Advanced Practice Nursing in Public Health: Survey of California Public Health Department Directors of Nursing

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Presenter Disclosures:

Karin L. Lightfoot & Kristine D. Warner

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

☒ No relationships to disclose
Objectives

Upon completion of the presentation, attendees will be able to:

✔ Describe the issues threatening the future of the public health nurse as an advanced practitioner.

✔ Recognize the current and future roles of advanced practice nurses in the public health arena.
Historical Background

- Lillian Wald paved the way for Advanced Practice Nursing
- Current disputes threaten PHN AP role:
  - Eliminate Community Health Nursing certification exams
  - Eliminate CNS as APRN role
  - Population health management not considered APRN practice
  - Input not sought from PHN leaders
- Outcomes:
  - APRN Model Act approved by National Council on State Boards of Nursing in 2008
  - Clinical Nurse Specialist Public/Community Health Nursing certification changed to Advanced Public Health Nurse (APHN-BC)

(ACHNE, 2007; ANCC, 2009; ANCC, 2006; Dunphy, et al., 2004; Levin et al., 2008; NCSBN, 2006; Robertson, 2004)
Research Design

- **Design**
  - Quantitative exploratory descriptive design study using survey methodology

- **Setting**
  - Work emails at local public health agencies in California

- **Sample**
  - Directors of public health nursing within the California Conference of Local Health Department Nursing Directors organization.
  - N=30 (representing 49% of California’s public health agencies)

- **Protection of Human Subjects**
  - IRB approval, informed consent, anonymous

- **Research Instrument**
  - New research instrument was developed

- **Data Collection/Analysis**
  - Nominal & ordinal data collected through on-line survey, categorical and grouped frequency distributions, means and modes, and rankings
Nurses Employed in Advanced Practice Roles

- 18 directors (60%) reported they currently employed nurses who function in the advanced practice public health nurse role
- A total of 179 nurse FTEs
- Represents 28% of the PHN staff at those agencies
- 17 counted their own position as APN role
Advanced Practice Job Descriptions

- Of the 18 agencies with AP roles, only 8 had actual job descriptions

- Job description titles wide-ranged:
  - Manager, Director of Nursing, Supervising Public Health Nurse, Public Health Nurse I to PHN III, and Nurse Practitioner

- More master’s prepared directors had AP roles than did the BSN-level directors
  - 76% of directors w/ Master’s degree had nurses in AP roles
  - 42% of directors w/ BSN degree had nurses in AP roles
Nurses Certified by ANCC

- Of the ~1221 PHNs represented, seven were certified by ANCC
- <1% of PHNs represented in survey
- Certified Nurse Practitioners: 6
- Clinical Nurse Specialist: 1
Public Health Agencies with No Advanced Practice Roles

- 12 directors reported no nurses employed in AP roles
- Reasons:
  - Too costly (3)
  - No qualified applicants (2)
  - Agency does not see as valuable (2)
  - Additional reasons: limited time & resources (1), not needed (2), not current practice (2), considering the position (3), and minimal guidance from national practice (1).
Requirements for Advanced Practice Nurse Positions at Agencies with Job Descriptions
Nurses with Master’s Education

- Of the ~1221 public health nurses represented:
  - 145 were master’s prepared.
  - Represents 12% of the public health nursing workforce at the agencies involved in the study.
Education/Certifications of Subjects

- 60% of the nursing directors had post-graduate degrees
  - 17 were masters prepared
  - 1 had a doctorate degree
- Only 1 nursing director was certified by the ANCC (certified nurse practitioner)
# Degree Preferences for Advanced Practice Public Health Nurses

<table>
<thead>
<tr>
<th>Degree Preference For Advanced Practice PHNs</th>
<th>All Subjects N=30</th>
<th>Percentage of All Subjects</th>
<th>Subjects with Advanced Degree n=18</th>
<th>Percentage of Subjects with Advanced Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>6</td>
<td>20</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>MSN</td>
<td>11</td>
<td>37</td>
<td>10</td>
<td>56</td>
</tr>
<tr>
<td>MPH</td>
<td>6</td>
<td>20</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>Other (not specific)</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Preference</td>
<td>4</td>
<td>13</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>No Answer</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Ranking of Advanced Practice Public Health Nurse Characteristics

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><em>Practice is evidence-based</em></td>
</tr>
<tr>
<td>2</td>
<td><em>Takes leadership role in practice</em></td>
</tr>
<tr>
<td>3</td>
<td><em>Engages in population-level health care</em></td>
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<tr>
<td>4</td>
<td><em>Identifies gaps in public health knowledge, practice, and systems</em></td>
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<td>5</td>
<td><em>Uses an interdisciplinary approach to partnership/collaboration</em></td>
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<tr>
<td>6</td>
<td><em>Develops strategies to promote systems improvement</em></td>
</tr>
<tr>
<td>7</td>
<td><em>Analyzes programs/system outcomes</em></td>
</tr>
<tr>
<td>8</td>
<td><em>Practice uses and ecological approach</em></td>
</tr>
<tr>
<td>9</td>
<td><em>Participates in research to develop new knowledge and improve practice</em></td>
</tr>
</tbody>
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Future Roles

- Will be a use for advanced practice PHN at our agency in the future: More than 75% agreed
- Prescriptive authority should be required of all advanced practice nurses: 73% disagreed
- Direct patient care should be required of all advanced practice nurses: 80% disagreed
- Need new designation for APPHN: 80% agreed
Subject’s Involvement in Quad Council

<table>
<thead>
<tr>
<th>Quad Council Organization</th>
<th>Directors of Nursing Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Public Health Association- Public Health Nursing section</td>
<td>10</td>
</tr>
<tr>
<td>Association of Community Health Nurse Educators</td>
<td>0</td>
</tr>
<tr>
<td>American Nurses Association Council on Nursing Practice and Economics</td>
<td>0</td>
</tr>
<tr>
<td>Association of State and Territorial Directors of Nursing</td>
<td>5</td>
</tr>
</tbody>
</table>
Summary of Findings

- Great divide between theoretical expectations and actual practice in the field of public health nursing.
- Role Stress/Role Strain
  - Ambiguous advanced practice role for public health nurses evident.
  - Wide range of job titles, qualifications, expectations.
  - Entire AP role in jeopardy.
- Standardization of role is needed.
- Future roles promising:
  - United in recognizing value of role.
  - Most directors of nursing agreed there is a need to have a separate category for advanced practice public health nurses.
References


Questions