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Transitioning Community Practices in Nursing Programmes: University Faculty Perceptions

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Abstract

Introduction: Community nursing practices often emphasise disease prevention and individualised, instrumental health education within health centres. This limits engagement with communities and collectives. **Objective**: To interpret nursing educators' perceptions of community practices within the framework of primary healthcare. Dates and locations: Universities in the Eje Cafetero region of Colombia, 2021–2023. **Methods**: Qualitative research with a critical ethnographic orientation was conducted through participant observation and ethnographic interviews with twelve educators from five universities. Data analysis followed a spiral process of coding, categorisation and identification of relationships in two stages: first within each university and second through an interpretive synthesis of all findings. The study adhered to qualitative research rigour criteria and ethical standards. **Results**: The central cultural theme identified was the transition to community care through health education. This was based on two cultural patterns: the transition from theoretical frameworks to the practical dimensions of community care, which converged towards risk-centred health education; and the planned praxis for culturally comprehensive family and community nursing care. **Conclusions**: Health education constitutes the structural axis of community care. It enables actions to be mobilised across diverse contexts and new knowledge to be constructed, grounded in concepts of knowledge, practice and praxis. This contributes scientific foundations to the field of community nursing.

Keywords

Faculty; universities; education; community health nursing; public health (Source: *MeSH, NLM*).

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Transitar las practicas comunitarias en programas de enfermería: percepciones de los docentes universitarios

Resumen

Introducción: las prácticas comunitarias de enfermería enfatizan en los centros de salud, la prevención de enfermedades y la educación para salud individualizada e instrumental, lo que marginaliza el trabajo con comunidades y colectivos. **Objetivo**: interpretar las percepciones de los docentes de enfermería sobre las prácticas comunitarias en el contexto de la Atención Primaria en Salud. **Fechas y lugares de ejecución:** Universidades Eje Cafetero (Colombia) 2021-2023 **Métodos:** investigación cualitativa, con orientación etnográfica critica a través de observación participante y entrevistas etnográficas a 12 docentes de 5 universidades. El análisis de la información se realizó en espiral centrada en la codificación, categorización y el establecimiento de relaciones existentes en dos etapas, la primera de cada universidad y la segunda la interpretación y síntesis de todos los hallazgos. Se acudió a los criterios de rigor y componentes éticos propios de la investigación cualitativa. **Resultados:** emergió el tema cultural: transitar los cuidados comunitarios con la educación para la salud; basada en dos patrones culturales: el tránsito de lo teórico y lo práctico de los cuidados comunitarios que convergen desde y para la educación en salud centrada en el riesgo y la praxis planeada para la enfermería familiar comprensiva cultural y el cuidado comunitario. **Conclusiones:** la educación para la salud se reconoce como núcleo estructural del cuidado comunitario, permite movilizar acciones desde los diferentes escenarios, y la construcción de nuevos conocimientos a partir de concepciones emanadas del saber, el hacer y la praxis que podrían aportar elementos científicos a la enfermería comunitaria.

Palabras clave

Docentes; universidades; educación; enfermería en salud comunitaria; salud pública (Fuente: *DeCS, BIREME*).

Transitar as práticas comunitárias em programas de enfermagem: percepções dos docentes universitários

Resumo

Introdução: as práticas de enfermagem comunitária nos centros de saúde privilegiam a prevenção da doença e a educação para a saúde individualizada e instrumental, o que marginaliza o trabalho com as comunidades e os colectivos. **Objetivo:** interpretar as percepções dos professores de enfermagem sobre as práticas comunitárias no contexto dos Cuidados de Saúde Primários. **Datas e locais de implementação:** Universidades Eje Cafetero (Colômbia) 2021-2023 **Métodos:** pesquisa qualitativa, com uma orientação etnográfica crítica através da observação participante e entrevistas etnográficas com 12 professores de 5 universidades. A análise da informação foi efectuada num processo em espiral centrado na codificação, categorização e estabelecimento de relações existentes em duas fases, a primeira para cada universidade e a segunda para a interpretação e síntese de todos os resultados. Foram aplicados os critérios de rigor e as componentes éticas da investigação qualitativa. **Resultados:** emergiu o tema cultural: transitar os cuidados comunitários com a educação para a saúde; baseado em dois padrões culturais: o trânsito do teórico e do prático dos cuidados comunitários convergindo da e para a educação para a saúde centrada no risco e a praxis planeada para a enfermagem familiar culturalmente abrangente e os cuidados comunitários. **Conclusões:** a educação para a saúde é reconhecida como o núcleo estruturante dos cuidados comunitários, permite a mobilização de acções a partir de diferentes cenários e a construção de novos conhecimentos baseados em concepções que emanam do saber, da ação e da praxis e que podem contribuir com elementos científicos para a enfermagem comunitária.

