Building Canadian Public Health Nursing Capacity: 
Implications for Action

Donna Meagher-Stewart, RN, PhD, Dalhousie University
Jane Underwood, BScN, MBA, McMaster University
Bonnie Schoenfeld, RN, BScN, MS, University of Saskatchewan
Mélanie Lavoie-Tremblay, PhD, McGill University
Jennifer Blythe, PhD, McMaster University
Mary MacDonald, RN, BScN, MS, University of Saskatchewan
Anne Ehrlich, RN, MHSc, McMaster University
Kristin Knibbs, RN, MN, University of Saskatchewan
Val Munroe, RN, MN, Vancouver Coastal Health

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This study of the organizational attributes in public health is one of three in a program of study relevant to community health nursing capacity in Canada. The research team is comprised of the following personnel:

Dr. David Mowat, Peel Public Health
Jane Underwood, McMaster University
Dr. Andrea Baumann, McMaster University
Dr. Donna Ciliska, McMaster University
Dr. Donna Meagher-Stewart, Dalhousie University
Dr. Raisa Deber, University of Toronto
Mary MacDonald, University of Saskatchewan
Bonnie Schoenfeld, University of Saskatchewan
Dr. Melanie Lavoie-Tremblay, McGill University
Dr. Jennifer Blythe, McMaster University
Anne Ehrlich, McMaster University
Dr. Audrey Laporte, University of Toronto
Val Munroe, Vancouver Coastal Health
Kristin Knibbs, University of Saskatchewan
Dr. David Butler-Jones, Public Health Agency of Canada
Sandra MacDonald Rencz, Office of Nursing Policy, Health Canada
Barbara Oke, retired, First Nations and Inuit Health Branch
Dr. Susan Matthews, Niagara Health System
Carla Troy, Public Health Agency of Canada
Lynn Jobin, Québec Direction générale de la santé publique
Dr Lynnette Leeseberg Stamler, Canadian Association of Schools of Nursing
Rosemarie Goodyear, Community Health Nurses Association of Canada
Dr. John Blatherwick, retired, Vancouver Coastal Health
Dr. Cory Neudorf, Saskatoon Health Region
Paul Fisher, Canadian Council for Practical Nurse Regulators
Dr. Ron Wall, Public Health Agency of Canada
Valerie St. John, British Columbia Ministry of Health Services

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# Table of Contents

Main Messages ............................................................................................................................................ 7  
Executive Summary .................................................................................................................................... 8  
Key Recommendations ............................................................................................................................... 9  
Context ................................................................................................................................................ 10  
Methods ................................................................................................................................................. 11  
Results ................................................................................................................................................. 11  

1.0 Government/System Attributes (Macro) .............................................................................................. 12  
   Figure 1: Organizational Attributes that Support Public Health Nursing Practice .................................. 12  
1.1 Flexible and Adequate Funding Structures ...................................................................................... 13  
1.2 “Champions” for Public Health ......................................................................................................... 13  
1.3 Public Health Planning and Coordination ...................................................................................... 13  
2.0 Local Organization Culture: Values and Leadership Characteristics (Meso) .................................... 13  
2.1 A Shared Public Health Vision ........................................................................................................... 14  
2.2 Effective Leadership ......................................................................................................................... 14  
2.3 Culture of Creativity and Responsiveness ....................................................................................... 14  
3.0 Management Practices (Micro) .......................................................................................................... 15  
3.1 Clear Program Planning ..................................................................................................................... 15  
3.2 Promoting and Valuing Public Health Nursing Practice ..................................................................... 16  
3.3 Supporting Autonomous Practice ..................................................................................................... 16  
3.4 Commitment to Learning and Professional Development .................................................................. 17  
3.5 Effective Human Resources Planning and Adequate Staffing .......................................................... 18  
3.6 Supporting Public Health Partnerships and Community Development .......................................... 19  
3.7 Fostering Effective Communication .................................................................................................. 19  
3.8 Healthy Workplace Policies .............................................................................................................. 20  

Discussion and Recommendations ............................................................................................................ 20  
The Importance of Public Health Leadership ............................................................................................ 21  
Public Health Planning ............................................................................................................................ 21  
Human Resource Planning ........................................................................................................................ 21  
Promoting Public Health and Public Health Nursing Practice ................................................................. 22
Main Messages

• There is a passionate and committed system capacity capable of implementing changes that will assure effective utilization of Public Health Nurses (PHNs).

• Leadership has a profound impact on the ability of PHNs to optimally practice to their full scope.

