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Huy, Bang, K., Xuan, H. T. A., Thang, C. D., Thanh, N. V., Hoan, L. T., Tak, S. H., Yu, S., Yi, J., Son, D. T., Minh, H. V., & Hoat, L. N. (2018). The roles of, activities of, and competencies for, community nursing services in rural Vietnam: Implications for policy decisions. *The International Journal of Health Planning and Management*, 33(4), e1147–e1159.

Which has been published in final form at:

<https://doi.org/10.1002/hpm.2600>

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The Roles of, Activities of, and Competencies for Community Nursing Services in Rural Vietnam: Implications for Policy Decisions

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Running head:: Characteristics of Community Nursing Services

Acknowledgements and Funding

We acknowledge the financial supports from Seoul National University College of Medicine, Republic of Korea. We also thank the local authority and healthcare system of Quoc Oai district to support our study at the field site. We appreciate the research team to help conduct data collection. We thank the participants for providing responses to the questionnaire survey.

Declaration of Conflicting Interests

The authors declared no conflicts of interest with respect to the authorship and/or publication of this article.

ABSTRACT

Community health workforce plays a vital role in providing primary health care services as per the needs of residents; however, few studies have examined how nurses work within commune health centers (CHCs). Using qualitative methods including interviews and focus group discussions with key stakeholders, this study explores the roles, activities, and competencies required of community nursing services in rural districts within Vietnam. Two primary roles were identified: CHC nursing and family nursing. For the latter, in addition to providing people with general health care and health communication, they were expected to also deliver psychological care. CHC nursing fulfilled more roles and required four specific competencies: clinical care, communication, management, and planning/coordination activities. Despite these various roles serving people within a community, few ongoing efforts at either the local or national level are aimed at supporting these nurses. The study highlights the need for policy decisions via either developing a new job position policy or adapting the existing policy by integrating new roles into the existing positions of commune health centre nurses in Vietnam.

Keywords: community health nurse, community nurse, commune health center (CHC), nursing, community nursing services, Vietnam

INTRODUCTION

There is an essential need to strengthen community-based primary care and improve access to health care services in Vietnam. Primary health care has a significant impact on developing countries when integrated systematic actions are carried out by properly trained professionals in the field; however, the country's current community health workforce is critically inadequate and inequitable, lacking both competence and training opportunities¹. It is imperative to develop cost-effective and innovative systems of community health care that are in high quality and accessible to all citizen, particularly those in rural areas². Recent health care reform policies in Vietnam have focused on promoting the community health care system (i.e., through CHCs) based on primary health care services while enhancing access to an integrated system of quick and reliable care. Communal health centers (CHCs) were established by national policies in Vietnam and serve approximately 50,000 to 300,000 local residents³. CHCs are the gateway to primary health care in districts, communities, and villages, providing immunization, screening, communicable disease control, maternal and child care, and outpatient follow up⁴.

Community health nurses (CHNs) in these CHCs are an ideal health workforce to meet the demands of primary health care in communities, because they are trained to provide health services for local residents such as disease prevention and health promotion, and promotion of self-care. CHNs also collaborate with diverse stakeholders including individual patients, families, community leaders, local governments, and other health-related personnel⁵. According to the American Nursing Association, community health nurses utilize knowledge from various fields, such as social and public health sciences, in addition to general nursing, to promote and protect the health of a population. The following are three core functions of community health: assessment, policy development, and assurance. During assessment, CHNs regularly collect and analyze information on health conditions, risks, and resources within the community. In policy development, they share and use this information to develop local and state health policies. Then, they work to ensure that necessary health services are available throughout the community⁶.

Currently, there is a shortage of CHNs in Vietnam. Although the average number of nurses per 10,000 residents is 25.7 across eastern and southern Asian countries, it is one nurse per 10,000 in Vietnam. Because it is essential to ensure adequate and competent health

workforce to effectively respond to the growing needs and enormous demands of clients, the master plan for health care system development, the government plans to increase this ratio up to 28 nurses per 10,000 and required hospitals, clinics, and health care facilities to have 3.5 nurses per physician ⁷.

