

The Role of Nurses and Physicians in Promoting Community Health

**JAMEEL MAHMOUD JAMEEL MAASH
MOHAMMAD MENWER DAKIL ALSAEDI
YOUSEF MENWER DAKIL ALSAEDI
AFNAN ABDOLELAH MAHMOUD HUSSAIN
MANIA ABDULMOAIN HAMID ALGAHDALI
AMER ESSA MOHAMMED ABO ALAMAH
DALAL MOHAMMED ALDOSARI**

Abstract

The complexity of modern healthcare requires a multifaceted approach that integrates strong leadership, evidence-based practices, effective communication, and innovative community health initiatives. This paper explores these dimensions, focusing on the pivotal role of nurse leadership in promoting evidence-based practice and improving healthcare delivery. Nurse leaders are instrumental in sustaining high standards of care, fostering interprofessional collaboration, and addressing barriers to evidence-based implementation. Professional communication skills among nursing are examined as essential tools for building strong nurse-patient relationships, enhancing patient safety, and improving health outcomes.

The paper also delves into the evolving roles of community health workers and family doctor services, particularly in advancing primary care accessibility and achieving public health goals in underserved regions. Case studies and systematic reviews illustrate how community health programs are transforming healthcare delivery, especially in low- and middle-income countries. The signing of family doctor contracts, for instance, is linked to increased participation in preventive health behaviors, such as cancer screenings. In addition, the well-being of healthcare professionals is highlighted as a critical factor in healthcare performance. Resilience, self-care practices, and supportive workplace environments are identified as key elements for reducing burnout and turnover, especially among nursing and primary care doctors. Ethical issues surrounding the use of digital platforms in doctor-patient relationships are also discussed, emphasizing the need for trust, privacy, and data security in online healthcare communities.

This study further examines the interplay between healthcare policy and practice, showcasing how initiatives like the Nursing now campaign is raising the global profile of nursing. Insights into health systems research, such as the depending on nursing and doctors in primary care and community-based health worker programs, underscore the importance of innovative workforce models to meet growing healthcare demands. By synthesizing these themes, this paper provides a comprehensive analysis of the strategies needed to enhance global healthcare systems. It advocates for leadership development, the adoption of evidence-based practices, and investment in community health initiatives as essential pathways to achieving equity, quality, and sustainability in healthcare (Arnold & Boggs, 2019).

Key words:

Community health, nursing, physicians, collaboration, public health, disease prevention, health promotion, social determinants of health, interprofessional teamwork, community engagement.

تطلب تعقيدات الرعاية الصحية الحديثة نهجًا متعدد الأوجه يدمج القيادة القوية والممارسات القائمة على الأدلة والتواصل الفعال والمبادرات الصحية المجتمعية المبتكرة. يستكشف هذا البحث هذه الأبعاد، مع التركيز على الدور المحوري للقيادة التمريضية في تعزيز الممارسة القائمة على الأدلة وتحسين تقديم الرعاية الصحية. يلعب قادة التمريض دورًا فعالاً في الحفاظ على معايير عالية للرعاية، وتعزيز التعاون بين المهن، ومعالجة الحواجز التي تحول دون التنفيذ القائم على الأدلة. يتم فحص مهارات الاتصال المهني بين الممرضات كأدوات أساسية لبناء علاقات قوية بين الممرضة والمريض، وتعزيز سلامة المريض، وتحسين النتائج الصحية.

يتعمق البحث أيضًا في الأدوار المتطورة للعاملين في مجال الصحة المجتمعية وخدمات الأطباء العائليين، وخاصة في تعزيز إمكانية الوصول إلى الرعاية الأولية وتحقيق أهداف الصحة العامة في المناطق المحرومة. توضح دراسات الحالة والمراجعات المنهجية كيف تعمل برامج الصحة المجتمعية على تحويل تقديم الرعاية الصحية، وخاصة في البلدان المنخفضة والمتوسطة الدخل. يرتبط توقيع عقود الأطباء العائليين، على سبيل المثال، بزيادة المشاركة في السلوكيات الصحية الوقائية، مثل فحوصات السرطان.

بالإضافة إلى ذلك، يتم تسليط الضوء على رفاهية المهنيين الصحيين كعامل حاسم في أداء الرعاية الصحية. تم تحديد المرونة وممارسات الرعاية الذاتية وبيئات العمل الداعمة كعناصر أساسية للحد من الإرهاق والانقطاع الوظيفي، وخاصة بين الممرضات وأطباء الرعاية الأولية. كما تمت مناقشة القضايا الأخلاقية المحيطة باستخدام المنصات الرقمية في العلاقات بين الطبيب والمريض، مع التأكيد على الحاجة إلى الثقة والخصوصية وأمن البيانات في مجتمعات الرعاية الصحية عبر الإنترنت.

