Title:
Describing the Contribution and Value of Public Health Nurses to Health System Outcomes

Nancy Purdy, PhD
Nursing, Ryerson University, Toronto, ON, Canada
Maureen Cava, MN
Toronto Public Health, Toronto, ON, Canada
Joanne Crawford, PhD
Nursing, Brock University, St. Catherines, ON, Canada
Cristina Catallo, PhD
Nursing, Ryerson University, Toronto, ON, Canada

Session Title:
Evidence-Based Practice Poster Session 1

Slot (superslotted):
EBP PST 1: Friday, 28 July 2017: 10:00 AM-10:45 AM

Slot (superslotted):
EBP PST 1: Friday, 28 July 2017: 12:00 PM-1:30 PM

Keywords:
Health Human Resources, Outcomes and Public Health Nursing

References:


Abstract Summary:
The purpose of this study is to begin to describe the value of Public Health Nurses (PHNs) to health system outcomes. Thirty PHNs working in a full range of public health programs and services will be interviewed to begin identifying PHN-sensitive outcomes.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>1.</td>
<td>Identify the unique contribution of Public Health Nurses (PHNs) to health outcomes of the community/system when compared to other non-nursing roles.</td>
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<td>2.</td>
<td>Describe the value that PHNs bring to the public health system.</td>
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3. Identify the metrics currently used to measure the impact/outcomes of PHN practice.

4. Describe contributing factors that enable or impede the achievement of PHN-related outcomes.

Abstract Text:

Given that nurses are the largest group within the public health workforce, more effective use of PHNs would optimize the associated financial investment by improving the upstream prevention of illness and promotion of health (Meagher-Stewart, 2009). PHN roles have been vulnerable to cuts and replacement by other less expensive providers (National Advisory Council on Nurse Education and Practice, 2013). Building an effective Public Health Nurse (PHN) workforce requires an evidence base to articulate the contributions made by PHNs to the health outcomes of individuals and communities they serve (Underwood, 2010). Many aspects of PHN practice are invisible and need to be made explicit to the public and to administrators who manage public health programming and resources (Royal College of Nursing, 2016). The purpose of this study is to explore PHN and Nursing Leaders perspectives of their perceived value to health system outcomes.

The Nursing Role Effectiveness Model (Doran et al., 2002), based on systems theory, includes structural, process and outcome components that impact the quality of care. This framework will underpin the interview guide, as well as the identification of concepts relevant to PHN practice in relation to health outcomes. To understand outcomes unique to public health, the Ontario Public Health Standards (MOHLTC, 2008) will be used to reflect the five program areas (infectious diseases, family health, chronic disease management, environmental health and emergency preparedness).

A qualitative design will be employed and data collected using individual telephone interviews (up to 60 minutes). Purposive sampling with maximum variation will be used to ensure representation by the five programmatic areas of public health practice, the five regions of public health across Ontario (Canada) and a balance of PHN roles. Participants will be recruited via email distributed through the membership of two provincial PHN professional groups representing direct practice and formal leadership roles. A sample of 20 practitioners and 10 nursing leaders are sought (or more until saturation achieved). Interviews will be recorded, transcribed verbatim with personal identifiers removed. NVIVO 10 will be used to assist with coding. Inductive content analysis will be used to identify themes. Themes derived from the interviews will be used to identify concepts relevant to PHN practice in relation to contributions, value to the system, and group/community outcomes. The findings will be used to inform a systematic review of the literature to identify PHN-sensitive outcomes that can be used by administrators and policy makers to plan appropriate health human resources required for a robust public health system.