In particular, health challenges and care needs in communities across Vietnam have been changing as the population rapidly ages. The prevalence of non-communicable diseases such as cardiovascular diseases, diabetes, and cancer increases as the population ages. The proportion of people aged 60 and older increased from 6.7% in 1979 to 10% in 2013 and is projected to be 26.1% by 2050 ⁵. Vietnamese life expectancy at birth was 66 year in 1990 and 72 years in 2006; it is estimated to reach to 80.3 years by 2050. In concert with these changes, the importance of a healthy lifestyle and behaviors is increasingly emphasized. CHNs play a key role in meeting the challenges and needs for chronic illness management, reduction of health risk and threats, promotion of a healthy lifestyle and behaviors, and improvement of quality of life ⁸. For example, CHNs can develop guidelines for physical activity, exercise routines, and weight loss programs to decrease sedentary behavior and improve physical functions, which ultimately lead to lowering people's risk for developing chronic diseases such as hypertension, diabetes, and musculoskeletal problems.

Given the professional scientific and technical preparation for a role in nursing care, CHNs are capable of providing primary health care and developing innovative new plans and promoting public health policies, and can help decrease the risks and effects associated with the changing health care needs. Although the specific roles and responsibilities of CHNs are usually defined in the health care delivery system of a country, CHNs generally perform roles such as clinician, advocator, collaborator, consultant, counselor, educator, researcher, and case manager. CHNs treat people from walks of life with many different health conditions in all contexts; hence, it is essential for CHNs to equip themselves with two categories of core competencies: (1) those for clinical care, and (2) those for implementing the essential functions of community health care. They need to be competent in the process of health assessment, disease management, case finding, case management, observation, and treatment according to delegated responsibility ⁵. In addition, CHNs should be both collaborative and autonomous when performing functions in patient advocacy, promoting a safe environment, conducting research studies, participating in health policy, and managing medical resources ⁸. The World Health Organization still emphasizes these critical roles and practices of CHNs in developing countries.

This study explores the roles, activities, and competencies required of community nurses in rural districts of Vietnam.

METHODS AND MATERIALS

This study was conducted as part of a larger project to identify health and health system problems in the Quoc Oai district to inform public health interventions.

Design and Study Setting

This is a qualitative study using both in-depth interviews ⁷ and focus group discussions (FGD) among key stakeholders in Quoc Oai district during mid-2015.

Quoc Oai is located west of Hanoi, which is about 20 km from the center of the city. This is a transition zone between the mountains and the plains and contains various economic characteristics. Quoc Oai is currently suffering from a lack of local human resources.

Sample Selection

The selection of study participants was guided by the rules of qualitative approaches; for example, key stakeholders promised to provide correct information and were considered representative of the diverse characteristics of their geographic location (e.g., urban, rural, mountainous areas). Participants in this study had working experience in local health care system management, within different health care levels (district and commune), and within key different mass organizations (people's committee, youth union, women's union, demography board and/or front committee). Details of the key informants are presented in Table 1.

The age of the subjects in this study ranged from 42 to 60 years of age, the majority of whom were men working in medical centers. Some held the highest level of Vietnamese medical degree, Specialist Doctor II (equivalent to Doctoral degree). The longest period of working experience was 38 years and the shortest was 10 years. Two participants were officers working in district health centers (DHC) while the others were working at commune health centers (CHC).

In group discussions, there were 12 men and 4 women who were representatives of organizations, local authorities such as commune women's unions, district health centers (DHCs), commune demography committees, commune youth unions, and commune people's committees (CPCs). The average age of participants in group discussions was 45 years old (range of variation: 27–60 years) and the average seniority was 8 years (range of variation: 4 months–19 years).

Data Collection

We employed in-depth interviews (IDIs) and focus group discussions (FGDs) to explore roles, activities, and competencies of nurses who perform community nursing services. In particular, we used the grounded theory technique to generate a hypothesis within this specific context⁹; ^{10, 11}. A combination of IDIs and FGDs using grounded theory technique were chosen based on close interaction between researchers and participants in an effort to provide comprehensive data sets¹².

We undertake data collection and analysis in line with theoretical guidelines^{10,13,14, 15}. Preconceptions and previous knowledge related to roles, activities, and competencies of a community nurse from international perspectives were suppressed to minimize the risk of confounding. Main topics and probing questions for interviews are noted in Table 2. Data collection was completed when a total of 4 IDIs and 11 key informants participating in two FGDs had been conducted (new information did not emerge from the last FGD). According to their preference, participants were approached and interviewed either in their workplace or outside of it. Each IDI lasted from 30 minutes to 1 hour, while participation in an FGD took less than 2 hours. None of the IDIs or FGDs were recorded digitally, but were fully noted to serve the analysis. The researcher also checked typing reliability through noting IDI and/or FGD and then compared the notes and typed materials. We confirmed the reliability, because there was no difference between the two materials.