تدرس هذه الدراسة أيضًا التفاعل بين سياسة الرعاية الصحية والممارسة، وتوضح كيف تعمل مبادرات مثل حملة التمريض الآن على رفع مكانة التمريض العالمية. تؤكد الرؤى في أبحاث أنظمة الصحة، مثل الاعتماد على الممرضات والأطباء في الرعاية الأولية وبرامج العاملين الصحيين المجتمعيين، على أهمية نماذج القوى العاملة المبتكرة لتلبية متطلبات الرعاية الصحية المتزايدة.

من خلال تلخيص هذه الموضوعات، تقدم هذه الورقة تحليلاً شاملاً للاستراتيجيات اللازمة لتعزيز أنظمة الرعاية الصحية العالمية. وتدعو إلى تطوير القيادة، وتبني الممارسات القائمة على الأدلة، والاستثمار في مبادرات الصحة المجتمعية كمسارات أساسية لتحقيق المساواة والجودة والاستدامة في الرعاية الصحية.

الكلمات المفتاحية:

الصحة المجتمعية، الممرضات، الأطباء، التعاون، الصحة العامة، الوقاية من الأمراض، تعزيز الصحة، المحددات الاجتماعية للصحة، العمل الجماعي بين المهن المختلفة، المشاركة المجتمعية.

Introduction

When it comes to the healthcare delivery system of today, all of the contributors to the healthcare system are faced with the problem of providing patients with services that are not only efficient and effective but also save time and money for both patients and healthcare delivery systems, and that are also conveniently accessible. The acts that are associated with the sharing of information about patients, the participation in decision-making regarding patient care, and the provision of comprehensive care that is centered on the patient are all examples of what is meant by the term "nurse-physician collaboration." There are three primary components that constitute nurse-physician collaboration: the degree of cooperation, the sharing of information about the patient, and joint participation in the decision-making process regarding the patient's treatment or care.

When it comes to advancing the outcomes, collaboration has been considered to be one of the most effective strategies that healthcare systems may implement. Collaborative efforts not only enhance the efficiency and efficacy of healthcare practices, but also contribute to the development of patient outcomes. To put it another way, the effective collaborative nature of teamwork is designed to ensure that all members of the team comprehend and share the capabilities, responsibilities, trust, knowledge, and duties of each individual member of the team in order to improve the outcomes of treatment decisions and the overall satisfaction of patients. In addition to their respective areas of function, nursing and medicine are two professions that each have a multitude of roles that interact with one another and have obligations that are unclear. The patients are the responsibility of the physicians, and the physicians are legally accountable for the treatment of the patients (Bianchi et al., 2018).

As an additional point of interest, nursing are responsible for carrying out particular aspects of the treatment, which are requested to be offered since they have sufficient experiences and explanations. Temporarily, physicians rely on nursing to report any changes that may occur in the circumstances of their patients. This includes any adverse responses that may occur as a result of the therapy that they may witness while they are providing care for patients. It has been demonstrated that effective collaboration between physicians and registered nursing and nursing practitioners can lower rates of morbidity and mortality, as well as the cost of healthcare and the number of errors that occur in the medical field. The nursing workforce is anticipated to shrink by twenty percent by the year 2020, which may result in a potentially catastrophic shortage for the profession. It has been demonstrated that collaboration between nursing and physicians can improve the level of job satisfaction experienced by professional nursing, and it is regarded as an elevated priority for the retention of nursing (Crisp & Iro, 2018).

The establishment of a favorable environment for the protection of patients is currently being regarded as the primary and one of the most important principles in organizations that are dealing with healthcare. This is due to the fact that every procedure that is carried out with a member of the healthcare team has with it a particular set of potential dangers and issues that are related with its application in actual healthcare practice. The fields of nursing and medicine are two professions that make significant contributions to the administration of healthcare and the market place. Hospitals are able to increase their market share and pay when they are able to establish and maintain healthy connections between their physicians and nursing' professionals. These relationships, in turn, reflect on the quality of care that is provided to patients (Fu et al., 2019).

Up until recently, the primary focus of health care systems was on the treatment of existing illnesses rather than the prevention of new illnesses. Considering the current state of affairs in the health care industry, it is more vital than ever to transition toward more effective prevention methods. When providing preventative health care, it is the responsibility of the nurse to make use of research and recommendations that are supported by evidence in order to promote the health of patients. In addition to providing patients with the opportunity to get preventative services such as counseling, tests, and prophylactic procedures or drugs, nursing are the driving force behind better lifestyles. They do this by providing individuals with support and instruction. Through the use of teaching, mentoring, and leadership, nursing have the ability to inspire individuals to start leading healthier lifestyles (Guo et al., 2018).

