

A Competent Workforce: Measuring Community/Public Health Nurses' Knowledge, Skills, and Attitudes of Public Health Nursing Competencies

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Disclosures

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Objectives

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- ▶ Describe the demographics of practicing community/public health nurses.
- ▶ Identify the knowledge, skills and attitudes (K/S/A) of community/public health nurses utilizing the Quad Council Competencies of Public Health Nursing.
- ▶ Determine the difference among knowledge, skills and attitudes (K/S/A) of practicing community/public health nurses for each competency domain of the Quad Council Competencies for Public Health Nursing.
- ▶ Describe activities to increase community/public health nurses' knowledge of Quad Council Competencies of Public Health Nursing and the competencies' use for workforce development.

A Multi- Site Collaborative



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An inquiring mind asked.....

1. "Is anyone using a competency based community/public health nursing clinical evaluation tool?"
2. "Can concept based education strengthen knowledge, skills and attitudes of nursing and health profession students utilizing population health competencies?"

▶ Monica Hamon, MSN, MPH, RN posed this question on the ACHNE listserve (1/23/13)



WHAT DO STUDENTS NEED FOR THE FUTURE?
<http://tiny.cc/j3P20X>

Our Multi-Site Goals

- ▶ Develop a clinical evaluation tool (CET) based on the 2011 Tier I Quad Council Competencies for Public Health Nursing.
- ▶ Educate and evaluate faculty and practicing nurses on the 2011 Quad Council Competencies for Public Health Nursing.
- ▶ Increase use of the 2011 Quad Council Competencies for Public Health Nursing to guide population health focused education, practice, research, and policies.
- ▶ Evaluate student and professional nurses' knowledge, skill and behavior (attitude) related to the 2011 Quad Council Competencies for Public Health Nursing.

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The Research Trajectory

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The Research Trajectory

Quality Improvement

- CET piloted
- 29 faculty
- 607 students

Phase I

- K/S/A 2011 QCCPHN
- 143 C/PHN Faculty
- Baseline demographics

Phase II

- Replicated Phase I
- 519 PHNs
- 32 states represented

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Current Challenges

- ▶ Lack of awareness of common set of standards, competencies, resources, and tools
- ▶ Current practice may not have the mechanism to operationalize them (benchmarks)
- ▶ Multiple settings and outcomes for practicing PHNs and C/PHN students
- ▶ Developing the next generation of PHN workforce

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Core Competencies in Population Health Nursing Practice

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Significance for the Research



- ❖ Comprised of **APHA PHN**, **ACHNE**, **APHN**, **ANHE**
- ❖ Quad Council Competencies (2011) for Public Health Nurses (QCCPHN)
- ❖ American Public Health Association, Public Health Nursing Section
 - ❖ Revised the definition and practice of public health nursing (2013)
- ❖ Public health nursing competencies were updated and revised in 2011 & 2018 (Coalition)

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Quad Council Coalition Public Health Nursing Competencies

- ▶ QCCPHN (2011) represent the continuum of evolving PHN roles, responsibilities, and functions as differentiated by three tiers of competence
 - ▶ Tier 1 Core Competencies
 - ▶ Applies to generalist PHNs not in management positions
 - ▶ Tier 2 Core Competencies
 - ▶ Applies to PHNs with an array of responsibilities including program implementation and management/supervisory
 - ▶ Tier 3 Core Competencies
 - ▶ Applies to PHNs at an executive/senior management and leadership levels in PH organizations

Quad Council Competencies for Public Health Nurses Domains

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Domain 1: Analytic and Assessment	Domain 5: Community Dimensions of Practice
Domain 2: Policy Development/Program Planning Skills	Domain 6: Public Health Science Skills
Domain 3: Communication Skills	Domain 7: Financial Planning & Management Skills
Domain 4: Cultural Competencies Skills	Domain 8: Leadership and System Thinking Skills

Professional Competency

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Competency

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- ▶ "An individual who demonstrates **competence** is performing at an *expected level*" and "**competency** is an *expected level of performance that integrates knowledge, skills, abilities, and judgment*" (ANA Leadership™, 2013, p. 3).