Table 1. Key Characteristics of the Sample

ID code	Age	Gender	Type of organization	Key work characteristics
In-depth interview (IDI)				
IDI1	60	Man	District hospital	Medical doctor, manager, 29 years of working experience
IDI2	49	Man	District health center	Medical doctor working in the field of preventive medicine, manager, 10 years of working experience
IDI3	42	Man	Commune health center	Medical doctor, head of CHC, 15 years of working experience
IDI4	55	Woman	Commune health center	Medical doctor, head of CHC, 25 years of working experience
IDI5	40	Man	Commune health center	Medical doctor, head of CHC, 20 years of working experience
Focus group discussion (FGD1)				
FGD1a	27	Woman	Commune demography committee	Intermediate school degree, staff of commune demography committee, 5 years of working experience
FGD2a	58	Man	Commune front committee	High school completed, head of commune front committee, 8 years of working experience
FGD3a	54	Woman	Commune women's union	Intermediate school degree, head of commune women union, 16 years of working experience
FGD4a	53	Man	Commune people's committee	Intermediate school degree, deputy head of commune people's committee, 10 years of working experience
FGD5a	33	Man	Commune youth union	University degree, secretary of commune youth union, 9 years of working experience
FGD6a	53	Man	Commune communication	High school completed, communication officer, 7 years of working experience
FGD7a	45	Man	Commune people's committee	High school completed, head of commune people's committee, 4 months of working experience
Focus group discussion (FGD2)				
FGD1b	38	Woman	Commune women's union	University degree, head of women's union, 4 years of working experience
FGD2b	30	Woman	Commune demography committee	Intermediate school degree, staff of demography committee, 4 years of working experience
FGD3b	45	Man	Commune front committee	High school completed, deputy head of commune front committee, 12 years of working experience
FGD4b	60	Man	District health center	University degree, deputy director of district health center, 19 years of working experience

Table 2. Key Questions for IDIs and FGDs

Main questions	Probing questions
<ul style="list-style-type: none"> - What do you think about the capacity of human resources for health in commune health centers? 	<ul style="list-style-type: none"> - <i>How many health workers are there in a commune health center in your area?</i> - <i>How many kinds of health workers are there in a commune health center in your area? What are they? What are their main tasks?</i> - <i>How did they perform their tasks? What did they do well? What can they improve?</i> - <i>What do we need to do improve their task performance?</i>
<ul style="list-style-type: none"> - How can we improve health care in commune health centers? 	<ul style="list-style-type: none"> - <i>You mentioned different kinds of health workers in a commune health center, one of whom was nurse. What did a nurse often do in a commune health center?</i> - <i>To what extent did a commune health center nurse meet health care needs of people or community in your area?</i> - <i>What do you think if we extend their commune health center tasks to community or family ones?</i>
<ul style="list-style-type: none"> - What do you suggest so that a commune health center nurse can better serve the community? 	<ul style="list-style-type: none"> - <i>What roles should they take? Please clarify these roles.</i> - <i>What activities do they need to do to better serve the community?</i> - <i>What sorts of competencies are required for a community nurse so they could do a better job as you would expect? What are requirements about knowledge, attitudes, and skills for him/her?</i> - <i>What else do you suggest?</i> - <i>Are there any things you would like to share or discuss with us?</i>

Data Analysis

We assessed and analyzed participants' responses first to establish open codes, then to continue this process to form focused or selective coding and to generate core categories. Key quotations were used to illuminate core categories that, in turn, support the research objectives.

Research Ethics

The study was ethically approved with certificate No 003/2016/YTCC-HD3 by the Institutional Review Board of Hanoi University of Public Health. To obtain verbal consent, we provided all participants about the purpose of the study and their rights. Researchers also informed participants that they noted the interviews rather than recorded, and all individuals' confidentiality was guaranteed.

RESULTS

Using the above qualitative approaches, this research examines the roles of nursing from two aspects: roles of CHC nursing and family nursing. The results of in-depth interviews with key informants are summarized in Figure 1, illustrating the key roles, activities, and competencies of community nursing in Quoc Oai district.