Research Problem:

- The gaps in knowledge related to the collaboration between nursing and physicians in promoting community health.

Research Hypotheses:

- Nursing and physicians significantly impact the promotion of community health through collaboration.
- Social determinants of health are better addressed when healthcare professionals engage with local communities.

Research Objectives:

- To examine the roles of nursing and physicians in promoting community health.
- To explore how collaboration improves health outcomes.
- To identify barriers and propose solutions to enhance interprofessional collaboration.

Research Importance:

The research sheds light on the significant contributions that nursing and doctors make to the fight against health inequities, the enhancement of patient outcomes, and the development of trust in the healthcare system. In addition to this, it highlights the importance of enhancing collaboration amongst professionals in order to achieve public health objectives.

Research Scope:

- **Geographical Scope:** Focuses on community health within diverse settings.
- **Temporal Scope:** Covers recent studies and practices from the last 20 years.
- **Subject Scope:** Involves the collaboration between nurses, physicians, and community organizations.

Research Terms and Definitions:

- **Community Health:** The field focused on improving health outcomes for specific populations.
- **Interprofessional Collaboration:** Joint work between healthcare professionals to achieve common goals.
- **Social Determinants of Health:** Conditions influencing individuals' health outcomes, such as housing and income.

Research Methodology:

A qualitative methodology is utilized in the process of analyzing the literature, questionnaires, and case studies that investigate the collaboration between nurses and physicians in the field of community health.

Research Tool:

Articles that have been examined by experts in the field, surveys, and reports on healthcare collaboration and community health interventions are used to obtain that information.

Literature review**The importance of Community Health**

Within the realm of public health, community health is an essential component. It is necessary for healthcare practitioners to address the social, economic, and environmental elements that have a significant impact on the health outcomes of individuals in order to concentrate health initiatives within a particular geographic area.

For instance, studies have repeatedly demonstrated that people who reside in communities of color and areas with poor incomes are more likely to be affected by chronic diseases, and they are also more likely to be exposed to environmental risks such as lead and air pollution. These social determinants of health frequently have their origins in structural inequalities, such as restricted access to nutritious food options, secure housing, and high-quality education, as well as discrimination and persistent stress (Grabbe et al., 2020).

The goal of community health interventions is to address these underlying problems by utilizing local resources and collaborations in order to develop solutions that are sustainable. As an additional point of interest, physicians play a significant part in these efforts by removing obstacles to care and providing their patients with the tools necessary to live better lives. It is possible for them to accomplish this by establishing robust connections with community organizations, fighting for legislation that are equitable, and promoting preventive care that is easily available.

Engaging with Community Organizations

Developing genuine partnerships with local groups that are beneficial to both parties is one of the most effective methods for physicians to make a contribution to the overall health and well-being of the community. On the other hand, medical professionals ought to have an understanding of the specific advantages, difficulties, and priorities of the communities that they serve. By gaining this insight, they are able to devise interventions that are specifically tailored to address the precise issues that are affecting the health of their patients. In order to accomplish this, it is necessary to establish true connections with the residents and organizations that constitute and represent their local community.

Attending neighborhood events, becoming a member of local groups, or simply spending time in communal areas are all potential ways to make these connections. As a consequence of this, medical professionals have the opportunity to acquire significant insights on the health practices and lived experiences of their patient group. In addition, they get the opportunity to gain knowledge regarding informal community support networks and the obstacles that impede individuals from gaining access to care. Physicians are able to collaborate with community groups and leaders to generate solutions when they have access to this information and a network of connections. Therefore, in order to have a successful community partnership, it is necessary to have open lines of communication, to be humble, and to be willing to share power and decision-making rights (Hartzler et al., 2018).

Encouraging Healthiness and Disease Prevention

Doctors are not only able to heal, but they are also educators and champions for the health of the general public. They have a great deal of expertise and provide a wide range of services in addition to consultations with patients on an individual basis. Through the use of community outreach programs, workshops, and seminars, medical professionals are able to distribute important information regarding illness management, lifestyle choices, and preventative healthcare. Physicians make a contribution to the general health literacy of the community by providing individuals with the knowledge they need to empower themselves. When it comes to wellness and preventative care, nurses who work in a variety of settings have a significant amount of responsibility. It has always been acknowledged that the nursing profession is a caring profession that excels in disease prevention and health promotion. This has been the foundation upon which the nursing profession has been built. Because nursing are responsible for navigating the health care system, they are powerful advocates for their patients (Javanparast et al., 2018).