• There are three key organizational attributes that support PHN practice:

  1. Management Practice
     - Clear program planning linked to local organizational and government strategic directions
     - Valuing and promoting public health and PHNs’ contributions
     - Supporting PHN’s autonomous practice
     - Effective human resource planning
     - Supporting community partnerships and PHNs’ community development role
     - Supporting internal and external communication
     - Supporting healthy workplace policies

  2. Local Organizational Culture
     - Clear vision for public health
     - Effective, visionary and empowering leadership
     - Creative and responsive to community needs
     - Learning environment committed to continuing development

  3. Government Policy
     - Promotes public health and PHNs as important components of the health system
     - Coordinates public health planning and development of shared resources
     - Provides adequate flexible funding to meet local community needs
Executive Summary

The purpose of this research was to assist public health policy makers/managers in developing policies to enhance the effectiveness of public health nursing services. Previous research has shown that strong organizational support contributes to optimal performance of Public Health Nurse (PHN) competencies (skills, knowledge, and attitudes). Better utilization of PHNs would enhance efficiency of health care dollars by increasing job satisfaction amongst nurses, improving upstream prevention of illness and promoting population health.

The research question was, “What organizational attributes support PHNs to practice their full scope of competencies?” An appreciative inquiry process was utilized to conduct 23 focus groups, which included frontline PHN groups (urban and rural/remote) and associated policy maker/managers, from six Canadian geographic regions (British Columbia, Prairies, Northern Canada, Ontario, Quebec and Atlantic Canada).

The organizational attributes that support PHNs working to their full scope of competencies were identified in three thematic areas based on the study findings:

1. Government and other system attributes;
2. Local organizational culture - values and leadership characteristics; and
3. Frontline management practices, which was the strongest area of participant emphasis.

These findings support a growing recognition that changes to health care systems and organizations require integrated action, with each system area incrementally reinforcing and developing other interdependent areas. The results of this study highlight areas for public health organizational development and offer recommendations for supporting effective public health nursing practice. It was evident throughout the investigation that there are passionate and committed front line staff and policy maker/managers who have the capacity to pursue these recommendations with common purpose.
Key Recommendations

■ = Federal and provincial government [macro]
● = Local public health decision makers [meso]
♦ = Public health managers [micro]
□ = Public Health Nurse
‡ = Academic researchers

1. ■ ● That the Public Health Agency of Canada, provincial ministries of health, local health authorities and universities provide targeted funding for leadership and management development at all levels of the public health system.

2. ■ ● That all levels of public health governance coordinate public health planning to foster clear public health vision, goals and responsibilities that will effectively manage surge capacity, sharing of resources and reduced duplication.

3. ♦ □ That local public health management further develops outcome-driven evidence-informed service delivery models that facilitate public health nursing creativity and responsiveness to community needs.

4. ■ ● ■ That public health decision makers, managers and practitioners share responsibility for evidence-informed healthy and effective workplace practices.

5. ■ ● That local public health managers and policy makers implement staffing models to allow for changing local needs, including challenges of emergency and pandemic outbreak management and growing prevalence of chronic disease.

6. ●‡ That academic researchers and local public health decision makers collect and share information related to public health nursing roles and staffing strategies and collaborate to improve public health staffing models.

7. ● That public health managers have an in depth understanding of the PHN role and support PHNs to maximize public health competencies.

8. ■ ● ♦ That public health decision makers and managers continue to assure that programs have funding flexibility and PHNs have practice autonomy to support effective community development and partnerships that ultimately optimize health outcomes.

9. ■ ● ♦ That all levels of government collaboratively develop comprehensive public health communication strategies to ensure widespread understanding of the role of public health within the health care system.

10. ● ♦ □ That local public health decision makers and managers invest in professional development budgets, setting clear benchmarks, to provide PHNs with ongoing access to learning opportunities and that PHNs take advantage of these opportunities.

11. ■ ● That the new schools of public health, along with local health authorities, continue to develop and share comprehensive public health education resources, giving particular consideration to the learning and knowledge exchange needs of rural and remote public health delivery environments.
Context

Following a period of deteriorating support for public health services, the late 20th century brought growing recognition of the need to strengthen public health capacity. In 2003, SARS triggered public awareness of the need for effective public health services and numerous policy documents emerged that demonstrated renewed resolve to improve public health system infrastructure, including surge capacity, emergency planning and activities to address the social determinants of health in our communities. However, these reports did not explain how Public Health Nurses (PHNs) should best be used or how their services could be optimized in the systems that employ them.

Public Health Nurses are “the single largest group within the Public Health workforce.” Supporting them to work effectively could enhance efficiency of health care dollars by optimizing public health delivery outcomes, improving upstream prevention of illness and injury and increasing people’s control over their health. Public Health Nurses have reached consensus about what their roles should be. In 2003, the Community Health Nurses Association of Canada (CHNAC) released the Canadian Community Health Nursing Standards of Practice. The essential knowledge, skills and attitudes necessary for public health practice were further clarified in the Core Competencies for Public Health in Canada Release 1.0. However, if the organizations in which they work do not adequately support PHNs, they may not be able to fulfill the expectations of the CHNAC standards or the core competencies.

