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THE MEANING OF COMMUNITY HEALTH NURSING: VOICES OF UNDERGRADUATE NURSING STUDENTS

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Nurses play an essential role as community health care providers; they serve as an interface between acute and community care, using their skills and competencies in the delivery of continuous care. However, the work of community health nurses remains invisible in various arenas. Anecdotal evidence suggests that this invisibility may have an impact on the attitudes and knowledge of baccalaureate nursing students towards pursuing careers in community health nursing upon completion of their program. This paper presents findings from a recent study that explored undergraduate nursing students' perspectives on career in community health nursing. It unveils students' understanding of what community nursing is and presents their stereotypes surrounding this nursing specialty.

Keywords: Community health nursing, Nursing students, Meaning, Stereotypes, Career choice.

Background

There has been an ongoing shift in patient care from the acute care setting to the community because of shortened hospital lengths of stay, our aging population needing specialty care and the growing number of people living with chronic illnesses requiring interventions and monitoring (MacLeod, 2010). Nurses play an essential role as community health care providers; they serve as an interface between acute and community care, using their skills and competencies in the delivery of continuous care. The role of community health nurses, however, still remains invisible in various arenas. Anecdotal evidence suggests that this invisibility may have an impact on the attitudes of baccalaureate nursing students towards pursuing careers in community health nursing upon completion of their program.

Evidence shows that students and novice nurses are scarce in the community health nursing field (Cohen & Gregory, 2011; Schofield et al., 2011; MacLeod, 2010; Underwood et al., 2009). Further anecdotal evidence suggests that students show a lack of interest in community health nursing in both theory and clinical course placements (CHNC, 2009). To date, however, there is no national, provincial, or regional study in Canada pertaining to the viewpoints of undergraduate nursing students' perspectives on a career in community health nursing. It is beneficial for the profession to understand the personal and contextual factors that surround the decision to pursue community health nursing. As patient care increasingly shifts from hospital to community-based care, the demand for community health nurses is growing. Community health nurses are demonstrating a vital role in optimizing health, improving access to care and reducing the cost to the health care system. To meet the future demands for community health nurses, it is important to understand the factors that hinder or attracts students to the field of community health nursing.

The Canadian Community Health Nursing Practice Standards (2009) define the scope and expectations for the practice of community health nurses. The standards of practice allow for safe, ethical care, and support the ongoing development of community health nursing. They also set the stage for community health nursing as a specialty, provide a foundation for certification as a clinical specialty with Canadian Nurses Association, and inspire excellence in and commitment to community health nursing practice. The Canadian community health nursing standards of practice include promoting health, building individual and community capacity, building relationships, facilitating access and equity, and demonstrating professional responsibility and accountability (CHNC, 2011). These standards of practice are applicable to community health nurses who work in various areas of practice including education, administration and research (CHNC 2011). They identify the practice principles and variations specific to community health nursing in Canada. Today, because of these CHNC national standards, community health nursing is becoming increasingly seen as a specialty, and certification assures the public and other professionals that certified RNs have mastered a unique set of knowledge and skills for community health nursing practice. The Community Health Nursing specialty certification exam of the Canadian Nurses Association is a test open to registered nurses (RNs) with at least two years' experience in their area of specialty in nursing practice. This exam based credential (not course based) was introduced in April 2006.