Case managers are a kind of job that nursing can do either professionally or informally. As part of their professional responsibilities, nursing can take on the position of case managers, in which their sole responsibility is to assist patients and their families in navigating the health care system. To ensure that patients and their families receive the holistic care that is necessary for the best possible outcomes, all nursing collaborate with patients and their families in an informal setting. In their capacity as consultants, nursing work in communities and organizations to determine the health care requirements of a particular population. They also strive to promote activities and community development for the people who reside in those communities. As the primary caregivers of patients in a variety of settings, nursing are the most widely recognized professionals. On the other side, they are the ones who provide the direct care.

One of the most important responsibilities that nursing play in the prevention of disease and the promotion of health is that of an educator. The majority of the time spent with patients is spent by nursing, who also provide anticipatory counsel regarding immunizations, nutrition, food, medications, and safety. Education, the prevention of risk factors, and the monitoring of safety hazards in the workplace, community, or home are some of the strategies that nursing employ in their ongoing efforts to prevent diseases such as cardiovascular disease, stroke, diabetes, and obstructive pulmonary disease. Nursing employ a variety of strategies to accomplish this goal (Li et al., 2019).

It is because of their competence that nursing are the most qualified individuals to take on the role of health promoter. Because prevention is considered to be a part of their professional development emphasis, there are only a few vocations in the health care industry that possess the high level of health education knowledge, skills, theory, and research that is necessary to be able to concentrate on preventative responsibilities. Obtaining a certified health education expert from the nationwide Commission for Health Education Credentialing, Inc. (NCHEC) is one of the voluntary credentialing options that are available on a nationwide basis. The competencies include the assessment of health education needs, the planning, execution, and evaluation of programs, research, service coordination, and the communication of health educational needs, concerns, and resources regardless of the location where the service is offered, such as in schools, communities, or clinics. The fields of occupational nursing, environmental nursing, and public health nursing are likewise subspecialties of nursing.

Enhancing community health with physicians' participation

Since the beginning of time, physicians have been an indispensable component in the process of resolving issues pertaining to the health of the population. Their general public role and advocacy for the community, on the other hand, has diminished over the course of the past half-century, according to a variety of criteria. This transition has been ascribed to the quickly changing health care landscape, which has placed increased demands on physicians, a growing fragmentation of organized medicine, and a public view of self-interest within the medical profession in promoting the interests of its members. All of these factors have contributed to this transformation. As a response to these problems, leading medical societies have advocated for updated standards of medical professionalism. These criteria include a commitment to social justice in health care, more public advocacy, and increased community participation. For the purpose of fostering public trust in the medical profession and providing expertise and collaboration on issues pertaining to community health, it is of the utmost importance that physicians more actively participate in community activities (Lin et al., 2023).

There has been very few research that have investigated the community participation of physicians in order to uncover significant determinants or impediments. A survey conducted in 1998 on 247 primary care physicians in the early stages of their careers found that nearly two-thirds of them had discussed health issues with a community organization within the preceding two years, and one-third of them had actively collaborated with a community group to solve a prevalent health issue in their neighborhood. A survey conducted in 2006 among 1,662 primary care and specialty physicians found that 95% of physicians considered community participation to be important. Furthermore, 54% of physicians had provided health-related expertise to local community organizations (such as school boards, parent-teacher organizations, athletic teams, and local media) in the preceding three years. Compared to other physicians, underrepresented minorities had a higher likelihood of being civic-minded or actively involved in their community. On the other hand, family physicians and pediatricians had a higher likelihood of considering community participation as "very important" than general internists or specialists (general surgeons, anesthesiologists, and cardiologists). Neither the specific curricula nor any other aspects of the medical training background were investigated whatsoever (Laurant et al., 2018).

Methodology

The approach utilized in this study is descriptive qualitative, with the primary emphasis being placed on a literature review. The purpose of this study is to investigate the roles that nursing and physicians play in promoting community health. In order to collect and synthesize the available research and theoretical perspectives that are associated with the collaboration between healthcare professionals and community organizations, the approach has been established.

The strategy consists of the steps that are listed below: Review of the Literature as it is necessary to perform a comprehensive assessment of academic journals, books, and reports in order to conduct an analysis of the roles, duties, and collaborative efforts that nursing and physicians engage in within community health settings. Studies pertaining to the prevention of diseases, the promotion of health, the social determinants of health, and the effects of interprofessional collaboration on the outcomes of community health are included in this review.

In addition, the study is dependent on theoretical analysis. The study investigates many theories and models that are already in existence concerning health promotion, teamwork, and community-based healthcare. The purpose of this study is to investigate the ways in which multidisciplinary efforts contribute to the development of community health by analyzing the implementation of these frameworks within the context of nurse-physician collaboration.