Palavras-chave

Docentes; universidades; educação; enfermagem em saúde comunitária; saúde pública (Fonte: *MeSH, NLM*).

Introduction

Community nursing practices acquire particular importance within the complex social, economic, historical, institutional, and political realities that shape health care and demand systematic analysis to advance disciplinary knowledge (1). According to the International Council of Nurses, professionals and students in this field provide care for individuals, families, and communities (1). However, much of the literature on community nursing focuses on research conducted within health centers and institutional settings (2), emphasizing preventive interventions for prevalent pathologies and an individualized, instrumental approach to health education (3). This reductionist perspective limits nursing performance, as it marginalizes engagement with communities and collectives—key social actors who possess experiential knowledge and practices that can enrich community work and inform curricular design in nursing education (4).

This situation reveals a knowledge gap that reflects the decreasing capacity of nursing to lead and coordinate community programs and interventions, along with a shift in educational priorities toward clinically oriented training. Consequently, there is a need to explore nursing educators' perceptions of community practices, a topic that remains underexamined yet essential for revising and strengthening the pedagogical foundations of nursing education (5).

Within community practice, both students and educators acknowledge the experiences of individuals, families, and groups who navigate the temporalities of "modern time" (6). This dominant temporal framework privileges the immediacy of the present and often excludes visions of a collective future, as it operates through utilitarian and survivalist logics. Under such conditions, society adapts to the accelerated pace of technological and market expansion, which imposes economic and commercial dynamics that deepen inequality and vulnerability (6).

Community nursing takes place within these realities and must address the resulting social problems and vulnerabilities. Educators and students rely on available resources to develop strategies that enhance community participation in the teaching–learning process. This participation enables transformations that respond to local needs and promotes a shared sense of responsibility for collective well-being (7).

Colombian legislation explicitly includes provisions related to community participation in health, establishing a legal framework that safeguards the right to health and promotes social well-being. Law100 of 1993 defines the duty of individuals to protect their own health and that of their communities while emphasizing community engagement as a mechanism for achieving public health objectives (8).

In addition, the National Ten-Year Public Health Plan recognizes communities as essential actors in coordinating and ensuring the effectiveness of public health interventions (9). These regulations reaffirm the need for comprehensive nursing research and education that strengthen community-based care. In this context, the present study aims to interpret nursing educators' perceptions of community-based practices within the framework of primary health care.

Materials and Methods

This study was grounded in Gadamerian philosophical hermeneutics (10), revisited through Habermas's critical hermeneutic approach (11), to move beyond textual interpretation and advance toward a reflective and transformative process within the community practices of participating institutions. Following Pérez et al. (12), the research aimed to engage with the phenomenon itself in order to reveal its real meanings for both researchers and participants within their sociocultural and symbolic contexts. This orientation enabled the development of a critical and differentiated understanding of reality (12).

A critical ethnographic approach (13) guided the study, establishing connections between social realities and the knowledge and practices observed. This approach situated the findings within a context co-constructed with the participating educators through dialogue and collaboration (14).

The research took place within the community practice settings of nursing programs at five universities—two public and three private—located in the departments of Caldas, Risaralda, and Quindío, Colombia. Fieldwork began with meetings involving community practice leaders, program coordinators, and course instructors. Subsequent interactions occurred at participants' workplaces during regular community practice activities.