Differentiating Competencies & Learning Objectives

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Competencies	Learning Objectives
Define applied skills & knowledge	Specific to a course of instruction
Relevant to an individual's job responsibilities, roles & capabilities	Describe what the learner should be able to achieve at the end of the learning period
Verify that a learner has learned what was intended in the learning objectives	Should be specific, measurable statements written in behavioral terms
How we are certain learners know what they have learned?	What we want learners to know?

Anderson, L. W., & Krathwohl, D. R., 2001

Research Hypotheses

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1. There will be no significant difference in K/S/A of public health nursing [PHN] competencies among PHNs practicing in a government agency based on nursing specialty preparation, years of nursing experience and years of PHN experience.

2. There will be no significant difference in application of PHN competencies in clinical practice of PHNs based on nursing specialty preparation, years of nursing experience and years of PHN experience.

3. There will be no significant difference among K/S/A of PHN competencies in PHNs for each of the competency domains.

Methodology

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Data Collection

Researcher developed a two-part survey questionnaire

- ❖ Demographics
- ❖ Public Health Nursing Competency Instrument
 - (Reckinger, Cross, Black, Josten & Savik, 2013)
 - Included 76 PHN competencies with a five-point response that elicited K/S/A
- ❖ Use of online data collection: Survey Monkey

Demographic Data N= 308

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- ▶ **Knowledge of QCCPHN** – 38% (N=118) had none ~ 20% (N=61) to had minimal
- ▶ **Education** – 40% (N=135)w/BSN; ~24% (N=73)w/MSN, MPH
- ▶ **Certified** - ~79% (N=233) were not certified
- ▶ **Years of Experience** – 60% (N=183) had greater than 21 years
- ▶ **Years of Experience C/P/PHN** – 28% (N=86) had greater than 21 yrs.
- ▶ **Position Title** – 44% (N=136) PHN
- ▶ **Job Function** – Communicable disease (~50%, N=146); Immunizations (~47%, N=141)
- ▶ **Setting** – County Health Departments – 66% (N=200)

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Results

Knowledge

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Public Health Nurses	Knowledge	Sum of Squares	df	Mean Square	F	Sig
Nursing Experience	Between Groups	1472.351	5	294.470	.231	.949
	Within Groups	381226.400	299	1275.005		
	Total	382698.751	304			
C/PH Experience	Between Groups	15651.123	5	3130.225	2.25	.028
	Within Groups	367048.668	300	1223.496		
	Total	382699.791	305			
Specialty Preparation	Between Groups	8530.245	5	1706.049	1.36	.237
	Within Groups	359373.088	288	1247.823		
	Total	367903.333	293			

SKILLS

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Public Health Nurses	Skills	Sum of Squares	df	Mean Square	F	Sig
Nursing Experience	Between Groups	3173.277	5	634.655	.587	.710
	Within Groups	323434.736	299	1081.722		
	Total	326608.013	304			
C/PH Experience	Between Groups	9492.984	5	1898.597	1.796	.113
	Within Groups	317123.251	300	1057.078		
	Total	326616.235	305			
Specialty Preparation	Between Groups	14998.482	5	2999.736	2.906	.014
	Within Groups	297330.029	288	1032.396		
	Total	312328.711	293			

Attitudes

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Public Health Nurses	Attitudes	Sum of Squares	df	Mean Square	F	Sig
Nursing Experience	Between Groups	3215.324	5	643.065	1.873	.099
	Within Groups	102976.928	300	343.256		
	Total	106192.252	305			
C/PH Experience	Between Groups	2098.114	5	491.623	1.210	.304
	Within Groups	104352.336	301	346.686		
	Total	106450.450	306			
Specialty Preparation	Between Groups	626.340	5	125.268	.346	.885
	Within Groups	104720.487	289			
	Total	105346.827	294			

Application

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Public Health Nurses	Application	Sum of Squares	df	Mean Square	F	Sig
Nursing Experience	Between Groups	3393.199	5	678.640	.611	.692
	Within Groups	332253.555	299	1111.216		
	Total	335646.754	304			
C/PH Experience	Between Groups	7179.817	5	1435.963	1.310	.260
	Within Groups	328901.022	300	1096.337		
	Total	336080.840	305			
Specialty Preparation	Between Groups	19379.185	8	2422.398	2.265	.023
	Within Groups	315455.075	295	1069.339		
	Total	334834.260	303			