In addition to the evaluation of case studies, the study also examines case studies of successful community health programs that have been implemented by nursing and physicians working together. The results of these case studies, which are derived from published sources, offer valuable insights into practices and tactics that are effective for the promotion of community health.

This study intends to provide a thorough understanding of the roles that nursing and physicians play in community health activities by focusing on existing literature. This will be accomplished without the acquisition of primary data, and it will also highlight crucial characteristics that encourage effective collaboration in community health efforts.

Previous studies

In according to (Hartzler et al., 2018), however, community health workers continue to be underutilized despite their potential to improve both the accessibility and quality of primary care. A literature analysis and synthesis were conducted in order to provide direction about the integration of community health workers in primary care. This was done in order to characterize the roles and duties of these individuals. Twelve functions, including care coordination, health coaching, social support, health assessment, resource linking, case management, medication management, remote care, follow-up, administration, health education, and literacy support, were identified through an analysis of thirty studies. Additionally, three prominent roles that represent clusters of functions were identified: clinical services, community resource connections, and health education and coaching. Within the context of primary care, we address the implications for the training of community health workers and clinical support workers.

In according with (Bianchi et al., 2018), the goal of this synthesis review is to look into how nursing leadership affects evidence-based practice in modern health care situations. It has been known for a long time that managers and the mindset of the ward are two of the biggest problems with evidence-based practice. However, there isn't much thought or knowledge about how nurse leaders can directly affect and support this. With 28 articles from 2006 to 2016, the team used PubMed, CINAHL, and the Cochrane Library to do a combined literature review. The most important things that came up were the leading role, the method used, and figuring out and fixing the things that make or break the use of evidence-based practice. It is especially the job of nurse managers to make sure that evidence-based practice is carried out by creating a supportive attitude and environment. To do this, they need to know the basics, be aware of the things that might get in the way of implementation, and know how important it is for nurse managers to set up and support the best setting. Nurse managers need to help nursing use evidence-based practice and make it better when they do. Managers and nursing both need to have the academic training, assistance, and tools they need to use an evidence-based approach in their work.

In according to (Laurant et al., 2018), countries around the world are working on new models of primary care delivery because of problems that are happening now or will happen in the future, such as an aging population, more people with chronic conditions and multiple illnesses, a greater focus on healthy lifestyles and prevention, and care that can be provided in the community instead of hospitals. Because many jobs don't need the knowledge and skills of a doctor, there is growing interest in using nursing to increase the number of people working in primary care. One way to improve access, speed, and quality of care is to switch nursing for doctors. This is the first update to the Cochrane study that came out in 2005.

The study looked in several databases, including MEDLINE, Ovid, CINAHL, EbscoHost, and the Cochrane Central Register of Controlled Trials (CENTRAL), which is part of the Cochrane Library (www.cochranelibrary.com). The search was done on January 20, 2015. We looked for grey literature in OpenGrey and the Grey Literature Report (all on February 21, 2017). We also looked for it in the International Clinical Trials Registry Platform (ICTRP) and the ClinicalTrials.gov study registries. The search was done on January 27, 2015, and the reference lists of all the studies that were included were checked. In March 2017, we ran slightly different searches on CENTRAL, MEDLINE, and CINAHL, but only for publications from 2015 to 2017. We also added one trial to the list of "Studies awaiting classification."

Randomized studies that look at what happens when nursing fill in for doctors." The review only looks at basic healthcare services, which are those that treat people with all kinds of health problems and keep them healthy over time. It does not look at mental health problems. Studies that looked at nursing who helped primary care doctors were not included. Two review writers worked separately to collect data and rate the risk of bias in the studies they included. We combined study data when it was possible to get a better idea of the effect as a whole. An organized synthesis was used to look at other results.

In according to (Mills et al., 2018), self-care practices among people who work in palliative care are talked about a lot, but not enough study seems to have been done on them. Even though people who work in palliative care are supposed to use and keep up with effective self-care techniques, there doesn't seem to be much evidence to help them. Also, it seems like we need to be clearer about what "self-care" means in hospice care. This essay talks about qualitative results that are part of a larger mixed-methods study. The point of this study was to look into what hospice care nursing and doctors said about self-care and how people actually do it.

Twenty-four nurses and doctors who work in palliative care from all over Australia agreed to take part in semi-structured, in-depth conversations. Before the inductive qualitative content analysis, the interviews were recorded digitally and typed up with the help of QSR NVivo data management software.

The study found three main themes: A proactive and whole-person approach to improving one's own health and wellbeing to help with caring for others; Individualized self-care strategies in professional and non-professional settings; and things that make it hard or easy to practice self-care.