Faculty participants were purposively selected to ensure a deep and detailed understanding of the phenomenon (15). Inclusion criteria were: (1) being of legal age, (2) holding an employment contract with one of the participating universities, and (3) having supervised, during the 2021 and/or 2022 academic years, community practice in a school, family, institutional, or community context.

A total of twelve educators participated voluntarily. The group included eleven nursing professionals (ten women and one man) and one social worker. The research team—comprising nurses and university professors with experience in community practice—established and maintained rapport with participants throughout the study.

Data collection included photographic records and detailed field notes documenting each meeting (16). Semi-structured ethnographic interviews (16) were also conducted to capture participants' interpretations and meanings of community practice. The interviews generated over 700 minutes of audio recordings, which were transcribed verbatim. Fieldwork continued until data saturation was achieved (17).

Data analysis occurred in two main stages. In the first stage, all data were exported to Atlas.ti version 9 (licensed to the lead university). Each participating university's dataset was managed as an independent project, and spiral analysis, as proposed by Leininger (18), was applied. The software facilitated the identification, categorization, and coding of recurrent ideas through words or phrases derived from the participants' narratives. Coded data were compared to identify similarities and differences, following Sousa and Brown's framework (19). Relationships among categories were then established, leading to theoretical formulations and findings for each university.

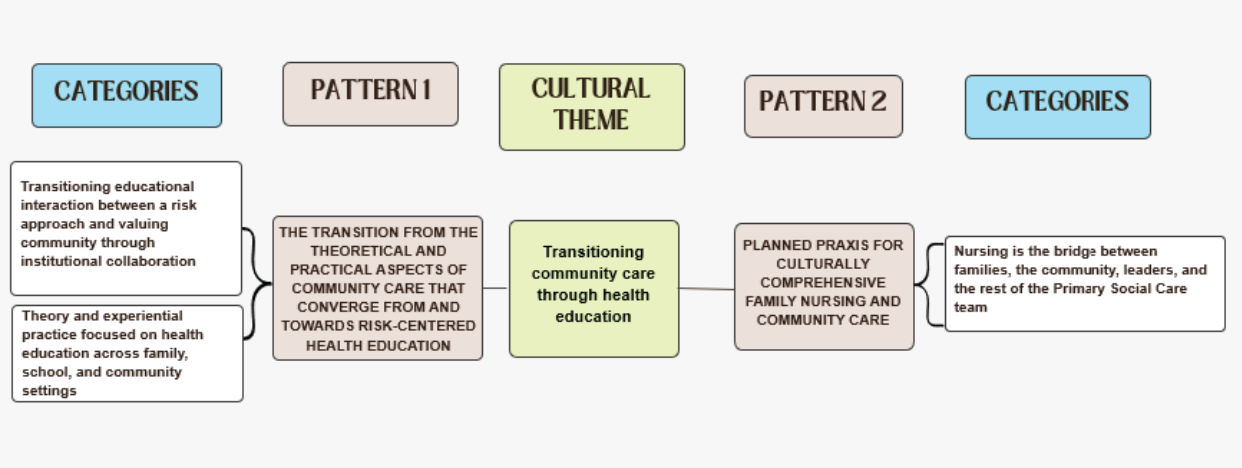
In the second stage, the research team reviewed and triangulated (20) the findings from all universities. Data were reorganized, reinterpreted, and synthesized to identify overarching cultural themes and summarize faculty perceptions. Throughout the process, both emic (insider) and etic (researcher) perspectives were integrated. Qualitative research standards of rigor— including credibility, dependability, confirmability, and transferability—were upheld (16,18).

This study formed part of the macroproject *"Community Practices of Nursing Programs in the Context of Primary Health Care: Coffee Region."* The project was approved by the Bioethics Committee of the lead university, and permissions were obtained from all participating institutions. The research was classified as risk-free in accordance with national regulations (21).