As injuries and medical conditions increase, nurses are required to focus on first-aid activities.

"First medical aids should be carried out here, for example... when in emergency, hemostasis and first aid is needed before referral to high level of the system..." FGD7a

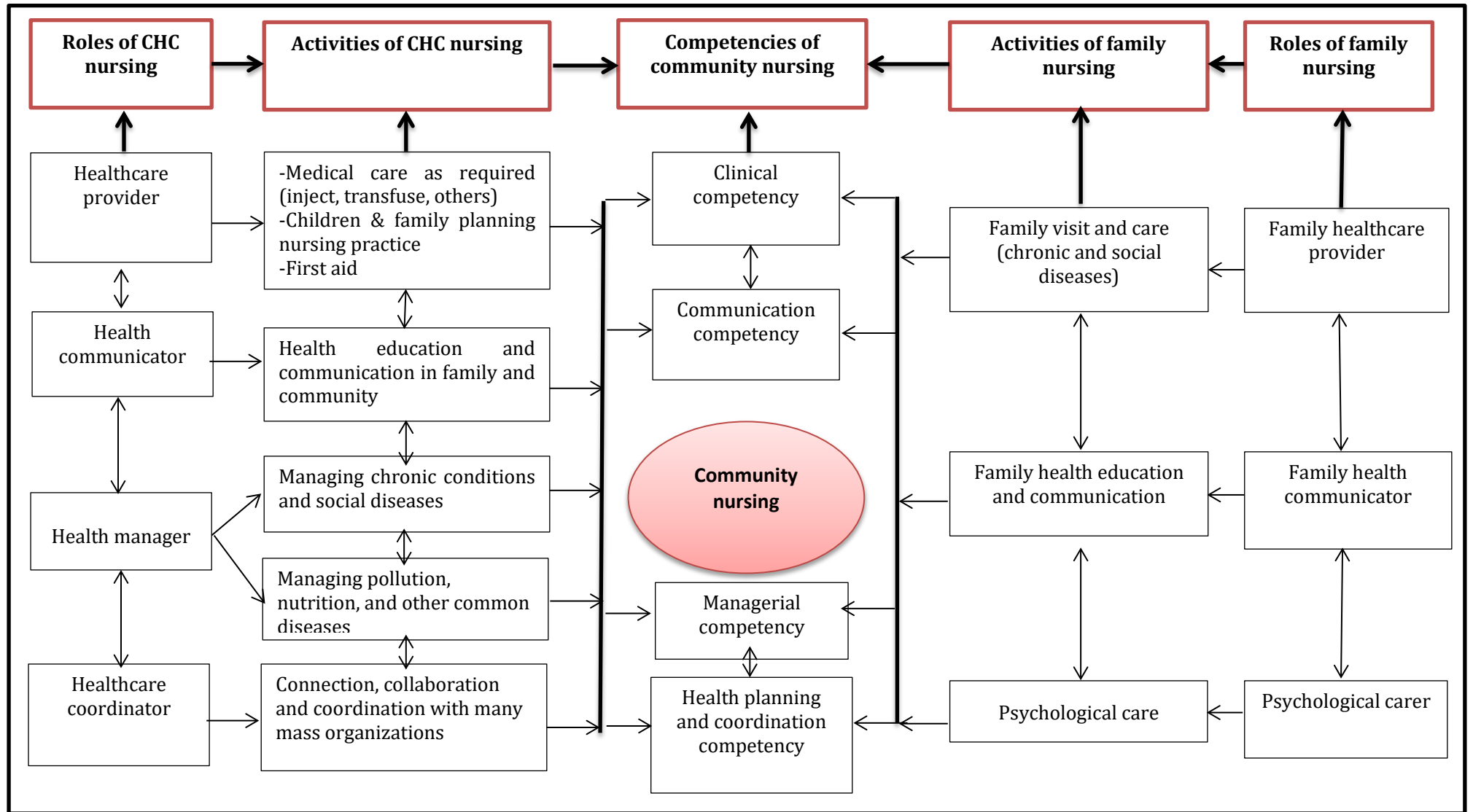
Being a health communicator. A community nurse is expected to acquire not only technical knowledge, but also basic knowledge to serve as a health communicator. The most frequent activities in this regard include community health education. This includes meaningful activities to provide people with basic information about diseases and prevention to raise their awareness, thereby (ideally) changing their behavior. Many prevalent health issues can be prevented through the use of good communication skills, as a community nurse plays an important role in improving health for those in the community. As such, it is important to train nurses for health education.