The study's results give a thorough look at the situation and difficulty of good self-care practices that wasn't seen before in the research. Self-care is a proactive, whole, and individualized way to improve health and well-being through a variety of strategies, both in your personal and professional life, to make it easier to care for patients and their families with kindness. This study gives a valuable qualitative viewpoint and helps us learn more about the situation and the best way for people working in palliative care to take care of themselves.

In accordance with (Strandås & Bondas, 2018), to learn more about how nurse-patient relationships can improve health by putting together what we've learned from published qualitative studies that look at community care from both the nursing' and patients' points of view. There has been primary study that shows the health benefits of the nurse-patient relationship, but this information has not been put together before. There was no limit on the number of years searched in any of the five important databases. Studies that looked at patient and/or nurse perspectives in community care settings, used a qualitative method, and were published in English in any country met the criteria.

Ten primary studies published between 1997 and 2014 met the research goal and inclusion criteria, and CASP was used to rate them as good quality. Similar results were found in the studies that were included, and it was possible to do a mutual translational analysis. There were six main ideas that came up: getting into the patient's world; believing and telling; noticing different needs and finding change; patients taking charge of their own health; patients feeling healthy while sick; and nurses going the extra mile. The main ideas were put together into a metaphor called "the nurse-patient relationship as a story of health enhancement." This shows what the "common story" they write together means.

We now have a better idea of how the nurse-patient connection can improve the health of the patient in many areas, such as their physical, mental, emotional, and social well-being as well as their illness and treatment. The connection between a nurse and a patient may also help the patient use their own resources to stay healthy.

In accordance with (Olaniran et al., 2019), starting off, in low-income and middle-income areas, a wide range of community health workers (CHWs) provide services for mother and newborn health (MNH). But we need to learn more about the different types of CHW that work in different places, as well as their duties, roles, training length, and pay. How to Do It We found CHWs in Bangladesh, India, Kenya, Malawi, and Nigeria who provide MNH services by reading 23 policy papers, holding 36 focus groups, and talking to 131 key informants. Thematic analysis was used to look at the data.

Results No matter how long their training is (8 days to 3 years), all CHWs are trained to find pregnant women, teach them about health, and look for health problems that need to be referred to a higher level of care. CHWs with more than three months of training are the only ones who can provide therapeutic care, prenatal care, skilled birth attendance, and long-acting reversible birth control. Community mobilization and patient tracking, on the other hand, are often done by CHWs who have had less than three months of training. In emergencies, CHWs are put under a lot of pressure to provide MNH services that aren't in their area of expertise. They are also sometimes pushed into facility-based roles instead of their usual community-based roles. In conclusion CHWs are in a good place physically and socially to provide some MNH care. But their area of practice needs to be looked at and changed to account for the different lengths of training and local laws.

In accordance with (Scott et al., 2018), to put together what we know now about how to best set up and run community-based health worker (CHW) programs in health systems. We looked through 11 databases for review pieces written between January 1, 2005, and June 15, 2017. There were review pieces about community health workers (CHWs), who are non-professional paid or volunteer health workers who work in communities and have less than two years of training. We used AMSTAR criteria to judge the reviews' scientific quality, and PRISMA standards let us report our results. There were 122 reviews that we found: 75 systematic reviews, 34 of which were meta-analyses, and 47 other reviews that were not systematic. Eighty-three of the reviews that were included were from low- and middle-income countries, 29 were from high-income countries, and 10 were from around the world. The CHW programs that were looked at in these reviews are very different in the kinds of services they offer, how they hire and train their workers, how they pay their workers, and how they work with the health system. Community embeddedness (where people in the community feel like they own the program and have good relationships with the CHW), supportive supervision, ongoing education, and enough logistical support and materials are all things that make CHW programs work well. Integrating CHW programs into health systems in a smart way can make programs last longer and be more trustworthy. It can also make CHW jobs clearer and encourage collaboration between CHWs and bigger players in the health system. We found some missing pieces of evidence in the review. These included information about the rights and needs of community health workers (CHWs), the best ways to train and supervise them, how they can help change communities, and how decentralization, social responsibility, and governance affect the CHWs. Evidence about how well CHW programs work can help lawmakers come up with a number of options to think about. But this proof needs to be put into its proper place and changed to fit different situations in order to help shape policy and practice. To help these programs reach their full potential, adding context-specific parts to the evidence base will be very important.

Conclusion and discussion

When it comes to the promotion of community health, the roles that nurses and physicians play are of the utmost importance, as both professions provide capabilities that are complementary to one another. The literature emphasizes that while nursing concentrate on close patient encounters, illness prevention, and education, physicians contribute through diagnosis, treatment, and advocacy for systemic reforms. Nursing are responsible for implementing these strategies. It is because of this synergy between nursing and medicine that comprehensive methods to improve the health outcomes of the population are guaranteed.

