Public Health Nursing
Job Descriptions: Do they Align with Professional Standards?

L. Michele Issel, PhD, RN
Michelle Ashley, MSN/MPH, RN
Hilary Kirk, MPH
Jen Watoff, RN

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No Disclosures to disclose by any of the authors
Background-History

1973- ANA published first Standards of Nursing Practice

1986 –ANA Standards of Community Health Nursing

1999 -Quad Council and ANA created Scope and Standards of Public Health Nursing Practice

2004 - Quad Council developed competencies for PHNs and APHNs.

2007- ANA published Public Health Nursing: Scope and Standards of Practice
ANA Standards for PHNs

Standards of Practice

1: Assessment
2: Population Diagnosis and Priorities
3: Outcomes Identification
4: Planning
5: Implementation
   5a: Coordination;
   5b: Health Education & Health Promotion;
   5c: Consultation;
   5d: Regulatory Activities
6: Evaluation

Standards of Professional Performance

7: Quality of Practice
8: Education
9: Professional Practice Evaluation
10: Collegiality and Professional Relationships
11: Collaboration
12: Ethics
13: Research
14: Resource Utilization
15: Leadership
16: Advocacy
Job Descriptions-Their Value

- **Human Resources Department Uses:**
  - Recruit, place, and transfer of staff
  - Share job expectations, standards, and competencies with applicant
  - Establish scope of practice per position

- **Job descriptions may be used to demonstrate compliance with standards to regulatory agencies**
Research Question

To what extent are public health nursing job descriptions aligned with the ANA’s *PHN Scope and Standards*?
Methodology

- Obtained 33 PHN job descriptions
  - 3 IL LHDs and 3 WA LHDs
  - All 6 part of KRISP Project
  - Provided by HR or Nursing Director
  - All PHN job descriptions per LHD

- PHN job descriptions (n=18)
  - Deleted duplicates, outdated, clinical only (ie, NP)
Methodology

1. Ignored statements of job specification
e.g., Licensure, driving, lifting, etc

2. Cross-walk ANA PHN Scope and Standards
   Quad Council Competencies
   ~ Done to assure consistency in our coding of statements.

3. Statements categorizing into the 20 ANA PHN Scope and Standards (and sub-standards)

4. Coding Reliability
   Used iterative process for initial coding
   Used other researchers for reliability check
Variations by LHD

- **Number of Job Descriptions**
  - Range 1 to 9 per LHD

- **Format of Job Descriptions**
  - Generic applicable regardless of program
  - Generic plus minor program specific
  - Basics plus program specific expectations
% of ANA Standards In Job Descriptions at each LHD (n=6)

- **Low**
  - 40%, 8 Standards (n=1)

- **Medium**
  - 65%, 13 Standards (n=1)
  - 75%, 15 Standards (n=1)

- **High**
  - 90%, 18 Standards (n=1)
  - 100%, 20 Standards (n=2)
<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of ANA PHN</td>
<td>75%</td>
<td>90%</td>
<td>40%</td>
<td>100%</td>
<td>65%</td>
<td>100%</td>
</tr>
<tr>
<td>Standards used</td>
<td></td>
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<tr>
<td>in Job Description(s)</td>
<td></td>
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<tr>
<td>PHN FTEs</td>
<td>31.0</td>
<td>29.1</td>
<td>19.6</td>
<td>23.4</td>
<td>6.3</td>
<td>24.3</td>
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<tr>
<td>PHN Positions</td>
<td>35</td>
<td>31</td>
<td>21</td>
<td>26</td>
<td>8</td>
<td>25</td>
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<td>PHN Job Descriptions</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>
Results Across LHDs

- Highlights Standards used most consistently

- Highlights Standards used least

- Population-focused and Individual-focused statements
<table>
<thead>
<tr>
<th></th>
<th>Percent of Job Descriptions with the Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Assessment</td>
<td>94%</td>
</tr>
<tr>
<td>2: Population Diagnosis and Priorities</td>
<td>78%</td>
</tr>
<tr>
<td>3: <strong>Outcomes Identification</strong></td>
<td>22%</td>
</tr>
<tr>
<td>4: Planning</td>
<td>94%</td>
</tr>
<tr>
<td>5: <strong>Implementation</strong></td>
<td>100%</td>
</tr>
<tr>
<td>5a: Coordination of Services</td>
<td>94%</td>
</tr>
<tr>
<td>5b: Health Education/Health Promotion</td>
<td>94%</td>
</tr>
<tr>
<td>5c: Consultation</td>
<td>56%</td>
</tr>
<tr>
<td>5d: Regulatory Activities</td>
<td>44%</td>
</tr>
<tr>
<td>6: Evaluation</td>
<td>83%</td>
</tr>
<tr>
<td>7: Quality of Practice</td>
<td>83%</td>
</tr>
<tr>
<td>8: Education</td>
<td>83%</td>
</tr>
<tr>
<td>9: Professional Practice Evaluation</td>
<td>89%</td>
</tr>
<tr>
<td>10: Collegiality, Professional Relationships</td>
<td>78%</td>
</tr>
<tr>
<td>11: Collaboration</td>
<td>94%</td>
</tr>
<tr>
<td>12: Ethics</td>
<td>89%</td>
</tr>
<tr>
<td>13: Research</td>
<td>50%</td>
</tr>
<tr>
<td>14: Resource Utilization</td>
<td>50%</td>
</tr>
<tr>
<td>15: Leadership</td>
<td>89%</td>
</tr>
<tr>
<td>16: Advocacy</td>
<td>72%</td>
</tr>
</tbody>
</table>
Number of Job Descriptions per Standard