Faculty members who led community practice activities were invited to an initial meeting, during which the study objectives were explained and informed consent was obtained. To fulfill the principle of beneficence, the researchers presented the results from each university to participants through formal feedback sessions. Summaries, analytical syntheses, and visual representations of the findings were shared, along with a compiled booklet integrating results from all universities. This material served as a practical tool for guiding improvements in community practice processes.

Results

Figure 1. Categories, Patterns, and Cultural Theme



Source: Authors

The interpretive and critical analysis of the data, supported by continuous reflection, revealed the overarching cultural theme: "Transitioning Community Care through Health Education."

This theme rested on two interrelated **cultural patterns**:

1. The transition from theoretical and practical aspects of community care that converge toward risk-centered health education.
2. Planned praxis for culturally comprehensive family and community nursing care.

The following sections describe and interpret these patterns based on insights from the participating nursing educators.

Pattern 1. The Transition from Theoretical and Practical Aspects of Community Care Converging toward RiskCentered Health Education

This cultural pattern emerged from the analysis of shared elements across community practices at the participating universities. It reflects an ongoing process through which educators and students align theoretical learning with practical interventions, primarily through preventive, risk-based health education.

Category 1: Transition in Educational Interaction between a Risk Approach and Valuing the Community through Institutional Collaboration

A key finding lies in the movement of educational actions from a predominantly risk-centered focus toward one that values community engagement. Educators described beginning with prevention and education on prevalent conditions within families and communities: "What we do in prevention is to provide education for certain pathologies: there are hypertensive people, girls who are already pregnant. We seek to implement family planning programs here in the neighborhood." (UH 13:10)

Community practice develops through collaboration among governmental, health, and educational institutions at local, regional, and national levels. These partnerships strengthen institutional visibility and social impact:

> At the other stands were the mayor's office and Primary Social Care, offering pet deworming, healthcare affiliation, mental health, sexual and reproductive health, among others. Acuamana and the Ministry of Education were also present; in this way, an interdisciplinary intervention was provided. (OP 1:9)

Such alliances demonstrate the social relevance of community practice and its capacity to integrate diverse institutional actors in collective action—an aspect often undervalued in academic settings.

Category 2: Integration of Theory and Experiential Practice through Health Education in Family, School, and Community Settings

Educators highlighted the need to guide students toward the educational dimension of nursing, making theory tangible through family and community engagement:

> In practice, the idea is that they reach out to families and the community, and that they learn to educate. That is what I instill in them: you will always be community nurses, whether in a clinic or any other area where you work. (UA 8:6)

In some universities, health education adopts a theoretical orientation grounded in social psychology, fostering awareness of personal and social vulnerability: "At the moment of awareness, what happens is that people perceive themselves as vulnerable. You think that it will not happen to you. This awareness allows the person to say, 'Oh, this could happen to me.'" (UL 18:17). Other institutions structure their approach through curricular integration of educational theory and life-cycle learning:

"The subjects are called *Pedagogy and Health Education* and *Basic Health Education*. We start with the basics, which is the historical part, then the learning theories of Piaget and Vygotsky." (UL 17:14).

In some cases, innovative and context-sensitive methods are employed to reach wider audiences: "The president lent us the megaphone. We toured the entire neighborhood, approached people, and it was very direct education." (UC 3:20)

Community-based health education occurs across diverse contexts. Home visits remain central: "Upon receiving a positive response from the person in the home, the students entered and began filling out the form." (OP 15:12).

Schools also serve as strategic spaces for collective learning, as one educator explained: "Our university was chosen by the Ministry to implement a school project in the communities. Through school nursing, we base our work on the Care Routes, which must be transversal, articulating school, community, and family environments to achieve health impact." (UL 17:63)

Community engagement allows students to recognize how social determinants and risk factors shape daily life. Educators emphasize the value of clear communication and collective goal-setting: "Teachers contact the community in advance, explain that we will come with students, and stay for a while to conduct a diagnosis of risk factors and health determinants identified there." (UL 18:4).

