Describing the contribution and value of Public Health Nurses to health system outcomes

**Background**
- Largest group within the public health workforce, **better utilization of PHNs** would optimize the financial investment (NHSRU, 2009)
- PHN vulnerability to replacement by less expensive practitioners (National Advisory Council on Nurse Education and Practice, 2013)
- Many aspects of PHN practice are invisible and need to be made explicit (Royal College of Nursing, 2016)
- Paucity of literature on PHN outcomes

**Study Overview**
- **Purpose:** Describe the value of PHNs to health system outcomes by capturing the perspectives of PHNs and Nursing Leaders.
- **Methods:** qualitative cross-sectional design, individual telephone interviews (45-60 min.)
- **Sample:** member CHNIG/OPHN, ≥2 years experience
- **Analysis plan:** content analysis

**Preliminary Findings**
PHNs n=22  Mean years experience = 19.6

**Structure**
- **Client/Community Variables**
  - Demographics, Illness/health, resources
- **PHN Variables**
  - Professional, psychological

**Process**
- **Role Components**
  - **Unique contributions:**
    - Advocacy
    - Navigation
    - Nursing knowledge base
    - Health promotion and prevention
    - Collaboration
    - Putting the pieces together

**Outcomes**
- **Quality**
  - **Outputs:** Process indicators
  - **Outcomes:** Program-specific, Self development

**For Consideration**
- Strategies to communicate role and unique contributions to various audiences (public, other disciplines, partners)
- Capture and communicate impact of programs and services staffed primarily by PHNs

**Next Steps**
- Knowledge translation dialogue Fall 2017
- Formulate action strategies with PHN associations
- Set research agenda e.g. PHN-sensitive outcomes

**Adapted Role Effectiveness Model (Sidoni & Irvine, 1999)**

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