace preventive care?” The respondents could choose several (three at a maximum) potential benefits. The results show that, with regard to potential benefits there was concordance among physicians and nurses in the ranking of benefits by importance. With regard to the degree of preference, physicians and nurses evaluated individual benefits similarly, as well. The unambiguous results show that the greatest benefit an independent nurse would be improved care for employees (65.7% of physicians and 70.8% of nurses), improved health education within companies (33% of physicians and 34.7% of nurses), better support for a healthy working environment (31.4% of physicians and 30.4% of nurses), and vaccination registration (26.7% of physicians and 31.8% of nurses). The above-stated benefits were considered the most important by physicians and nurses; with improved care for employees being unambiguously the greatest benefit as voted by all respondents. The least important benefit (physicians and nurses) employment knowledge and the elimination of workplace anonymity (18.2% of physicians and 14% of nurses). 11.1% of physicians and 8.9% of nurses saw no benefits in the establishing of such of role for nurses.

An important factor in the establishment of an independent community nurse in workplace preventive care involves the duties and responsibilities of their work. Therefore, all target groups were asked which nurse duties and responsibilities should be part of occupa-

tional health care and workplace preventive care. This was ascertained through a set of close-ended questions: respondents were provided with 12 possible activities and asked to formulate an opinion about each. They were able to choose the following answers: “I agree,” “I don’t know” and “I disagree.” 82.7% of physicians stated that nurses should perform consultations pertaining to lifestyle; 82.5% of nurses had the same opinion, and 67.6% of laypersons expressed the same opinion, too. Approximately 2/3 of all respondents stated that nurses should provide information about health projects occurring at the workplace. Additional results from physicians, laypersons, and nurses regarding their attitudes related to potential community nurse activities in the area of occupational health care and workplace preventive care are summarized in Table 1. To better arrange and determine the rank and significance of individual activities in the scope of occupational health care and workplace preventive care, an index (weighed arithmetic mean) was calculated for each activity, and an activity ranking was created based on its value, according to the importance assigned to it by the relevant target group. The lower the mean value, the higher the weight assigned to the activity. The results are presented in Table 2.

DISCUSSION

The results of our survey demonstrate that most professional healthcare workers, i.e. nurses and physicians, perceive community nurses as being nurses who work

Tab. 1. Opinions regarding potential community nurse activities in workplace preventive care.

	I AGREE			I DON'T KNOW			I DISAGREE		
	PHYS.	NUR.	LAY.	PHYS.	NUR.	LAY.	PHYS.	NUR.	LAY.
1. Consulting on lifestyle	82.7	82.5	67.6	9.8	12.1	24.5	7.5	5.4	7.9
2. Risk assessment at the workplace	42.9	41.5	44.8	32.1	36.1	36.0	25.0	22.4	19.2
3. Provide information about health projects occurring at the workplace	70.4	71.0	64.7	19.4	21.3	27.7	10.2	7.7	7.6
4. Pass on new information about health and safety at work	51.5	53.3	48.4	27.7	26.6	30.8	20.8	20.1	20.8
5. Assess microclimatic conditions of the workplace	34.6	33.2	35.6	30.1	33.5	34.6	35.3	33.3	29.8
6. Provide first aid	79.5	86.1	80.4	11.8	9.8	14.6	8.7	4.1	5.0
7. Keep a record of employee vaccinations	60.9	64.6	76.0	21.9	16.7	17.2	17.2	18.7	6.8
8. Monitor the level of company catering	41.1	37.0	43.5	29.2	31.5	34.6	29.7	31.5	21.9
9. Supervise periodic preventive employee examinations	69.5	69.9	76.5	16.4	17.0	15.1	14.1	13.1	8.4
10. Determine employee risk groups	55.2	59.2	48.7	24.9	25.6	34.0	19.9	15.2	17.3
11. Supervise the use of protective work devices	51.0	51.1	38.1	25.4	26.0	27.6	23.6	22.9	34.3
12. Resolve stress situations involving job performance	50.5	54.0	44.2	30.3	28.8	37.4	19.2	17.2	18.4

(in %) N = 1007 (physicians); N = 1005 (nurses); N = 2022 (laypersons)

Tab. 2. Ranking of community care nursing activities in workplace preventive care according to the importance assigned to them by health care professionals and laypersons.

	MEAN			RANKING		
	PHYS.	NUR.	LAY.	PHYS.	NUR.	LAY.
Provide first aid	1.291	1.181	1.246	2nd	1st	1 st
Consulting on lifestyle	1.247	1.229	1.404	1st	2nd	4th
Provide information about health projects occurring at the workplace	1.398	1.366	1.428	3rd	3rd	5th
Supervise periodic preventive employee examinations	1.446	1.433	1.319	4th	4th	3rd
Keep record of employee vaccinations	1.536	1.541	1.309	5th	5th	2nd
Determine employee risk groups	1.646	1.560	1.687	6th	6th	6th
Resolve stress situations involving job performance	1.686	1.632	1.741	7th	7th	8th
Pass on new information about health and safety at work	1.692	1.668	1.724	8th	8th	7th
Supervise the use of protective work devices	1.726	1.717	1.962	9th	9th	12th
Risk assessment at the workplace	1.821	1.809	1.744	10th	10th	9th
Monitor the level of company catering	1.886	1.946	1.784	11th	11th	10th
Assess microclimatic conditions of the workplace	2.008	2.001	1.943	12th	12th	11th