Pattern 2. Planned Praxis for Culturally Comprehensive Family and Community Nursing Care

This cultural pattern arose from reflection and analysis of distinctive elements observed in the current practices of the participating universities. It represents a pedagogical and professional orientation that integrates deliberate planning, cultural sensitivity, and interdisciplinary collaboration in the provision of family and community nursing care.

Category: Planned Praxis for Culturally Comprehensive Family and Community Nursing Care

Interpretive analysis identified a trend with particular nuances that distinguish it from the other emerging patterns. One of its defining characteristics lies in the careful planning of educational and care activities. Students design family and community care projects in diverse formats, which contextualize their learning, prepare them for field immersion, and deepen their understanding of family and community dynamics. Implementation depends on faculty approval, as one educator emphasized: "The planning must be very well done so that teachers approve it and it can be executed. It requires visual aids and teaching materials." (UC 1:12).

Although this approach aligns with the previously described community practice models, it stands out as a nursing-specific framework that integrates cultural patterns observed within families and communities. Together with risk factors and epidemiological profiles, this integration enables improvements in other areas related to collective well-being: "In practice we go further; for example, if there is an outbreak of diarrhea, we must know statistics, population, culture—absolutely everything. And we must consider what the community believes in as well." (UC 3:50).

Family care follows a culturally comprehensive nursing model grounded in Leininger's Cultural Care Theory, operationalized through an Action Decision Plan (ADP) format. This model prioritizes culturally congruent care and systematic follow-up: "The most important action in family care is the ADP; it is our roadmap for decision-making and follow-up." (UC 4:14).

This approach acknowledges families' strengths and evolving circumstances and values their traditional knowledge in identifying priority issues. Educators guide students in integrating theoretical and disciplinary perspectives to plan culturally appropriate interventions aimed at strengthening, negotiating, or restructuring family and community health practices.

Community care is carried out through close collaboration with local leaders and municipal Primary Health Care teams, which enhances the visibility of interdisciplinary work. Nursing students often assume leadership roles by coordinating communication and action among different stakeholders: "Nursing is the bridge between families, the community, leaders, and the rest of the Primary Social Care team of the municipality." (UC 5:34)

Educators describe this culturally oriented approach as personally and professionally rewarding, fostering reciprocal learning and reinforcing the social mission of nursing: "I am always happy to work in the community, to go there, to provide my services. I learn so much from them, and I feel that this contributes to my personal and professional life." (UC 4:18)

Teachers encourage students to recognize and validate the feelings, priorities, and knowledge of community members, emphasizing the importance of participatory dialogue in health decision-making: "We always tell students that the community should tell us what it needs. It's not about us telling them, 'This is what you need.' No, it's about them telling us what their priority is." (UC 3:23)

This perspective generates a distinct pedagogical context compared to other university-based community practices. It requires students to demonstrate a high degree of personal, cognitive, academic, and psychosocial maturity, which fosters critical and reflective thinking about nursing care:

> This semester, students are exploring and observing various situations, but I believe that to carry out a deeper community intervention, they must have greater professional and personal maturity to address a family and a community. So, we propose that this practice should be included in later semesters. (UC 4:22).

Discussion

In nursing, the term *practice* traditionally refers to professional actions directed toward care, whether delivered in hospitals, educational institutions, or community settings such as schools, families, and neighborhoods. Scholars have examined the significance of practice from multiple theoretical standpoints (22,23), since experience constitutes the basis for essential knowledge. This experiential knowledge enables nurses to provide care with a high level of competence, often referred to as *advanced practice* (23,24).

In educational contexts, the terms *practice* and *praxis* are sometimes used interchangeably. Although both denote action grounded in knowledge, *praxis* implies a deeper process of reflection and theoretical integration. This makes it a particularly appropriate concept for nursing, as it allows practitioners to transcend routine practice and incorporate deliberation and planning into care. Within community contexts, practice functions as a foundational element of nursing care (5).