The purpose of this research was to assist public health policy makers and managers to develop programs and policies to enhance the effectiveness of PHN services. The research question was, “What organizational attributes support PHNs to practice their full scope of competencies?” In the short-term, the results will assist in planning PHN services for both routine and emergency assignments. In the medium term, the results with help to inform sustainable public health programming, including public health nursing retention and recruitment. In the long-term, based on better deployment and recruitment, PHNs using their full scope of competencies will improve the health of people living in their communities and mitigate health care and social costs.
Methods

From September 2007 to February 2008, 23 focus groups were convened from six Canadian geographic regions: British Columbia, Prairies, Northern Canada, Ontario, Quebec and Atlantic Canada (see Appendix 1). Twelve groups (156 participants) were comprised of frontline PHN groups (urban and rural/remote), 11 groups were comprised of policy maker/managers (urban and rural/remote). The participating PHNs were nurses assigned to prevention and health promotion activities in organizations that focus on public health issues.

Using an Appreciative Inquiry approach the focus group facilitators invited, participants to think of an experience when a public health nursing intervention worked very well. Following small group discussions, they posted written statements identifying organizational attributes that contributed to this successful experience.

Qualitative analysis of the focus groups was achieved in three stages. Preliminary analysis took place during the focus groups. Using a nominal group process adapted from the Institute for Cultural Affairs methodology, the groups discussed the statements they had generated, clarified meanings, insights and interpretations and produced a thematic analysis. In the second stage, the researchers collated, organized, analyzed and compared the results of each of the four categories of focus groups (urban frontline, rural/remote frontline, urban policy maker/manager, rural/remote policy maker/manager) using established procedures for thematic analysis. Finally, the researcher/decision maker team refined the thematic analysis identified in the previous stages, focusing on the main messages and recommendations.

Results

The organizational attributes that focus group participants identified as “best” supporting PHNs to work to their full scope of competencies are organized around three thematic areas:

1. Government and other system attributes that support optimal public health nursing practice (macro system - level attributes);
2. Local organizational culture - values and leadership characteristics associated with effective practice (meso level attributes); and
3. Management practices that support public health nursing competencies (micro level attributes) (see Figure 1).

The organizational attributes that contribute to successful public health nursing practice outcomes are illustrated with quotations from focus group data. Quotations are attributed to individual focus groups and are coded by number and by whether they were urban (U) or rural/remote (R) and frontline (F) or policy maker/manager (PM). For example, RF-1 is a rural frontline focus group, while UPM-23 is an urban policy maker/manager group.
1.0 Government/System Attributes (Macro)

Focus group participants identified a strong role for government and system-level action in supporting optimal public health nursing practice. These system-level findings are related to both funding and public health leadership issues.

Figure 1: Organizational Attributes that Support Public Health Nursing Practice

- **PHN Practice**
  - Combines knowledge from public health science, primary health care, nursing science and social sciences
  - Focuses on promoting, protecting and preserving the health of populations
  - Focuses on populations and links health and illness experiences of individuals, families & communities to population health promotion practice
  - Recognizes that a community’s health is closely linked with the health of its members and is often reflected first in individual and family health experiences
  - Recognizes that healthy communities and systems that support health contribute to opportunities for health for individuals, families, groups and populations
  - Practices in increasingly diverse settings, such as community health centres, schools, street clinics, youth centres and nursing outposts—and with diverse partners—to meet the health needs of specific populations
  - Has a baccalaureate degree in nursing

- **Local Organizational Culture**
  - Clear vision for public health
  - Effective, visionary and empowering leadership
  - Creative and responsive to community needs
  - Learning environment committed to continuing development

- **Government Policy**
  - Promotes PH and PHN as important component of health system
  - Coordinates PH planning and development of shared resources
  - Provides adequate flexible funding to meet local community needs

- **Management Practices**
  - Clear program planning linked to local organizational and government strategic directions
  - Valuing and promoting PH and PHN contributions
  - Supporting PHN autonomous practice
  - Effective HR planning
  - Supporting community partnerships and PHN community development role
  - Supporting internal and external communication
  - Supporting healthy workplace policies
1.1 Flexible and Adequate Funding Structures

Participants highlighted the need for adequate and flexible public health funding. The importance of adequate funding was discussed in terms of stable long-term support for programs and allotting time for community needs assessment, capacity building and developing partnerships. Rural groups, in particular, described the need for funding flexibility to allow responsiveness to emerging needs. These themes are reported in more detail in findings related to management practices (sections 3.1; 3.4, 3.5, 3.7).

- Flexibility allows organizations to redirect resources and to take advantage of opportunities and respond to threats (RPM-8)
- Standardized funding versus Requests for Proposals (RF-1)

1.2 “Champions” for Public Health

Participants saw a strong leadership role for government to serve as political “champions” for public health and its place in the publicly-funded health delivery structure. They stressed the need for Boards of Health to support the role of public health in promoting health in the community. The need to promote public health was a very strong theme and was further emphasized in the findings related to local organizational culture and management practices (sections 2.1; 3.2).