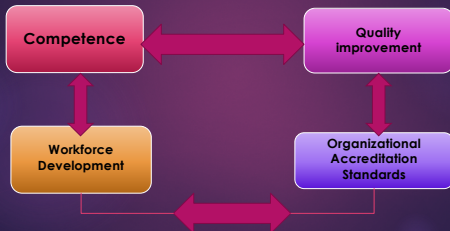
Quad Council Competencies for Public Health Nurses Domains

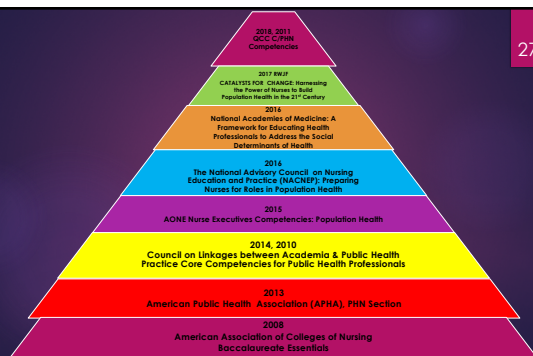
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Bridging the Gaps for Desired Health Outcomes

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Strategies to Reinforce Lifelong Learning

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- ▶ Knowledge Dissemination
- ▶ Collaboration (Intraprofessional and transdisciplinary)
- ▶ Integration of PHN Competencies in Education, Practice, Research, & Policy Development
- ▶ Strengthening the Influence of PHN Competencies in Population-Focused Health Care Delivery

Knowledge Dissemination

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Presentations

- ◊ Local: Multi-site Universities and Nursing Departments, Kansas State Nurses Association, Zeta Theta Chapter at Large, Sigma Theta Tau, International
- ◊ National: AACN, ACHNE, NBNA, APHA, APHN, webinar-learning communities
- ◊ International: Global PHN Network, CUGH

Manuscripts

- ◊ Amplifying the Impact (Editorial, Public Health Nursing, 2015)
- ◊ Global Health & Interprofessional Competency Analysis (Annals of Global Health, August, 2017)
- ◊ Phase One: (Faculty) - Manuscript In Press (Public Health Nursing, 2018)
- ◊ Phase Two: (PHNs) – Manuscript in Progress (Public Health Nursing)
- ◊ Quality Improvement – Manuscript in Progress (Nurse Educator)

Recommendations for Professional Nursing Practice

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- ▶ Continuation of professional development focused on QCC Competencies for practicing nurses and health care team.
- ▶ Application of QCC Competencies in the practice setting for rigorous and robust population-focused care.
- ▶ Utilization of QCC Competencies for orientation, evaluation, & career ladder programs for practicing nurses regardless of nursing specialty.
- ▶ Assurance of preceptors/clinical faculty fluent in population-focused practice and QCC Competencies.
- ▶ Enhancement of collaboration and partnerships between nursing education and clinical practice sites based upon QCC Competencies.

Imperative Actions

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Strengthening the Influence of Quad Council Competencies for Professional Nurses in Education, Practice, Research, & Policy will:

- ▶ Improve population-focused care and population health.
- ▶ Recognize common standards to be used in academia, practice, research, and policy.
- ▶ Promote a unified front of health care professionals and educators committed to QCC Competencies in C/PHN practice across Tiers, research activities, and population-focused policies.
- ▶ Prepare current and future nurses to be transformative and meet expanding challenges of 21st century health care delivery systems.
- ▶ Advance cycle of the academic and professional pipelines to constantly enhance the inclusion and utilization of QCC Competencies.

Summary

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- ▶ Improve population-focused care, population health, and community-based networks locally and globally.
- ▶ Assure that universal common standards are in place to be utilized by academia, practice, and research to inform health care policies and health professions education.
- ▶ Re-examine, re-focus, and re-design PHN practice, education, research, and policy to address the challenges of 21st century health care delivery systems locally and globally.

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THANK YOU!

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