There are many definitions of community health nursing. Mosby's (2009) Medical Dictionary, for example, defines community health nursing as a field of nursing blending primary health care and nursing practice with public health nursing. Community health nursing is an umbrella term that encompasses holistic care, primary health care and evidence According to Janice, Phyllis, sue & Wally, (2010) "Community health nursing is an evidence based practice-driven profession that seeks to improve the health and well-being of diverse individuals, families, and communities across lifespan" (p 3). This definition highlights the importance of evidence-base practice as a key part of community health nursing. Community health nurses use research evidence to provide, coordinate or facilitate direct care and link people to community resource in practice settings like health centres, homes, schools, etc. (CHNC, 2011). The terms 'community health nurse' and 'public health nurse' tend to be used interchangeably. However, community health nursing encompasses both home health nursing and public health nursing, both of which are historically connected through common beliefs, values, traditions, skills and their unique focus on promoting and protecting community health (CHNC, 2011). Community health nurses provide continuing and comprehensive care that is preventative, curative and rehabilitative. Community health nursing provides oversight of health care needs for individuals, families, or groups in neighborhoods, schools, workplaces, and homes. This oversight includes the provision of health assessments, interventions, monitoring, and evaluation of care to promote health and prevent problems associated with illness, injury, treatment or social condition. Community nursing practice also includes working with vulnerable populations and advocating to reduce inequities in health status and improving access to health services (McGibbon, Etowa, & McPherson, 2008).

Unique to community health nursing is its role in the development of healthy public policy, collaborative initiatives and establishment of a network and partnerships with other professionals and organizations (e.g. peer outreach workers, daycares, community health and resource centres, and police). Community health nurses partner with people where they live, work, learn, meet, and play to promote health and well-being of populations (CHNC, 2009). In Ontario, health promotion, illness prevention, and health protection are defined as the core services and functions of the Public Health Nurse required under the Ontario Public Health Standards.

The research explores undergraduate nursing students' perspectives on a career in community health nursing. The paper begins with the study purpose and objectives, followed by the research methodology. The themes of findings are presented and supported by narratives from participants. A discussion section situating the findings within existing literature is presented and the paper concludes with implications of the study and some key messages.

Purpose

This paper describes the findings of a study that examined undergraduate nursing students' perceptions on community health nursing. It focuses on the meaning they ascribed to community health nursing including some stereotypes surrounding this nursing specialty. The research explored undergraduate nursing students' perspectives on career in community health nursing. There is significant evidence that students and novice nurses are scarce in the community health nursing field. More concerning is the fact that students show a lack of interest in community health nursing in both theory and clinical course placements. Considering the limited research on this topic, our study was intended to fill this gap in knowledge and to give voice to undergraduate nursing students, with the ultimate goal of starting a dialogue among community health nurse managers, policy-makers, educators, and nursing students or graduate nurses.

Research Design

The study was a qualitative description as espoused by Sandelowski (2000). Sandelowski asserts that qualitative descriptive study is a research approach of choice when straight descriptions of phenomena are desired and are useful in obtaining straight answers to questions relevant to both health practitioners and policy makers. Qualitative description is useful for describing phenomena or events where little is known, and like other qualitative designs, it is carried out in natural settings. The primary sources of data were in-depth individual (IDIs) interviews and focus group discussion (FGD).

Sampling

Eleven students participated in in-depth individual interviews and two focus group discussions were conducted with local nursing leaders, and community stakeholders. The final study sample size was determined by data saturation, information redundancy: the point where no new information or new themes are emerging (Patton, 2002). The final participants were only females, representing two race/ethnicities (Caucasian, and Asian), ranging from ages 18-23. None of the 11 participants had previous experience working in community health nursing other than community health nursing practicum. Participants in this study were first and fourth year baccalaureate nursing students. The reason for including both first and fourth year students was to explore whether any patterns and trends over time or changes in viewpoints of students existed regarding a career in community health nursing upon completion of their undergraduate degree. The viewpoints of both levels were compared. More fourth year students were targeted during recruitment, since after speaking with the first-year students it became obvious that the first-year students had less insight on career choice due to limited exposure to nursing courses. Typically, nursing students take mostly non-nursing courses such as anatomy and physiology during the first year of the BScN program at the study site.