- Minister of Health supports public health (RF-5)
- A system champion (provincial level ADM and regional) (RPM-13)

1.3 Public Health Planning and Coordination

Participants also saw a strong leadership role for government and other systems players in coordinating public health planning across regions, provinces and the country. This coordination included shared public health infrastructure and resources such as national level databases, research and evaluation and standardized educational resources.

- System planning with all health partners, provincial/regional (UPM-23)
- Provincial coordination and sharing of resources that may be adapted at the local level; therefore, decrease duplication of efforts and share resources (UF-14)

2.0 Local Organization Culture: Values and Leadership Characteristics (Meso)

Participants identified local organizational cultural attributes and the leadership characteristics that were promoted and modeled at the most senior levels as relevant to supporting optimal PHN practice. Organizational values are the beliefs and ideas about what kinds of goals members of an organization should pursue and ideas about the appropriate behaviours organizational members should use to achieve these goals.24 These broad cross-cutting themes were further reflected in findings related to practices of direct management (section 3).
2.1 A Shared Public Health Vision

Participants emphasized the importance of an organizational culture infused with a clear public health vision that is shared by all members. Organizational direction should be driven by a coherent and consistent public health framework and approach to practice (i.e., prevention and promotion, social determinants of health, population health, community development, etc.). It should also be tied to the identified goals and needs that support its public health mission. Most groups emphasized that policy and practice should respond to public health research evidence and to community issues.

- A shared vision of public health practice framework (UPM-21)
- Strong belief in prevention; provides direction and guidance toward health promotion and prevention (UF-15)
- Research (quantitative and qualitative) to support PHN work (RF-4)
- Evidence-based foundation updated regularly, current and must support the mission (RPM-10)
- Community-centred care (UF-16)
- Variety of sources for evidence-based foundation – involve client, professional and other agencies (UF-17)

2.2 Effective Leadership

All groups talked about leadership that was visionary, empowering and motivational as supporting PHNs to work to their optimal level of competency. Effective leadership was seen as an attribute permeating the organization – all members of the organization needed to be empowered and motivated as effective leaders in their community roles. This leadership models a culture of respect and trust and values public health roles throughout the organization.

- Transformational leadership (UF-14)
- Clear consistent visionary leadership (RPM-11)
- All members of team valued and respected (UF-14)
- Management to foster an environment that is supportive, respectful, “not threatening” (UF-18)

2.3 Culture of Creativity and Responsiveness

All groups highlighted the need for creativity and innovation. Policy maker/manager groups described effective leaders as fostering a culture of creativity and innovation. Frontline groups stressed the need for creativity and innovation in public health nursing and a management culture that supported and valued frontline creativity. Policy maker groups recognized that fostering creativity also required a willingness to take risks. Both policy maker/manager and frontline groups noted the need for leadership to be flexible and responsive, which facilitates organizational flexibility and responsiveness for policy makers and encourages program delivery flexibility and openness to change for frontline workers.

- Innovative and creative [leadership] (RPM-10)
- Creativity – innovation is encouraged (UPM-22)
- Management that encourages creativity and innovation (RF-1)
- Strong leadership, including risk taking (RPM-10)
- Risk taking for innovation (RPM-8)
- Organizational flexibility to respond to community needs (UPM-19)
- Flexibility – respond to issues and opportunities (UPM-23)
- Organization provides flexibility [re: styles of practice assignments] (UF-16)
3.0 Management Practices (Micro)

Management practices represent the third level of organizational attributes that focus group participants linked to optimal PHN practice. This was by far the strongest area of emphasis by the participants. Management practice themes are related to general organizational functioning and to more PHN-specific working conditions, which profoundly affect the ability of PHNs to work to full scope of their competencies.

3.1 Clear Program Planning

Both policy maker/manager and frontline groups identified the need for clear public health planning that is strongly grounded in community and client needs. This planning necessitated an important role for public health needs assessment and community development activities.

• [Organizational] priorities grounded in population health status (RPM-11)
• Provide time and framework for assessment of needs of community to foster sustainability (UF-18)

Participants explained that planning should be outcome driven, evidence-based (both research and contextual evidence) and that programs should be evaluated on an ongoing basis. Specific to PHN practice, policy maker/manager groups emphasized the need for clear strategic planning that was integrated into daily practice and involved nurses in planning and development processes. This helped to foster frontline accountability for higher level outcomes.

• Undertake ongoing evaluation of all programs to keep them up to date using criteria that values outcomes rather than number of referrals (RF-3)
• Nurses ability to link (frontline) work to strategic plan (higher level outcomes) (RPM-8)
• Strategic plan needs to be integrated into daily practice (UPM-21)

Some groups noted the value of a “culturally competent organization” and identified its importance in planning and practice for cultural diversities in the communities.