"[We need]... to do consultation and communication about how to prevent chronic diseases. Now many people do not know much about the new problems, so they go to new commune health centers to get consultations and health education provided by healthcare workers over there...." IDI4

"Training on direct communication skills for media organizations and subgroups and nurses is necessary so they can join local governmental team to conduct health education in better-regulated and -organized manner." IDI2

Being a health manager. In the course of working at a commune health center, it is mandatory that nurses also manage, monitor, and evaluate health activities. They are expected to survey a variety of health problems such as common diseases, living environment, nutritional issues, and issues related to occupational safety. In particular, they have to collect and analyze data and write short reports that include recommendations for solutions.

Figure 1. Roles, Activities and Competencies of Community Nursing



"In my opinion, community nurses today have to perform not just health education, but also the surveillance of diseases at the community, especially of common or social diseases and even patient healthcare. They need to do statistics, data survey, data analysis, report." IDI2

"[Community nurses]... participate in medical activities for villagers including emergency, monitoring, food safety, health advice or counselling." IDI3

Being a health care coordinator. At the community level, health care workers, including nurses, closely collaborate with organizations on key issues to foster sustainable community development. Their collaboration with a commune women's union, for example, can enhance and benefit reproductive health care, and coordination with a commune people's committee can facilitate the management and supervision of health care activities, especially regarding living environment, food safety, and clean water. As a result, community health care workers can increase efficiency in disease prevention and control.

"Commune health center nurses coordinate with a committee of population and family planning to master technical instruments for women and detect many diseases, basically several times per year. Women from this committee have very good attitude. In this collaboration, the participation of specialists and well-trained healthcare workers provide good care for patients and make them quite satisfied." FGD3a

"CHC's nursing is combined with population reproductive health and expanded program on immunization (EPI) to give coupon or leaflets for households which have children be vaccinated." FGD2b

"Communication is often coordinated on the communication activities. The commune women union is coordinated through media programs to provide health information to people. Health care for women requires collaboration on health care and consultation...." FGD1b

Roles and Activities of Community Family Nursing

Through FDGs and IDIs, differences between the types of community nursing were identified. Roles such as CHC nursing and family nursing include serving as health care providers, family health communicators, and psychological care provider/advisors.

Being a family health care provider. Both commune and family nursing roles are crucial, but there are significant differences in the forms of care between them. A family nurse visits each household to care for residents, including both sick and healthy people, by tracking their health periodically, even following up on their health as needed. Like CHC nurses, family nurses also treat mothers and children when they suffer chronic diseases and other common non-communicable diseases. However, these activities are all performed at home rather than in a clinical setting.

"The priority task for community nursing is to help transfuse fluid, take blood pressure, and guide community people to care for their health ... midwives serve bathing for babies at home. However, nursing is not a doctor. With counselling and care services for patients with cancer at home, care instructions for each type of diseases are necessary...." IDI4

"[There]...should be nursing care at home. Currently, there is one clinic serving family medicine. It is our desired model later to be inserted at CHC services. Priority care

should be given to chronic diseases such as diabetes, cardiovascular, reproductive health counselling before birth delivery." IDI2

Being a family health communicator. The activity of community nurses providing education and health promotion to families is necessary to enhancing public awareness about disease prevention. In the area of family planning, community nurses can cooperate with commune women's unions to communicate the benefits of contraceptive methods, so that the local women understand and feel comfortable using family planning services available at commune health centers.

"In health education and communication, now many people do not like to visit and get treatment at commune health center... Instead, they need health communication and counselling and being served at home." IDI4

Being a psychological care provider/advisor. Community nurses have more opportunities to be exposed to people in community than other health care workers. As discussed previously, the disease pattern in Vietnam has changed remarkably—from primarily communicable diseases to both communicable and non-communicable diseases including mental issues. It is imperative that community nurses take on additional roles to provide basic counselling about mental health. During their visits to families, they are often the providers of the earliest advice and initial solutions for people and patients seeking to minimize risk and prevent suffering. Once an initial visit to families has been provided, the process helps to build a strong sense of trust between patients and health care providers, thereby cementing their close relationship. Such a strong community connection can also foster health care workers' confidence in health care and health promotion, although their technical knowledge can remain limited.