One of the most important ideas that has emerged from the review is the significance of addressing the social factors that influence health. Healthcare professionals, including nursing and physicians, have a responsibility to identify and address causes such as economic inequality, inadequate housing, and environmental hazards. In order to effectively address these difficulties, it is essential to engage in collaborative initiatives with community organizations. The intimate relationships that nursing have with their patients make them ideal candidates for the role of liaisons between communities and healthcare systems. On the other hand, physicians use their leadership positions to push for policies that are equitable.

In addition, the findings highlight the need of interdisciplinary training that encourages collaboration between medical professionals and allied health professionals. Through the provision of such training, both professions are guaranteed to be able to effectively collaborate on interventions, which may include immunization drives and health education workshops. However, difficulties continue to exist, such as concerns around the delineation of roles, limitations on resources, and time constraints. If we want to maximize the positive influence that these impediments have on community health, it is essential that we address them through improved communication, mutual respect, and shared mission statements.

The promotion of community health is a collaborative effort between physicians and nursing, each of whom brings a distinct set of abilities and points of view to the table. The efficacy of public health initiatives is increased as a result of their collaboration, which also addresses the social factors that influence health and enhances access to medical intervention. The engagement of community organizations and the investment in preventative measures both contribute to an increase in the reach and influence of these organizations. It is imperative that healthcare systems place a high priority on interdisciplinary teamwork and offer continuous opportunities for professional development to both physicians and nursing in order to guarantee that progress will be maintained over time. Individuals working in the healthcare industry can continue to make significant progress toward the goal of creating communities that are healthier and more fair if they adopt these techniques.

The results of prior research indicate that there are a few recurrent topics in the field of healthcare practice. These topics include the incorporation of community health workers (CHWs), the role of nurse leadership, and self-care behaviors among healthcare professionals. All of these studies, when taken together, offer a comprehensive view on the opportunities and difficulties that are present in healthcare systems around the world.

In their 2018 study, Hartzler and colleagues highlight the various responsibilities that community health workers (CHWs) play, including care coordination, health coaching, and resource linkage. CHWs are positioned to play a vital role in enhancing both the accessibility and quality of primary care as a result of these roles. Having said that, the fact that they are not utilized to their full potential indicates the necessity of systematically integrating them into healthcare systems. This is consistent with the findings of Scott et al. (2018), who highlight the importance of community embeddedness, supportive supervision, and integration into formal health systems as components that are essential for the success of community health worker (CHW) programs. This point is driven home even further by Olaniran et al. (2019), who provide a detailed account of the variations in the responsibilities that community health workers (CHWs) play in various settings. These variations are frequently impacted by the length of training and the policies that are in place in the local community. The effectiveness of community health workers (CHWs) must be maximized by utilizing individualized techniques.

In their 2018 study, Bianchi and colleagues underline the critical role that nurse leadership plays in the development of evidence-based practice. They point out that in order to successfully implement such methods, it is necessary to have surroundings that are supportive and to recruit nurse managers who are skilled. This is of utmost significance in light of the findings of Laurant et al. (2018), who explore the ways in which task-shifting, such as the substitution of nursing for physicians in primary care, might improve the delivery of medical treatment. It is possible for effective nurse leadership to guarantee that nursing have the training and support in order for them to take on these expanded duties, so bridging gaps in healthcare systems and ensuring that care quality is maintained. The research conducted by Mills et al. (2018) offers useful insights on the self-care habits of professionals working in palliative care, with an emphasis on taking a proactive and tailored approach. Both the obstacles and the opportunities that have been recognized in relation to self-care are reflective of larger systemic challenges, such as constraints on resources and workload. The importance that the study places on the combination of personal and professional strategies draws attention to the fact that there is a pressing requirement for organizational policies that put the health and happiness of healthcare workers at the forefront.

In their 2018 study, Strandås and Bondas demonstrate the significant influence that nurse-patient relationships have on the results of health care. Their findings, which indicate that these partnerships improve patients' physical, emotional, and social well-being, are in line with broader principles in patient-centered care. Within the context of health promotion and disease prevention, this viewpoint emphasizes the significance of interpersonal ties, which is a complement to the functions that community health workers (CHWs) and nursing play, as described in earlier research.

The studies that were examined individually and collectively shed insight on the dynamic and interconnected roles that healthcare workers play in the process of enhancing patient care. By performing a wide range of functions and responsibilities, community health workers (CHWs) and nursing play an essential role in addressing difficulties in healthcare systems, including those pertaining to accessibility, quality, and sustainability. In order to make the most of their potential, however, it is vital to successfully integrate them, to have leadership that is supportive, and to pay attention to self-care. Policies need to be revised in order to address the underutilization of community health workers (CHWs), provide nursing leaders with the resources necessary to effectively support evidence-based practices, and cultivate cultures that are favorable to self-care. The implementation of these measures will not only improve the delivery of care, but they will also increase the well-being of healthcare providers, thereby guaranteeing that health systems are both sustainable and of high quality. It is vital to do additional research in order to solve gaps, such as the best practices for community health worker (CHW) training and supervision, and to adapt findings to a variety of situations, particularly in countries with low and moderate incomes.