## Focus of Statements (n=6 LHDs): Population / Individual

<table>
<thead>
<tr>
<th></th>
<th>Population</th>
<th>Individual</th>
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<tbody>
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<tr>
<td>3: Outcomes Identification</td>
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<td>4: Planning</td>
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<td>4</td>
</tr>
<tr>
<td>5: Implementation</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5a: Coordination of Services</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5b: Health Education and Health Promotion</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>5c: Consultation</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5d: Regulatory Activities</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>6: Evaluation</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>7: Quality of Practice</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>8: Education</td>
<td>4</td>
<td>1</td>
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<tr>
<td>9: Professional Practice Evaluation</td>
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<td>10: Collegiality Professional Relationships</td>
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<td>1</td>
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<td>11: Collaboration</td>
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<tr>
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<td>13: Research</td>
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<td>14: Resource Utilization</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>15: Leadership</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>16: Advocacy</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
Results ~ Job Qualifications and Specifications

- Master’s degree required in only 2 job descriptions

- Substantial attention to licensure, occupational safety, organizational human resources policy
Results ~ ASPH Competencies

- Job descriptions contained statements not codable into ANA Standards

- Coded into 2 ASPH Competencies for MPH
  - Communication and Informatics
    - Included in 6 LHDs
    - 14 of 18 job descriptions had statements
  - Culture and Diversity
    - Included in 4 LHDs
    - 15 of 18 job descriptions had statements
ASPH F Competency: Communication and Informatics

- **F.4** Apply theory and strategy-based communication principles across different settings and audiences.
- **F.5** Apply legal and ethical principles to the use of information technology and resources in public health settings.
- **F.6** Collaborate with communication and informatics specialists in the process of design, implementation, and evaluation of public health programs.
- **F.7** Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.
- **F.8** Use information technology to access, evaluate, and interpret public health data.
- **F.9** Use informatics methods and resources as strategic tools to promote public health.
- **F.10** Use informatics and communication methods to advocate for community public health programs and policies.
ASPH Competency G: Diversity and Culture

- **G.5** Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities.
- **G.6** Apply the principles of community-based participatory research to improve health in diverse populations.
- **G.7** Differentiate among availability, acceptability, and accessibility of health care across diverse populations.
- **G.8** Differentiate between linguistic competence, cultural competency, and health literacy in public health practice.
- **G.9** Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.
- **G.10** Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.
Study Limitations & Research Implications

- Small, convenient sample size
  - Replicate with national sample
- Reported on use of ANA Standards
  - Replicate with more refined analysis per Quad Council Competencies
- One point in time
  - Repeat before/after funding changes
- Descriptive analyses
  - Control for unions or contextual factors
  - Examine consequences of not aligning PHN job descriptions with Standards
  - More nuanced statistical analyses
Conclusions

- Population-focused PHN standards are used, but not universally included across Standards.
- Need attention to ANA Standards regarding:
  - Outcome identification
  - Regulatory activities
  - Research
  - Resource utilization
- Gaps in application of ANA PHN Standards to PHN job descriptions exist.
Advocating for PHN Practice

- PHN as advanced practice
  - Requires population focus
  - Requires analytic skills
- PHN wages
  - Alignment with skill (not)
  - Alignment with breadth of practice (not)

Job description as one route toward improvements for PHN as a job
PHNs as PH Professionals

- Need clarity and education of HR and workforce on distinctions among:
  - ANA PHN Scope and Standards of Practice (2007)
  - Council on Linkages between Academe and Practice: Core Competencies for Public Health Professionals (May 2010)
  - Association of Schools of Public Health: MPH Core Competencies (May 2007)

- Need integration for PHN positions, especially those in leadership/administrative positions
Practice & Policy Implications

• Ideal, template and sharing is needed

• Enhance emphasis on **Outcome Identification**
  ◦ As means to develop QI of PHN practice
  ◦ Necessary to document “value” of PHN practice

• Collaborate with PHAB and Labor Unions
  ◦ Broad education of PHN as unique nursing role
  ◦ Enhance professional standing of members through application of professional standards
    • Could lead to increased wages (hopefully, ultimately)
Thank You!

http://krisppproject.wordpress.com/

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