• Culturally competent organization – recognizing diversity, support and value (UPM-22)

All groups emphasized the importance of clearly defined roles and responsibilities in public health, particularly in relation to their overall goals and accountabilities. Frontline groups especially, although not exclusively, noted that roles needed to be defined in relation to how they linked to program goals and/or strategic organizational vision, not from the perspective of clarifying particular tasks. On the contrary, focus group participants noted that clearly defined roles in terms of “what” was to be accomplished was an important foundation for professional autonomy and independent practice in determining “how” outcomes would best be achieved.

• Clear direction – roles/responsibilities (RF-6)
• Clear guidelines and roles (for all staff not just PHN – everyone understands their role) (UPM-22)
• Flexible to take the route we want for clients and for nurse (e.g., compass pointing north, don’t lose the north, but have different ways to do things) (RF-7)
• The “what” not the “how” (UF-18)
3.2 Promoting and Valuing Public Health Nursing Practice

At a general management level, all groups recognized the need for good public relations and the importance of promoting the PHN role to other providers, community partners and the public. Public health champions were needed at the organizational level to increase public understanding of public health nursing. Two policy maker/manager rural focus groups noted the strategic importance of increasing physician support for PHN programs because physicians serve as an important “gateway to the public.”

- Upper management and Medical Health Officers communicate clearly in the community about public health programs/services (RF-4)
- Promote PHN to government at all levels and the public (UF-15)
- Support recognition of the value of public health nurses by the medical community (RPM-13)

Both frontline and policy maker/manager groups spoke strongly about the importance of managers who understood and valued public health nursing work. They felt that managers needed to clearly demonstrate their respect for the full scope of the public health nursing role. Leadership needed to be guided by experience, knowledge and understanding of public health and public health nursing practice. One rural PHN group described the difficulty in reporting to a manager who had no background in public health or nursing and, as a result, was unable to provide the support and guidance required.

- Demonstrating respect for the role of the PHN as prevention and promotion agent (RF-1)
- Ensuring that management/supervisors have a background in public health (RF-3)
- Management needs to understand public health nursing (RF-6)
- Managers understand the practice (UPM-23)

Both policy maker/manager and frontline groups felt that management needed to openly acknowledge PHN contributions. This theme arose in both rural and urban groups, but it was particularly strong in rural groups.

- Organizational acknowledgement of work done (RF-5)
- Pay attention to individual recognition (RPM-9)
- Acknowledge successes one at a time (RPM-9)

3.3 Supporting Autonomous Practice

All focus groups stressed the need for autonomy for public health nursing practitioners to work effectively. Public health nurses need to be supported to work independently as “public health leaders” who are best suited to determine the most appropriate practice within the context in which they are working. Frontline nurses emphasized the need to be supported to practice independently, while policy maker/manager focus group participants emphasized the need for organizational leadership that supported and recognized PHN practice autonomy.

- Support to deliver service according to individual PHN interpretation of policy (UF 17)
- Public health nurses as leaders (UF-18)
- Senior management support independent practice/leadership in PHN practice – flexibility (RPM-10)
- Autonomy is supported (UF-18)
- Trust from management for PHNs to work autonomously (UPM-23)
There were some differences between the rural and urban groups. Rural policy maker and frontline groups spoke of autonomy in relation to being creative and responsive to meet a community’s needs. Urban groups described autonomy as a freedom of action/voice, a physical separation from managers and doctors and support to be proactive in everyday practice.

- Flexibility, being responsive (RPM-11)
- Freedom to try something new (RPM-11)
- [Allowing] freedom of action (UF-15)
- Working with absence of supervision and PHNs’ actions not dependent on doctors’ orders (UPM-22)

Frontline groups emphasized the importance of managers’ support to be flexible in how they approached their work. Some frontline groups also noted that being able to practice autonomously and to their full scope of practice meant having a broad job description (not being “pigeon-holed” into one small area) (UF-16)) and being supported to enhance the full range of their PHN skills.

- Support from management to “bend the rules” (RF-1)
- Support from management for flexibility (UF-16)
- Opportunity for varied nursing practice (expand/develop other PHN skills) (RF-4)

### 3.4 Commitment to Learning and Professional Development

Participants placed high value on a strong learning environment in public health. Almost all individual focus groups highlighted the importance of professional development, training and educational opportunities and the need for ongoing organizational investments in education and training. Rural groups especially noted the importance of explicit organizational investments in learning opportunities.

- Organization supports and values education/professional development across all sectors of nursing and all levels of the organization (RF-4)
- Organization values learning as demonstrated by financial resources (RPM-8)
- Practice grounded in an organization committed to ongoing learning of staff (UF-14)

Public health nurses need to maintain their competencies through skill building, remaining up to date on current practices and using current competencies to support their practice. A number of groups also supported the establishment of nursing practice councils as an effective mechanism for devoting time to nursing issues and professional exchange.