A study 'recruitment poster' was developed and posted at strategic locations within the campus with details of the research study. An 'Introduction to Study' letter was provided to students during a brief presentation in a fourth-year nursing class. In accordance with qualitative sampling, to obtain rich data and maximal variation on a specific phenomenon, the sample was derived purposely rather than randomly (Mays & Pope, 1995). Snowball sampling was also used to recruit participants. Both male and female nurses of all ages and from different years in the program were targeted for recruitment. Individual semi-structured interviews and focus groups were conducted with 11 nursing students and a group of key stakeholders. This is within the recommended purposive sample size to achieve maximal variation of the data within a qualitative study (Guest, Bunce, & Johnson, 2006; Morse, 1995). Participants were recruited over a period of nine weeks from January to March, 2015.

Ethics Considerations

Ethic approval for this study was obtained from the University of Ottawa Research Ethics Board. The researchers strictly adhered to the ethics protocol throughout the entire process. Consent was obtained from informants prior to engaging in any interviews or focus groups. Participants were reminded that the study was voluntary and that they could withdraw from the study at any time or decide not to participate. Important measures were also taken to ensure their confidentiality and privacy. For example, pseudonyms were assigned to the study files of participants to prevent the association between the collected data and participants' personal information. All study materials were stored in a secured and locked cupboard at the University of Ottawa. These materials will be destroyed five years after completion of the study.

Data Collection

The primary sources of data in the study were individual interviews and focus groups. Interviews and focus groups are the most common methods of data collection used in qualitative healthcare research (Gill, Stewart, Treasure & Chadwick, 2008). The interviews lasted approximately 35-50 minutes. The focus groups lasted about 45 minutes. All interviews (individual and focus group discussions) were recorded and transcribed verbatim. Focus groups were used to allow participants to provide comments and feedback on the preliminary findings of the study. It also served as part of the member-checking process, whereby participants validated the interpretation of their stories.

Data Analysis

The data analysis process began with the verbatim transcription of the audio recordings of the semi-structured interviews and focus groups discussion. Data were analyzed using the six thematic analysis steps as described by Braun and Clarke (2006): familiarizing with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and producing the report. Thematic analysis is described as a search for themes that are important to the description of a phenomenon (Daly, Kellehear, & Gliksman, 1997). It is a process in which emerging themes become the categories for analysis (Fereday & Muir-Cochrane, 2006). According to Braun & Clarke (2006), thematic analysis method involves identifying, analyzing, and reporting patterns (themes) within data. Inductive approach is the recommended approach when there are no previous studies dealing with a particular phenomenon or knowledge is fragmented (Elo & Kyngas, 2008). Given that very little is known about the issues surrounding the perceptions of nursing students on a career in community health nursing, an inductive approach to thematic analysis was used as it was the most appropriate.

In keeping with the principles of thematic analysis, we reviewed and re-read transcripts to familiarize ourselves with the data and to document preliminary observations. This was followed by the coding process, whereby data was analyzed and labels (codes) were generated and applied to data that were relevant to both research question and topic at hand. Then, the codes were examined for common patterns in search for themes. Preliminary themes were created and analyzed again. This allowed for new themes to emerge and some of the initial themes to become sub-themes. Each theme was then defined and named. Theme names were created to portray and capture a vivid story of participants. NVivo software was used for coding.

Trustworthiness of Data

Lincoln and Guba (1985)'s criteria for establishing the trustworthiness of data guided the research process to ensure rigor and credibility of the study findings. The criteria include dependability, credibility, transferability, and conformability. For example, data was shared with study participants through member checking to solicit their input and feedback on the researchers' interpretation of their stories. The thesis

committee members served as an external audit who provided consistent supervision and guidance throughout the study.

Results

This paper describes two of the major themes of this paper namely, 1). Defining community health nursing, and 2), stereotypes of community health nursing. Table 2 below provides an overview of these two themes. Descriptions of each of these themes are then presented in detail supported by quotations from the participants to illustrate the ideas represented in the themes. Participants had various definitions for community health nursing, however, most of them acknowledged that the less acuity of people cared for by community health nurses is one of the distinguishing features of the discipline. They also described several stereotypes they held about community health nurses. These stereotypes may play an important role in their decisions to pursue a career in this particular field of nursing.