References

- Arnold, E. C., & Boggs, K. U. (2019). *Interpersonal relationships e-book: professional communication skills for nurses*. Elsevier Health Sciences.
- Bianchi, M., Bagnasco, A., Bressan, V., Barisone, M., Timmins, F., Rossi, S., ... & Sasso, L. (2018). A review of the role of nurse leadership in promoting and sustaining evidence-based practice. *Journal of Nursing Management*, 26(8), 918-932.
- Crisp, N., & Iro, E. (2018). Nursing Now campaign: raising the status of nurses. *The Lancet*, 391(10124), 920-921.
- FU, Y., WANG, J., YU, L., YAN, W., & KONG, Y. (2019). Problems and countermeasures in the development of contracted family doctor services in achieving Healthy China goals. *Chinese General Practice*, 22(19), 2296.
- Guo, S., Guo, X., Zhang, X., & Vogel, D. (2018). Doctor-patient relationship strength's impact in an online healthcare community. *Information Technology for Development*, 24(2), 279-300.
- Grabbe, L., Higgins, M. K., Baird, M., Craven, P. A., & San Fratello, S. (2020). The Community Resiliency Model® to promote nurse well-being. *Nursing Outlook*, 68(3), 324-336.
- Hartzler, A. L., Tuzzio, L., Hsu, C., & Wagner, E. H. (2018). Roles and functions of community health workers in primary care. *The Annals of Family Medicine*, 16(3), 240-245.
- Javanparast, S., Windle, A., Freeman, T., & Baum, F. (2018). Community health worker programs to improve healthcare access and equity: are they only relevant to low-and middle-income countries?. *International journal of health policy and management*, 7(10), 943.
- Li, S., Cao, M., & Zhu, X. (2019). Evidence-based practice: Knowledge, attitudes, implementation, facilitators, and barriers among community nurses—systematic review. *Medicine*, 98(39), e17209.
- Lin, W., Huang, W., Mei, C., Liu, P., Wang, H., Yuan, S., ... & Wang, Y. (2023). Associations between the signing status of family doctor contract services and cervical cancer screening behaviors: a cross-sectional study in Shenzhen, China. *BMC Public Health*, 23(1), 573.
- Laurant, M., van der Biezen, M., Wijers, N., Watananirun, K., Kontopantelis, E., & van Vught, A. J. (2018). Nurses as substitutes for doctors in primary care. *Cochrane database of systematic reviews*, (7).
- McKinley, N., Karayiannis, P. N., Convie, L., Clarke, M., Kirk, S. J., & Campbell, W. J. (2019). Resilience in medical doctors: a systematic review. *Postgraduate medical journal*, 95(1121), 140-147.
- Mills, J., Wand, T., & Fraser, J. A. (2018). Exploring the meaning and practice of self-care among palliative care nurses and doctors: a qualitative study. *BMC palliative care*, 17, 1-12.
- Olaniran, A., Madaj, B., Bar-Zev, S., & van den Broek, N. (2019). The roles of community health workers who provide maternal and newborn health services: case studies from Africa and Asia. *BMJ global health*, 4(4), e001388.
- Scott, K., Beckham, S. W., Gross, M., Pariyo, G., Rao, K. D., Cometto, G., & Perry, H. B. (2018). What do we know about community-based health worker programs? A systematic review of existing reviews on community health workers. *Human resources for health*, 16, 1-17.
- Strandås, M., & Bondas, T. (2018). The nurse-patient relationship as a story of health enhancement in community care: A meta-ethnography. *Journal of advanced nursing*, 74(1), 11-22.
- Mason, D. J., Perez, A., McLemore, M. R., & Dickson, E. (2020). *Policy & Politics in Nursing and Health Care-E-Book: Policy & Politics in Nursing and Health Care-E-Book*. Elsevier Health Sciences.
- Wen, T., Zhang, Y., Wang, X., & Tang, G. (2018). Factors influencing turnover intention among primary care doctors: a cross-sectional study in Chongqing, China. *Human resources for health*, 16, 1-11.
- Wu, F., & Sheng, Y. (2019). Social support network, social support, self-efficacy, health-promoting behavior and healthy aging among older adults: A pathway analysis. *Archives of gerontology and geriatrics*, 85, 103934.