- Training and orientation to population health/determinants of health (UPM-21)
- Opportunities for training specific to our PHN work (RF-4)
- Maintain PHN competency (UF-16)
- Staff given opportunities to increase their skills (i.e., secondments) (UPM-23)

Policy maker groups noted the need for strong orientation programs for new staff. There was also emphasis on nurturing more informal knowledge sharing and mentoring between staff and other professionals. This theme was especially strong in the rural focus groups, perhaps related to the challenges identified in one rural/remote group related to freeing up staff time to travel long distances to conferences.
• Invest in orientation (RPM-8).
• Sharing activities at team meetings helps staff learn (old and new) (RF-6)
• Need more debriefing opportunities depending on location (e.g., single nursing clinics) (RF-7)

Frontline groups highlighted the importance of internal and external support for information and knowledge exchange. This included the need for IT (information technology) infrastructure and accompanying training and support to keep up to date on IT resources (stressed particularly by rural groups). Both urban and rural frontline groups also noted the need for program practice educational tools and policy manuals. Finally, some focus groups across all types (urban and rural and frontline and policy maker/manager) noted the benefits of staff access to specialist expertise (e.g., epidemiology, nurse educators, practice experts, social marketing).

• Good IT structure (RPM-8)
• Excellent handouts for education created for province if not Canada (RF-4)
• Provided educational resources (RF-5)
• Provincial coordination and sharing of resources that may be adapted at the local level (UF-13)
• Access to experts (especially in rural) for development of practice guidelines and for research (RPM-10)

3.5 Effective Human Resources Planning and Adequate Staffing

All groups talked about effective recruitment and retention strategies and emphasized the importance of having sufficient frontline staff to carry out programs to meet the needs of diverse communities. Ensuring that the pool of staff is stable, consistent and continuous was identified as a significant role of the organization.

• Human resources – advanced planning i.e., mentoring/training [new staff] for retired [staff] (RF-3)
• Organization pays attention to the numbers (staffing) required (UPM-23)

In addition to having enough nurses, participants described the importance of hiring competent PHNs with sufficient entry level skills, knowledge and attitudes to do the job effectively

• Recruit the right people that support values of [the organization’s] culture
  (e.g., respect, working with [others]) (RPM-8)
• Adequate human resources; people with right skill set (UF-14)

All groups recognized the need for an organization/manager to provide PHNs with the necessary time to do the work required of them. Frontline groups particularly emphasized having enough staff and relief coverage to support them in their everyday practice (e.g., having enough nurses to cover vacations, professional development days, etc.). Frontline groups also noted the importance of having flexibility in their schedules to engage with clients as needed. The ability to practice autonomously using their full competencies, including being able to foster partnerships and community alignment in supporting public health needs, meant they had adequate time and flexibility in their work assignments and staff supports.

• Consistent and adequate staffing levels (UF-16)
• Adequate PHN and support staff for relationship building and sustaining these relationships for the long-term, in some cases, in the community (RF-3)
• Flexibility to vary ones time to work with clients (UF-18)
3.6 Supporting Public Health Partnerships and Community Development

Participants stressed the importance of public health partnerships and collaborations involving community groups, internal team members and other agencies and providers. They repeatedly noted the interdisciplinary and intersectoral nature of public health and the importance of management support for activities that fostered linkages and collaborations.

- Collaboration with other agencies and services in meeting community needs (RF-1)
- Support to integrate initiatives/services across disciplines and agencies (RPM-8)
- Organizational support to work collaboratively across sectors (RPM-13)
- Support interdisciplinary collaboration (UF-18)
- Fosters teamwork – multidisciplinary and intersectoral (UPM-22)

All groups recognized their communities as significant partners and important contributors to the success of public health organizations. They also identified a strong role for community capacity building in public health nursing. Both urban and rural frontline and policy maker groups stressed the need for PHNs to link and partner with community groups and representatives. Doing their job effectively meant that they had the time to build these partnerships, and that these activities were valued and supported by the organization. Frontline participants also noted the need for time to build “trusting, respectful” relationships with clients and families and to involve clients in program development.

- Embrace partnerships with community (RPM-12)
- Support for community and capacity building (UF-16)

3.7 Fostering Effective Communication

Communication was a broad theme encompassing staff/management interactions and relations between peers and interdisciplinary teams. Policy maker/manager groups noted the importance of having open and clear communication strategies within an organization. Policy maker/manager groups also valued participatory decision making between management and staff as a communication mechanism. Frontline groups placed greater emphasis on the need for clear communication between management and staff and between team members. They valued mechanisms that helped foster regular exchanges and information sharing because this helped them work effectively.

- Regular meetings with staff/colleagues (RF-6)
- Clear communication between all management levels (UF-16)
- Organization values open communication not restricted to hierarchy (RPM-8)

Rural frontline groups emphasized supporting PHN team functioning and providing opportunities for team reviews and debriefing sessions (e.g., via staff meetings and team case reviews). Northern groups described the importance of having the opportunity to debrief with peers and colleagues because this was sometimes a rare occurrence when working in remote northern areas.