Table 1. Overview of Research Findings

Theme	Sub-theme	Examples of Supporting Quotes
Defining Community Health Nursing	"Looking at the big picture"	Community health nursing means "working with the community as a whole as opposed to just one client." It is an occupation where "a nurse is trying to improve the health of a whole community... kind of looking at the big picture and outcomes for a whole community, not just one person."
	Strengthening and building community capacity	The level of interaction is different, where it involves community capacity building, looking at what a community needs to function properly, their specific living conditions that could be deterring their health, linking different community resources together and strengthening community
Stereotypes of Community Health Nursing	"Pearls and Pump nurses" in Community Health	community Health nurses are 'pearls and pump' nurses, because they are the ones that can dress pretty, they are not the ones that are getting their hands dirty and doing all sorts of procedures
	Community health nursing: "Not really nursing"	When I tell people that I want to go into community health nursing, I feel like they think less of me and I don't want to go into ICU and NICU...
	Ambivalence in career choice	I had always been interested in community health nursing but then with all the negative feedback I was getting, I asked myself 'is this really what I want to do?
	The easy way out	I have always been interested in community health nursing, but at one point I was thinking people are going to think I am taking the easy way out.
	Community health nursing: For the older generation	You hear so many reasons why students do not want to do community health nursing, but the most common ones I have heard are 'I want to go into Community later...when I am done doing shift work or when I run out of energy and I am ready to retire'...

Defining Community Health Nursing

The definition that participants had for community health nursing varied from one person to another; however, most definitions touched on community-centered care as opposed to health care of the individual. One participant described community health nursing as "working with the community as a whole as opposed to just one client." She indicated that it is an occupation where "a nurse is trying to improve the health of a whole community... kind of looking at the big picture and outcomes for a whole community, not just one person." Another participant went on to say, "the level of interaction is different where it involves community capacity building, looking at what a community needs to function properly, their specific living conditions that could be deterring their health, linking different community resources together and strengthening community." This participant touched on one of the Standards practices of community health nursing, *Building Individual and Community Capacity* as well as the social determinants of health, which can have a detrimental influence on people's health status. Another participant described community health nursing as "looking at the overall health of the community, deciding what is needed to improve the health of the individuals living in that specific area." Community health nurses play a major role in helping decide and design services and programs and the infrastructures needed to promote and sustain healthy lifestyles in specific communities. Those who identify as vulnerable populations are at risk for health disparities. Some community health nurses have assignments where they work with such populations as well as to healthy populations. One participant added that "community health nursing is nursing in the community with healthy populations and vulnerable populations, with an overall effort to improve their health." Other participants referred to acuity when describing community health nursing. Many felt that the lesser acuity associated with community health nursing was an important factor in differentiating it from other nursing specialty areas. One participant explained:

> Community health nursing is anything that is nurse or health-related that does not happen in an acute setting. It does not happen in a crisis. It is very much something that is not in a hospital, not an emergency situation, more of an ongoing process.

Another participant went on to add:

> Community health nursing is nursing where you are continuing the care that you can't get in the hospital, and it is designed for patients that are not acute…who can go to community health center or somewhere in the community to receive care other than the more acute places.

Working with individuals within a community for some participants, meant working with individuals who still may require care that is not "serious enough" for hospitalization. One participant explained that the "acuity levels in the community are not high at all; it is more dealing with individuals who have been discharged from the hospital and are receiving follow-up treatments and care that does not require hospitalization."

Almost all participants described community health nursing using the concept of *Health Promotion,* which is the first Community Health Nursing Standard of Practice. This standard involves community health nurses employing principles of health promotion, disease and injury prevention, and health protection as well as health maintenance, restoration, and palliation. One participant explained that "community health nursing is focusing on potential problems and stopping them before they happen." This means, performing a needs assessment for an individual or a community and determine what potential problems they are at risk for and finding ways to prevent them from happening. Another participant added that "[community health nursing] involves a lot of programs that deal with health promotion, as well as disease prevention." When asked what comes to mind when thinking of community health nursing, a participant explained:

Health promotion is one of the most important aspects of community health nursing. Nurses play a major role in teaching the public and communities about different outbreaks and ways they can protect themselves…for example, after the H1N1 outbreak and who needs to get the vaccine.