in the field (in the community, at home, etc.) with healthy and ill individuals. Their opinions comply with community care characteristics in which the activities of community nurses and other community workers are aimed at achieving the goals of the WHO guidelines and the Ottawa Charter from the 1970s. The goals of these two documents can be achieved if a health care system is structured to provide attention to preventive activities, and if the global community respects human rights (particularly those of women, children, and other marginal and vulnerable groups (Francis *et al.* 2008)). The Czech Republic must create a health care system in which systematic and planned community care will be implemented. Czech nurses must also be involved in population-targeted preventive care for those without public health protection. However, in the Czech Republic such activity is delegated to public health protection workers, particularly within health care institution activities, which does not provide a satisfactory solution. Allender *et al.* (2010) pointed out that community nursing arises from the merging of nursing and public health sciences. They also quote the American Nurses Association's definition of public health nursing as follows: "Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health science" (Allender *et al.* 2010, p. 18). Even primary medical care nursing duties do not presently contain a systematic approach, but such an approach is indispensable in comprehensive community nursing care. On the contrary, over the last 20 years, primary care in the Czech Republic has gradually become more restrictive and has even eliminated standard nursing activities aimed at preventive community health care, that had successfully been performed prior to 1990 (e.g. preven-

tive home visits by pediatric nurses or midwives were discontinued and the role of geriatric nurses was completely eliminated without a suitable, corresponding substitute). The necessity for nurses in the above-stated areas is also demonstrated by our research results. This finding is based upon participants' responses to the question regarding which community care areas have the greatest need for nurses, or in which areas their activities would be needed most: all target groups stated that the best utilization would be senior care, followed by home care, care for chronically ill patients, care for incurable patients and care for the terminally ill. The results also reflect the fact that community nursing is still perceived as work with ill individuals, both by professional health care workers and by laypersons. Nurses are not perceived in the manner described by Kickbusch in 1990; that is, as important actors in health support in connection with the UNO and WHO guidelines in which 'health support' is understood as a society-wide process allowing the individual, family and society to create conditions for the preservation, strengthening and improvement of the general level of health and for acquisition of some control of it. As Lišková (2013) states, health support should deal with the population as a whole in the context of daily human life, and not only with persons exposed to risk of specific diseases, with a focus on the effects of health determinants or causes. Health support should constitute a set of interventions with the goal of improving the degree of an individual's health, as well as elevate the priorities and values placed on health by the public, politicians, and decision makers.

Nurses should have a significant place in workplace preventive care, because workplace support and health protection is covered by a number of legisla-

tive regulations. Such activities should have an educational component that encourages employees (and their families) to maintain a healthy lifestyle (Šedová and Bártlová 2010). Our investigation also included questions aimed at this area of community nursing. We observed that the opinions concerning the potential benefits of having an independent nurse associated with workplace preventive care were very similar among individual target groups. Thus, it can be stated that nurses, unlike physicians, have more of a tendency to see the benefit of improved care for employees, improved health education in the workplace, maintaining employee vaccination records and easier evaluation of psycho-social risks. Compared to nurses, physicians had a greater preference for better support for a healthy work environment and a better understanding of individual employee issues and problems – elimination of anonymity.

Respondents' opinions regarding the most important activities for an independent nurse in workplace preventive care listed the following activities as the top five among all target groups: the provision of health care, consulting on lifestyle, providing informing about health projects occurring at the workplace, supervision of periodic preventive employee examinations and maintaining employee vaccination records. These activities represent the preferred utilization for community nurses in the scope of workplace preventive care. Physicians and nurses put greater emphasis on lifestyle consultations and information about health projects occurring at the workplace; laypersons had a greater preference for the maintenance of employee vaccination records and the supervision of periodic preventive employee examinations. In all target groups, the least preferred activities were the supervision of protective work devices, risk assessment at the workplace, monitoring of the level of company catering and the assessment of microclimatic conditions at the workplaces. The low preference of these nursing activities in the area of workplace preventive care is probably caused by the fact that such activities are presently performed by other professionals at the workplace. The above-mentioned results also allow us to state that the respondents are aware that nurses could play an important role in caring for employee health. Nurses are already prepared for such activities, but it is most desirable for them to be integrated into the health care system and provide preventive care according to their competencies. It is also desirable for society press for the necessary funding of such care.

CONCLUSION

Community health care, particularly in relation to nursing services, is the key to improved health, physical, and mental well-being of all people. At a time when the transformation of Czech health care services is still under way and financial resources are being

sought, community care constitutes a challenge for all politicians, since in developed countries, nurses are considered to be the most important resource for implementing reform strategies in hospitals, reduction in hospitalization times, and development of community care. Within a number of European Union countries wherein the community care system has been implemented, nurses work within communities to provide primary, secondary and tertiary prevention and provide health support for individuals throughout their entire life (Tóthová *et al.* 2010). Czech nurses are prepared to fulfill roles in community nursing, but in order for this to take place, Czech Ministry of Health representatives should take into account the implementation of community nursing care during strategic planning for the development of health care.

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