Contemporary nursing education programs increasingly emphasize the transition from theoretical knowledge toward a holistic approach in community practice. These settings enable students to redefine and experience healthcare Such a transition requires continuity and coherence, since individuals, families, and communities benefit from sustained healthcare interventions and ongoing collaboration with diverse social and health actors. The findings of OcampoRestrepo et al. (25) corroborate this perspective by highlighting the value of community practice as an experiential space in which both students and educators engage with varied environments and apply nursing care from a comprehensive and humanized standpoint.

The community serves as a vital setting in the teaching–learning process of nursing, though historically it has been undervalued as an academic space. Certain programs (4) underscore its relevance as a locus for questioning social, cultural, and economic realities, thereby challenging not only technical knowledge but also the epistemological assumptions underpinning it.

Rojas Verdugo et al. (26) argue that nursing plays an indispensable role in the community because it extends beyond disease management to the promotion of self-care and the advancement of holistic health through collective responsibility and participation. Health promotion thus remains intrinsically linked to community life, with its daily complexities and specific cultural dynamics. This connection is essential to enable transformative change within contexts that influence lifestyles and social determinants of health and disease.

Education represents a core dimension of community nursing practice, as it expands individuals' knowledge base (27) and strengthens their ability to act in diverse social contexts (28). In the case of health education, this action emerges within family and community settings, where knowledge, skills, and practices can be co-constructed through a *transformative praxis*, in alignment with Freire's pedagogy (29).

Health education must therefore arise from reflexive and critical engagement within local contexts such as families, schools, and communities (30). As confirmed by the present study, it constitutes a process of *being, knowing, and praxis*(5,31–35) that guides and gives meaning to nursing actions. Nevertheless, health education has frequently been reduced to the transmission of medicalized information focused narrowly on disease prevention and risk control, assuming that such actions automatically generate learning. These strategies,

often limited to campaigns with flyers or brochures, tend to lack meaningful impact or relevance for their recipients (36).

For this reason, Castaño Pineda et al. (37) and Tobón (38) call for a transition toward a *dialogical* form of health education—one that is attuned to the realities of individuals, families, and communities, and that transcends behavioral instruction. This approach conceives health education as a social and political process oriented toward the development of autonomous, reflective subjects capable of exercising agency and fostering transformation (39). Such an approach also cultivates cognitive, evaluative, and practical capacities, along with interpersonal and intrapersonal skills that evolve through interaction with one's environment (40).

Another essential finding of this study concerns planning as a precursor to nursing praxis, which requires systematic reflection and management to serve as the foundation of community care. Planning involves establishing priorities and implementing care activities or support actions—either individually or collaboratively with recipients—to enhance quality of life and well-being among individuals, families, and communities (34).

Within community practice, planning functions as a critical axis that strengthens theoretical and experiential development, promotes effective teaching–learning processes (41), and stimulates reflection and analysis of professional practice. The findings of this research reaffirm the importance of nursing theory for understanding and implementing community practice, since theoretical models provide the foundation for praxis and guide care processes, as documented in the scientific literature (42,43).

Some educators anchor their work in Leininger's Theory of Culture Care Diversity and Universality (43), which promotes culturally congruent care. At one participating university, this theoretical orientation informs holistic, integrative approaches that value families' cultural knowledge, beliefs, and practices. Such frameworks foster respectful, non-impositional interactions that merge scientific reasoning with cultural understanding, thereby enriching nursing's humanistic and contextual dimensions (44).

Conclusions

The reflections derived from nursing educators' perceptions of community practice underscore health education as the structural core of community care. It enables the mobilization of actions across diverse contexts—family, school, and community—and fosters the construction of new knowledge grounded in the interrelation of *knowledge, practice,* and *praxis*. These processes contribute valuable scientific and epistemological insights to the field of community nursing.

Nevertheless, sustained academic efforts remain essential to ensure that nursing's contribution to community practice transcends risk-centered paradigms and advances toward truly holistic care. Although some experiences have demonstrated meaningful progress through the application of nursing theories that depart from morbid-centric models, practices primarily oriented toward disease prevention and control continue to prevail. This persistence occurs despite the awareness and intentionality of faculty who seek to integrate comprehensive and culturally sensitive approaches within their teaching and practice.

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