Another participant added that

It can involve symptom and pain management, you know, with clients who are at home but receiving chemo treatment. Home health care nurses can go into their homes and ask 'on a scale of 1-10 how would you rate your pain?' or 'how are you feeling?

Many participants also described community health nursing as an educational profession. The teaching opportunities associated with community health nursing are endless. One participant described community health nursing as "a nursing job that is more educational; you have more opportunities to teach." Another participant added when describing the role of community health nurses in health promotion: "You have the ability to teach people ways they can stay healthy and make healthy lifestyle choices, you can teach about smoking cessation, or exercising to prevent type II diabetes, or teaching [about] sexually transmitted infections." Another participant added that "when you go to those prenatal classes, community health nurses teach new parents so much on what to expect for the delivery of their baby, as well as how to care for the baby when they are at home."

Other definitions of community health nursing touched on the nature of the working environment. For the most part, participants associated community health nurses with working in several different environments that were not the hospital. Community health nursing involved going into communities and neighborhoods or even the homes of clients. One participant explained: "It is nursing where you go into the patient's environment, not the patient is coming into your environment." Where another participant added:

The working environment of community health nurses can vary, like a school nurse whose primary place of work would be at elementary or high schools and taking care of sick students or a rural nurse who would be providing care in remote areas.

Stereotypes of Community Health Nursing

There are many stereotypes associated with community health nursing. As one participant stated: "stereotypes associated with community health nursing exist and these stereotypes play a major role on students' decision to pursue community health nursing as a career." The following sections will be used to describe those stereotypes. They include 1) "pearls and pump nurses" in community health, 2) community health nursing as "not really nursing", 3) ambivalence in career choice, 4) the easy way out, and 5) community health nursing: for the older generation.

"Pearls and pump nurses" in community. This section refers to the image people have when thinking of community health nurses. Participants suggested that people have an image of what a community health nurse resembles, which is the complete opposite of what they believe a nurse working in a hospital setting looks like. One participant explained, "there is this joke that community health nurses are 'pearls and pump' nurses, because they are the ones that can dress pretty. They are not the ones that are getting their hands dirty and doing all sorts of procedures."Another participant added: "I do not like to see blood…being able to work in the community, I do not have to worry about it." These types of stereotypes seem to undervalue and undermine community health nursing by suggesting that the dress attire of a nurse defines his or her value as a health professional.

In contrast, one participant stated, that:

Community health nursing is a different perspective of nursing; it is not all about dressing up in scrubs, showing up at the hospital. It is a completely different type of nursing where you can help provide care for communities and populations on a different level.

Community Health Nursing: "Not really nursing": This stereotype refers to the opinion that community health nursing is not viewed as a 'real nursing. . The stigma surrounding community health nursing and its existence as a nursing profession is another stereotype that informs students' decision to pursue community health nursing as a career. Some participants indicated that community health nursing is "not really nursing." When discussing her choice to pursue community health nursing, one participant commented:

> I was really hesitant to tell students I wanted to go into community because I felt there   was kind of a lesser association with community health nursing. There is a stigma around it. That it is not really nursing and I did feel a lot of stigma around that…that I was choosing something that wasn't really nursing.

Another participant added: "When I tell people that I want to go into community health nursing, I feel like they think less of me and I don't want to go into ICU and NICU and all the other intense nursing areas." Yet another participant added that: "community health nurses have office jobs; having an office job is not considered nursing… many people associate nurses and the work nurses do with a hospital environment." One participant had a different perspective on patients care outside the hospital settings. She narrated: "you have the opportunity to do client flow sheets, narrative notes, and transcribe orders…that is all similar to what you do in a hospital." This description of tasks suggests that some of the responsibilities related to home health nursing are quite similar to the tasks in a hospital-based nursing position, which is more aligned with some of the conceptualizations of nursing students about community health nursing.

