Synergies between Clinical Medicine and Public Health

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Introduction

Public health nursing and community health nursing both involve an understanding of the relation between clinical care and public health (Box 1) [1]. A recent publication has highlighted the synergies between clinical medicine and public health [2]. The present commentary suggests ways in which these synergies may be relevant to the role of those engaged in public health nursing and community health nursing. Many practitioners of public health nursing and community health nursing have previous experience of clinical nursing, or combine work in clinical nursing with public health and community practice, so are well placed to identify, and capitalize on, opportunities to maximize the individual and population health benefits which may arise from closing the gap between nursing care and public health. There is considerable variation between different health systems (and often within individual health systems) in provision of care at primary, secondary and tertiary levels and public health delivery, and between the interactions between nursing care and public health. The opportunities for promoting synergy between nursing care and public health therefore require consideration of care provision and public health delivery in particular contexts.

Box 1: Public health nursing and community health nursing [1].

Practical steps in promoting synergies between nursing care and public health

The practical steps in promoting synergies between nursing care and public health include the promotion of 1) public health delivery in clinical care settings, 2) effective engagement in research, and 3) close collaboration on training.

Public health delivery in clinical care settings

The synergies between clinical care and public health are often well established in primary care, in which nurses may often play key roles in primary clinical care (through consultations with patients), preventive medicine (e.g. cervical cancer screening) and public health (e.g. childhood immunisations). Secondary and tertiary care is often delivered through hospital settings, which may also provide opportunities for public health delivery involving nurses, for example in ensuring that a particular hospital department is meeting the relevant needs of the population served by the hospital, and in undertaking community outreach for secondary and tertiary prevention.

Research

Developing the evidence base for nursing care and for nurse contributions to public health may benefit from interaction between the respective research communities. Those researchers with a main focus on nursing care may benefit from a population research perspective to better understand the role of nursing care in contribution to public health. Conversely, those researchers with a main focus on public health may benefit from a nursing care perspective to ensure that important considerations for individuals, including ethical considerations, are kept in mind when undertaking population-level research.

Training

Despite trends towards more specialized training in nursing care and in public health nursing practice, the complex interplay of needs for health and social care in ageing societies is likely to require a nursing workforce with skills and expertise in both individual nursing care and public health practice. Practitioners of public health nursing and community health nursing are well placed to identify opportunities for collaborative training in nursing care and in public health nursing, in recognition of the interdependence of individual and community health.

Conclusion

The public health nursing and community health nursing professions have much to contribute towards the identification and implementation of practical steps in promoting synergies between nursing care and public health. The expectation is that these steps can contribute towards improved health of individuals and populations.

References