"The main difference between CHC nursing and family nursing is the way they care and affect patients, although their professional knowledge is limited.... People have many problems today, putting more works for healthcare workers and nurses at home... so caring for them and giving them some kind of advice to keep them calm and trust in the life, so they can keep going and living with their families....." IDI4

Competencies of Community Nursing

As mentioned, a community nurse is expected to take on different roles and activities at commune health centers. As a result, they are required to have key essential competencies, such as clinical skills, communication skills, managerial and health planning skills, and coordination skills, to provide quality care services for people in the community.

Clinical competency. Most views obtained in this study suggest that health care workers in general and nurses in particular need to improve their clinical competency (i.e., knowledge and expertise) to perform their key roles and activities efficiently.

"About the clinical thing, nurses should advance their knowledge, so they can follow general government rules and catch up with the changing needs of health care of people." IDI4

"Every year, doctors and nurses must have training frequently and timely to meet current demands. Seminars are necessary for healthcare workers to deepen their knowledge. Sometimes, resolutions are put only on paper." FGD3b

Communication competency. Community nurses have different roles, one of which is health education and communication. Performing this role requires adequate knowledge and skills

related to health education and promotion; as such, community nurses should be offered adequate training in this field.

"They [nurses] should have skills of health communication and education." **IDI4**

"[It is useful] to train direct communication skills and how to organize a communication campaign. Direct communication skills should have the involvement of local authorities which help people better organize communication events." **IDI3**

"The capacity of health workers is in general at the average level; but inexperienced, mainly on communication skills, besides the professional qualifications required." **IDI2**

Managerial competency. Skills in management were not directly mentioned by participants in this study; however, they are indirectly reflected in the qualitative data. From the study results, for example, management competency has been referred to as managing patients, undertaking health care programs, managing primary health care tasks, and dealing with patients' health problems. Furthermore, management of environment and food safety was also noted as being important. Community nurse need to have essential skills to perform management tasks.

"[We have to do] management of many health programs, including inspection and monitoring implementation anywhere." **FGD4b**

"We are managing 400 elder people who need our health care. Last year, they asked me a lot, and they did not come here to get consulted and treated here because there were not enough medicines." **FGD4b**

Health planning and coordination competency. Community nurses today have an overload of work, fulfilling a variety of tasks such as providing primary health care services and/or implementing national health programs and community activities. To help health care workers carry out their tasks successfully and completely, it is crucial that they acquire adequate competencies in planning and coordination.

"Capacity requirements for community nursing are a lot which require us to build more capacity in different areas such as clinical nursing, communication skills, investigation and surveillance skills, planning and coordination... ." **IDI2**

DISCUSSION

Much of the existing literature has documented the roles of community nurses as a combination of health promotion, health education, nursing practice, primary health care, and public health practice ¹⁶. These nurses approach their local community to eradicate disease and improve general health by detecting barriers and hardships. Consequently, local people can be encouraged to modify an unhealthy lifestyle or behaviors and also receive post-acute care in their homes. This ultimately leads to enhancing their empowerment and self-determination when it comes to their health. In this study, most of the key informants shared their ideas of how community nurses play a vital role in ensuring the sustainable health development of communities through a variety of activities. Depending on different contexts, these nurses have to perform distinct roles and acquire considerable proficiency in each of them. First and foremost, the most distinguishable role between CHC nursing and family nursing is the provision of psychological care support when community nurses care for patients in their homes (i.e., family nursing). Those suffering from even minor ailments are often stressed, scared, or worried about their health and the money they might need to pay for health care services and medicines ¹⁷. In this situation, it is essential for community nurses to treat them

with greater acuity to ensure that they can overcome psychological and emotional problems and be willing to follow the nursing professional's advice. However, the issue of how to help community nurses deal with additional emotional and psychological hardships when undertaking this complex caregiving was not mentioned by key participants in either FDGs or IDIs.