Ambivalence in career choice. This idea relates to the impact that some stereotypes could have on decision making about a career in community health nursing. Actually, stereotypes associated with community health nursing caused some participants to become reluctant to pursue community health nursing as a nursing specialty. This is reflected in this particular student comments such as:

> I remember at one point being really unsure about what I wanted to do…I had always been interested in community health nursing, but then with all the negative feedback I was getting, I asked myself 'is this really what I want to do?'

Another informant had a similar comment: "when I tell someone I am considering community health nursing, they will tell you all the reasons why you shouldn't pursue it." "I don't get the same respect that I want to go into public health nursing and that sucks and is discouraging" a different participant added. Other participants mentioned that "people try to sway you or change your mind when you are talking about pursuing community health nursing, and it makes decision-making difficult." The feedback received from others definitely plays a major role in students' decision to pursue a career in community health nursing. However, not all undergraduate students are negatively impacted by stereotypes surrounding community health nursing. One participant seems to have a different perspective:

> People really try and change your mind when you tell them you want to do [community health or home health nursing]. They try and find all the reasons you should not do it. The main reasons I have heard to not pursue it is because you are on your own and there is a ton of paper work and you cannot practice your skills...there is paperwork everywhere and it's funny because the person who told me this was in ICU…In ICU you chart every 2 minutes, so you think I have lots of paperwork? And I get to use tons of 'hands on skills.

The Easy Way Out is a stereotype referring to community health nursing as an easier nursing specialty area as opposed to other areas such as Intensive Care Unit (ICU) and Emergency Room (ER). Many participants reported that choosing community health nursing was considered "the easy way out". The stereotype in this context has to do with the community health nurses' work place settings, and the scope of the hands-on practice they have. A participant who stated that "I have always been interested in

community health nursing, but at one point I was thinking people are going to think I am taking the easy way out". Another participant added:

> My preceptor was telling me that it really bothers her, people can come up to her and say 'community health nursing is easy, you do not do anything' and she defends herself by saying 'I do a lot of stuff'…I am not sure where people are getting this idea.

Ideologies surrounding the workload associated with community health nursing seem to fuel and portray this nursing specialty as an easy type of nursing.

Community Health Nursing: For the older generation, refers to the assumptions that community health nursing is the business of older and experienced nurses. Many participants explained that students view this specialty as "where you go when you are ready to retire". Students felt that community health nursing is not the specialty where a newcomer in the nursing field should start up his career. One would rather be in an area where he could build nursing skills and build a solid foundation. This is what this participant suggested:

> "I think students have this fear that if they go into community health nursing first, then go into the hospital, it will be really hard and you may have forgotten everything like all your nursing skills so it is better to start off with acquiring those skills."

Another participant explained when enumerating the reasons why students did not want to enter community health nursing, that:

> You hear so many reasons why students do not want to do community health nursing, but the most common ones I have heard are 'I want to go into community later, when I am ready to have kids' and 'I would love to do community when I am ready to settle down or when I am done doing shift work' or 'when I run out of energy and I am ready to retire'.

As one participant bluntly put it: "community health nursing is for older and mature nurses. It's the type of area you would like to work in when you are getting towards the end of your career." Similarly, another participant said: "community health nursing is more acceptable if you are older and already did hospital nursing." These statements suggest that respondents believed there was a specific and appropriate time and age for a community health nursing career.