- Team case reviews – approach to deconstruct and reconstruct situation issues, players and priorities (RF-1)
- Need more debriefing opportunities depending on location (e.g., single nurse clinics) – structured debriefing (regularly – supervisor meetings and feedback) and informal (unexpected) (RF-7)
3.8 Healthy Workplace Policies

Focus groups highlighted the need for healthy workplace policies. Rural groups placed more emphasis on “family friendly” policies and flexible work hours. Urban groups likewise valued flexible work accommodations, but they also emphasized the need for safe work environments to support healthy workplaces.

• Family friendly policies; flexible hours; personal time provision; job-sharing; breast feeding policy, etc. (RPM-8)
• Safe and health promoting workplace environment (UF-14)

Discussion and Recommendations

Public Health is one of the efforts organized by society to protect, promote and restore people’s health…. The programs, services and policies involved emphasize the prevention of disease and the health needs of the population as a whole.32 p.145

Public health nursing practice is complex:

[It] combines knowledge from Public Health science, primary health care (including determinants of health), nursing science and social sciences; focuses on promoting, protecting and preserving health of populations; links health and illness experiences of individuals, families and communities to population health practice; and practices in increasingly diverse settings such as community health centres, schools, street clinics, youth centres and outposts- with diverse partners. 17

Adding to the complexity of their practice, PHNs work in multifaceted organizational systems that vary widely between and within provinces.25

When focus group participants were asked about organizational attributes that supported their most successful work, they identified attributes related to all levels of the public health system – broad government policy, the organizational culture of their employer and practices of their managers and supervisors. The types of attributes participants highlighted were more related to work processes and interrelationships* than the need for particular structures or things.

These findings support a growing recognition that health care systems and organizations are best understood as complex adaptive systems rather than complicated machines.26, 27 In complex systems, the relationships between parts are more important than the parts themselves, and problems (or solutions) are not reducible to parts alone. Change requires integrated action, each system area incrementally reinforcing and developing other areas.
Figure 1 highlights the organizational attributes within each of the three thematic areas that support effective PHN practice. Effective leadership is required at all these levels to create an integrated public health system in which PHNs are empowered as leaders to work to their full scope of competencies. The following discussion provides further comment on the study themes that emerged as priority focus areas and cross all system levels: government policy, local organizational culture, and management practices. General recommendations arising from these themes will require detailed consideration and action at all levels.

**The Importance of Public Health Leadership**

The complexity of public health and PHN practice speaks to the importance of leadership across all levels of the system. In complex systems, the parts do not operate on their own; rather, their functioning and interrelationships require committed and ongoing nurturing.

When asked about organizational attributes that help realize optimal PHN practice outcomes, frontline PHNs and policy maker/managers stressed attributes related to management function and both government and local leadership. The reports of a strong link between middle management practices and the effectiveness of PHN practice are consistent with research findings in other parts of health care and in other industries.\(^{28-31}\) The way in which public health managers do their job was key to effective PHN practice.

**Recommendation #1:** That the Public Health Agency of Canada, provincial ministries of health, local health authorities and universities provide targeted funding for leadership and management development at all levels of the public health system.

**Public Health Planning**

Successful PHN practice required a strong public health vision accepted and shared by all members of the organization. This vision needed to be linked to clear goals and roles driven by evidence and community need that serve as a compass for organizational action. The emphasis on the need for visionary and clear public health planning speaks again to the complex nature of public health. It is fruitless to define specific tasks in a changing environment that requires workers to be adaptive and creative. It is more important that public health providers at all levels have a clear sense of overall direction and purpose.

**Recommendation #2:** That all levels of public health governance coordinate public health planning to foster clear public health vision, goals and responsibilities, that in turn will effectively manage surge capacity, sharing of resources, and reduced duplication.

**Recommendation #3:** That local public health management further develops outcome-driven evidence-informed service delivery models that facilitate PHN creativity and responsiveness to community needs.

**Human Resources Planning**

Public health nurses need sufficient time and flexibility to do their job effectively. Focus group participants repeatedly stressed the benefits of having the time to build partnerships, assess community needs, nurture client participation, respond to new program opportunities and take time for ongoing learning and professional development.

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\(^{1}\) For example, the need for shared vision and goals, for partnerships and collaboration, for creativity and flexibility and for learning and information sharing.
Public health nurses perform complex functions in complex environments. Given conflicting economic demands and the inherent uncertainties in public health practice, defining and ensuring appropriate PHN retention and recruitment strategies may pose particular challenges. Human resource strategies will require innovation in supporting healthy work life balance for employees, creatively assigning staff complements and careful attention to recruitment in a competitive health care industry.