In CHC nursing, the health care professional is expected to be a health coordinator and a community health manager within the current complex environment, in which unknown risk factors can affect them in unexpected ways¹⁸. The coordination and cooperation between CHC nurses, general practitioners, community leaders, and members of communities needs to be stimulated so that knowledge, information communication, and crucial resources can be shared to accomplish a specific health task, such as outbreak prevention, immunization, and health education. Invaluable information is expected to be exchanged to help all nurses enhance their knowledge base and perform their tasks in a timely and effective manner. Additionally, CHC nurses are empowered to be health managers by using managerial and leadership skills to improve communal health care services. CHC nurses are providers who not only communicate directly with and treating local residents, but also having a full understanding of the health situation in their community. Hence, if they can significantly contribute to the process of governing communal health care programs, managing patients, and finding solutions to existing health problems, this will lead to a number of positive outcomes. Examples include improvement of communal health outcomes, less demand for tertiary treatment, and an increase in savings for health services and the government². In developed countries, after seeing CHC nurses as health coordinators and health managers, the sustainable development of general communal health, such as reducing mortality and morbidity and increasing the life expectancy of their residents, has been recognized¹⁹. These are also the desired outcomes of such recognition within developing nations, such as Vietnam.

Despite working in the different roles and contexts, nursing professionals' key roles still remain limited and should be prioritized. Education of the local people to improve their health and protect themselves from internal and external risk factors, provide high quality health care services, and communicate with them effectively are the focus areas of this prioritization. To perform these roles successfully, most of the key stakeholders suggested that nursing professionals need to have a high level of proficiency in clinical skills, communication skills, and education skills for providing valuable health information both rapidly and efficiently. Many previous studies have identified that if these skills are mastered and sharpened, the process of caring for patients, including immunization and health education, can be conducted quickly and competently². Notably, once the patients see an improvement in their health, their trust and faith in nurses can be cumulative, which further enhances nurses' ability to perform their roles effectively. It is, therefore, noted that although these health care professionals can work under different circumstances, their key roles are unchangeable and should be enhanced to promote better communal general health in Vietnam.

One of the merits of this study is that qualitative data was noted and collected thoroughly before being analyzed to ensure provision of a complete understanding of the nurses' roles, activities, and proficiencies from the view of key stakeholders. Furthermore, the stakeholders have worked in different locations and types of organizations and had various working experience, medical knowledge, and positions/roles. This can ultimately lead to a complex and comprehensive picture of the nursing professional in reality. However, not many nurses were included for in-depth interviews and focus group discussions, so there is a need to

gain their direct perspective regarding their own roles, medical activities, and competencies in future studies.

CONCLUSIONS AND POLICY IMPLICATIONS

The findings from this study have identified that in addition to the major roles of CHC nurses at their centers (i.e., health care providers, health educators and health communicators), they are also expected to take on roles of family nursing. For family nursing, psychological support should be prioritized, and it is also important for CHC nurses to take on roles such as health manager and health coordinator. Additionally, even though these nurses experience a number of additional working stresses, few effective strategies have been identified to deal with them effectively. In Vietnam, community nurses are often not been seen as professionals, so they face various hardships when attempting to carry out medical tasks. Because of this, it is practical to add the roles of family nursing to the existing roles of CHC nursing, so that CHC nurses can take assumed types of activities. It is important to advocate the government of Vietnam to consider community nurses as a new job position within the list of official careers so they can be included in human resources for health within the health system. This can be done via recommending a new policy to the government. Successful stories from other countries in terms of designing community nurses into the health system can be seen in Canada¹⁶, the United States¹⁹, and Australia²⁰. These nurses play a vital role in providing these countries' local communities with primary care services. Such governments have attempted to improve their work environment to ensure that nurses' roles, such as health education, health promotion, and/or nursing practice, are performed smoothly and effectively^{16,20}. They also accept community nursing because a professional job within their societies, and community nursing education programs in universities have been fully accredited to provide a large number of high-quality community nurses throughout the nation^{16,19,20}. As a result, general health in the communities has been enhanced considerably, which leads to an increased quality of life among residents.

While awaiting the government's decision for developing a new policy or adapting the existing policy related to human resources for health, it is necessary to provide training for CHC nurses and/or community nurses on new skills so that they can work with community and local people effectively. Such critical skills include health education, counselling, psychological care, palliative care, and other home nursing skills. The need for health care in Vietnam is increasing given that the aging population and non-communicable diseases associated with aging are also rapidly increasing. Stakeholders across sectors also need to work closely together to respond to the increasing health care needs of community.

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