Discussion and Implications

The essence of this study finding is that undergraduate nursing students have limited understanding of the work of community health nursing. This is evident in the way they defined the speciality and in the many stereotypes they hold about community health nursing. This is the first Canadian study on the topic and it has revealed that a number of students show limited interest in community health nursing despite the growing trend in community based health care. There are some students, however, who appreciate the unique characteristics of community health nursing as a specialty within nursing. Examining the unique perspectives of nursing students in this study has shed light on an area of nursing where little research has been done previously. Students were able to speak first hand on experiences and opinions of both themselves and their peers in relation to pursuing community health nursing as a career. Being able to hear the stories, experiences and opinions of students brought a unique value to this area of research, because the students provided insight about their educational preparation and ways to initiate changes in educations programs and societal trends.

The paper has highlighted the many ways nursing students define community health nursing and the stereotypes held about this speciality of nursing. This section of the article situates these two themes within existing works to explicate the unique contribution of this research.

Defining Community Health Nursing

The study participants defined community health nursing using ideas of community centered care, health promotion, nature of nursing work and client acuity, all of which are congruent with aspects of definitions found in the literature. The Canadian Public Health Association (CPHA, 2010) defined public health and community health nurse as someone who: a) combines knowledge from public health science, primary health care (including the determinants of health), nursing science and the social sciences; b) focuses on promoting, protecting and preserving the health of populations; c) links the health and illness experiences of individuals, families and communities to population health promotion practice; d) recognizes that a communities health is closely linked to the health of its members and is often reflected first in individual and family health experiences; e) recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups and populations, and f) practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres, and nursing outposts, and with diverse partners, to meet the health needs of specific populations. While the study participants did not use the exact words in CPHA's definition of public health, their perspectives of community health nursing touched on some key elements of the definition. For example, when participants were asked to describe the work of community health nurses, they made indirect references to key concepts specific to community health nursing such as social determinants of health, primary health care, critical thinking, and advocacy;

All participants related community health nursing to either caring for individuals within a community based setting or providing care where the focus is on the community or working for the needs of vulnerable populations within a community to promote health. This is in line with key concepts from (Keller, Strohschein, & Schaffer, 2011) framework used to describe public health nursing practice which includes: focusing on the health of entire populations, reflecting community priorities and needs as well as establishing caring relationships within communities, families and individuals. Participants described community health nursing as involving capacity building and...linking different community resources together to strengthening communities. This is nothing else but the standards of community health nursing practice. The social determinants of health are the social and economic factors that influence the people health. Health inequities are often common where those living in poverty have negative health consequences and those living in well-off regions tend to have better overall health (CPHA, 2012)

Health promotion was also used by almost all participants when describing community health nursing. Health promotion is the first community health nursing standard of practice. It is a positive, empowering, and unifying concept used as a mediating strategy between people and their environments (CHNC, 2008). Similar to what participants suggested in the study, the concept of health promotion is one of the key characteristics of community health nursing in the definitions put forth by Canadian Public Health Association (CPHA), as well as, Community Health Nurses of Canada (CHNC). The work of community health nurses focuses on promoting, protecting and preserving the health of populations; this includes the implementation of programs, policies and events geared towards creating healthy lifestyles for communities (Falk-Rafael, 2001). Other definitions of participants portrayed community health nursing as an educational profession as described in Whitehead (2013). Participants described the countless opportunities community health nurses have to educate the public in diverse areas, such as how to stay healthy or how to make healthy lifestyle choices etc.

The nature of nursing was also a common theme in the definitions given by the participants. Participants felt that community health nurses worked in diverse settings outside of the traditional hospital based setting, such as homes of clients, neighborhoods, elementary schools and rural areas. This is similar to the characteristics described by Dunt, Temple-Smyth and Johnson (1991) as the various settings in which community health nurses work. Interestingly, the concept of acuity was a central theme that many participants found vital to defining community health nursing. In the definitions brought forth by PHAC, as well as other the (CHNC) definition mentioned earlier the concept of acuity is not mentioned. Participants suggested that the work of community health nurses typically involved working with clients

in situations where there is less acuity (low intensity of care). For them, acuity was an important factor in differentiating community health nursing from other nursing specialties.