Recommendation #4: That public health decision makers, managers and practitioners share responsibility for evidence-informed healthy, effective workplace practices.

Recommendation #5: That local public health managers and policy makers implement staffing models to allow for changing local needs, including challenges of emergency and pandemic outbreaks management and growing prevalence of chronic disease.

Recommendation #6: That academic researchers and local public health decision makers collect and share information related to public health nursing roles and staffing strategies and collaborate to improve public health staffing models.

Promoting Public Health and Public Health Nursing Practice

The importance of promoting public health and PHN practice emerged as a very strong theme. The significant role that managers play in fostering effective PHN practice emerged as the strongest area of emphasis by participants in all focus groups. At one level, focus group participants stressed the need to promote the role of PHNs within the organization and to publicly acknowledge their contributions. Public health nurses need knowledgeable organizational advocates to support their effective practice.

At a second level, focus group participants emphasized the need to promote public health practice to the wider community, including providers, partners and the public. These findings emphasize the need to ensure public health managers function in the context of strong experiential knowledge of public health and the PHN role. They also highlight the importance of widespread communication about public health and PHN practice.

In a health care culture dominated by downstream care for sick people, fully successful public health renewal will mean a strong public health delivery system recognized by and taking its place with all health system players.

Ensuring Flexibility and Autonomy

Participants stressed the need for flexibility and autonomy at all levels. At a system level, funding bodies must ensure adequate and flexible funding for public health organizations to address their goals in a way that meets local needs. At a local organizational level, leaders need to foster a culture of creativity and innovation, be willing to take risks and respond to emerging needs. At a management level, PHNs need to be supported to practice independently and autonomously. Public health nurse practice needs to be flexible, creative and open to change depending on constituent needs and community opportunities.

Supporting Partnerships and Communication

Public health planning and delivery is dependent on multiple players working together towards complex goals. Focus groups emphasized the importance of partnerships and interdisciplinary collaborations for effective practice. Developing and drawing on these partnerships is a core public health function at a system level, organizational level and PHN practice level. These partnerships require structural supports that respect the time and resources necessary for effective public health collaboration and communication strategies.
Recommendation #7: That public health managers have an in depth understanding of the PHN role and support PHNs to maximize public health competencies.

Recommendation #8: That public health decision makers and managers continue to assure that programs have funding flexibility and PHNs have practice autonomy to support effective community development and partnerships that ultimately optimize health outcomes.

Recommendation #9: That all levels of government collaboratively develop comprehensive public health communication strategies to ensure widespread understanding of the role of public health within the health care system.

Promoting a Learning Environment

Focus group participants across all focus groups stressed the importance of ongoing learning opportunities for effective PHN practice. Investments are required for professional development and training opportunities and for thorough orientation programs. Leaders also need to nurture informal knowledge sharing and mentoring between staff and other providers. This was particularly emphasized by rural groups. Geographical distances mean that rural staff members are often physically separated in their daily roles and intentional efforts are required to foster group interactions.

Frontline groups, in particular, especially stressed the need for supportive structures to facilitate information and knowledge exchange. This included the need for IT infrastructure and training (especially noted by rural groups), educational tools and policy manuals.

Recommendation #10: That local public health decision makers and managers invest in professional development budgets, setting clear benchmarks, to provide PHNs with ongoing access to learning opportunities and that PHNs take advantage of these opportunities.

Recommendation #11: That the new schools of public health, along with local health authorities, continue to develop and share comprehensive public health education resources, giving particular consideration to the learning and knowledge exchange needs of rural and remote public health delivery environments.
Conclusion

This study was designed to compare similarities and differences between frontline PHNs and public health policy maker/manager groups and between urban and rural groups in the types of organizational attributes that supported public health nursing practice. The consistency and strength of themes across all groups, including between frontline and policy maker/managers was notable. Differences were mostly nuances within themes not conflicting themes. There was strong agreement about the organizational attributes that focus group participants believed supported effective public health nursing practice.

This significant and positive finding speaks to core capacity strength of common understanding and shared perspectives in the public health sector. This congruence is particularly important in complex systems where interrelationships and iterative practice are more definitive of optimal outcomes than discrete individual actions. The results of this study highlight areas for public health development and offer a number of recommendations for addressing the needs. Furthermore it was evident throughout the investigation that there are passionate and committed people in the system capable of pursuing these recommendations and building capacity with common purpose.
References


## Appendix 1. Focus Group Participants

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<th>Geographic Region</th>
<th>Frontline Rural/Remote (N=7 Focus Groups)</th>
<th>Frontline Urban (N=5 Focus Groups)</th>
<th>Policy Maker/Manager Rural/Remote (N=6 Focus Groups)</th>
<th>Policy Maker/Manager Urban (N=5 Focus Groups)</th>
<th>Total (N = 23 Focus Groups)</th>
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<td><strong>TOTAL PARTICIPANTS</strong></td>
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