Stereotypes and Decision Making

Stereotypes influence how people think about others, how they feel about them, and how they act and react to others (Biernat & Dovidio, 2000). Stereotypes may have a negative impact on the decisions, attitudes and behaviors of the people they affect. Students described community health nurses as "pearl and pumps" nurses because they are not uniformed and not doing all sorts of clinical procedures with their clients. One could argue, however, that the types of jobs and tasks community health nurses have, are as demanding as those of a hospital-based nurse. Students in this study perceive community health nursing as an area of nursing better suited for older and experienced nurses. This calls for the need to foster and create interest in community health nursing among undergraduate and new nurses as community health nursing is not an age specific specialty. Community health nursing is a specialty where any nurse could start and enjoy a fulfilling career. Participants also suggested that community health nursing is not viewed as real nursing. There is a lower esteem associated with community health nursing compared to nursing in hospital settings. These types of negative views seem to undervalue the invaluable work done by community health nurses.   While completions of specific tasks maybe a key aspect of "real" nursing work, it is important for students to become aware of the multiple roles of community health nurses including those important coordination of tasks carried out to ensure that a quality practice environment exists to support nurses' practices, the education of students and the conduct of research. Although these may not be apparent to novice nurses or students, there are essential to effective health promotion and maintenance. These administrative roles of nursing profession are often misunderstood but are ultimately necessary for better health promotion and care (Ferguson-Pare, 2003). To those who think of the nursing administrative mission as "just an office job" one could ask this question: Can anyone imagine a world without any nursing leadership? How would such a world measure and preserve quality of service delivery and health outcomes?

There are few studies that have explored students' perceptions about career in community health nursing (Happell, 1998; Laren, Reif & Frauendienst, 2012; Prestia, Murphy & Yoder, 2008). Many studies were done on the perceptions of students regarding mental health nursing as a career choice (Björkman, 2008; Charleston & Happell, 2006; Halter, 2008; Happell & Gough, 2007). The essence of the findings is that recruiting and attracting graduate nurses to community health nursing has been a challenge: community health, psychiatric nursing, and working with the elderly remained consistently at the bottom of students' career choice. Many of the participants in this study revealed that community health nursing and mental health nursing were quite similar in such a way that their peers had little interest in pursuing either area as a career choice. Similar to our findings, Hoekstra, van Meijer and van der Hooft-Leemans (2010) found that nursing students have stereotypes and negative perceptions surrounding psychiatric patients and mental health care. These perceptions strongly influence their future professional choices. They suggested that unless baccalaureate nursing programs properly address this issue, students will likely carry forever with them these stereotypes about mental health and community health nursing.

Conclusion

The perceptions of these undergraduate nursing students draw attention to the tremendous need to increase public knowledge about the work of community health nurses. The findings of this study suggested that community health nursing was a less favored career choice amongst graduating students. Stereotypes associated with community health nursing, for the most part, were major factors in deciding on community health nursing as a career choice. In some cases, these stereotypes created a feeling of ambivalence in students, which may lead to their expressed devaluation of this nursing specialty. This

study provides vital data to inform curriculum development, clinical placements, policy-making, and recruitment planning. It is important to foster community health nursing as a fulfilling career and an attractive environment for graduate nurses as it plays a vital role in the future of healthcare delivery in Canada. Community health nursing needs to be strategically integrated throughout undergraduate nursing curriculum, and clinical placement creatively planned and managed. Direct efforts by community health nursing organizations and the university are needed to improve the underrepresentation of new graduates in community health nursing. Having practicum experiences in local health facilities under the guidance of community health nurses may help increase students' interest in public health nursing. Community health nurses have a wealth of knowledge and skills that enable them to collaborate with various stakeholders and to use a variety of information sources including community wisdom to determine the root causes of illness, disease and inequities in health. They understand the socio-political contexts within which individual, family, group, community; population and systemic problems are embedded.

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