Saskatchewan Public Health Nursing Survey

Perceptions of Roles and Activities

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ABSTRACT

Objective: To explore perceived roles and activities of Saskatchewan public health nurses (PHNs).

Methods: This replication study surveyed Saskatchewan PHNs using the instrument developed by the Hamilton-Wentworth Social and Public Health Services Division in a 1992 survey of Ontario PHNs. This instrument is based on the roles and activities for community/public health nurses described by the Canadian Public Health Association (1990). Descriptive statistics were used to analyze the 124 responses received.

Results: Most of the nurses perceived that they were at least somewhat prepared for all of the roles. The activities of: caring for individuals and families; immunizing; educating individuals, families, and groups; acting as a resource person for clients and lay helpers; linking those needing services to appropriate community resources; and using marketing strategies were carried out most often by PHNs. Activities within the roles of community developer, policy formulator, researcher and evaluator, and resource manager/planner/coordinator were carried out to a much lesser degree. The roles and activities being done less often were also the ones PHNs felt less prepared to do.

Interpretation: It is important, as health authorities begin to support a more preventive approach to health care, that PHNs are competent in the roles outlined by the Canadian Public Health Association. As well as preparing new graduates for these roles, it is essential to provide continuing education for practicing PHNs. Public health administrators must also support public health nurses in carrying out these roles.

One of the main goals of health reform in Canada in general, and in Saskatchewan in particular, is to focus on the wellness of the population through an increased emphasis on health promotion and illness/injury prevention.¹⁻⁵ Public health services in Saskatchewan have attempted to implement this goal by adapting existing programs and creating new approaches that focus on population health promotion.⁶⁻¹⁰ The *Report of the Working Group on a Changing Role of the Public Health Nurse* determined that 70-90% of Saskatchewan PHN practice is centered around providing health education and clinical services.⁹ The working group indicated that the Canadian Public Health Association (CPHA) document, *Community-Public Health Nursing in Canada: Preparation and Practice*, which outlines the scope of practice for public health nurses, was appropriate as the basis for PHN practice in Saskatchewan¹¹ and recommended that at least 40% of PHN time be spent on the broader health promotion strategies of strengthening community action, building healthy public policy, and creating supportive environments. This places expectations on public health nurses (PHNs) to be involved in community development and other population health promotion programming, as well as maintaining many of their current roles and activities. In light of this, it is timely to examine PHNs' perceptions of their present and future roles and activities.

This study was done to determine how the CPHA document¹¹ compares with current roles and activities of Saskatchewan public health nurses. It is a replication of a study done in Ontario in 1992.¹²

METHOD

Permission was granted to use the survey instrument developed by the Hamilton-Wentworth Social and Public Health Services Division for a 1992 survey of Ontario public health nurses.¹² In this instrument, the PHN activities listed in the CPHA document¹¹ were condensed into eight areas: caregiver/service provider; educator/consultant; social marketer; facilitator/communicator/collaborator; community developer; policy formulator; researcher and evaluator; and resource manager/planner/coordinator. Respondents were asked to indicate, using a five-point Likert scale: 1) how often they performed each activity, 2) whether this activity

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should be increased or decreased, and 3) how well they felt their education or experience prepared them for this activity. Demographic information was also gathered about the respondents. Ethics approval was obtained from the University of Saskatchewan Approval Committee on Ethics in Behavioral Science Research. The data were entered on SPSS and descriptive statistics were used to analyze the data.

In order to ensure anonymity the Saskatchewan Registered Nurses Association (SRNA), as the licensing body for registered nurses in the province, mailed out 497 surveys, a covering letter, and a self-addressed stamped envelope. Given that the SRNA registration form does not include public health as a separate category, two categories with the most likelihood of reaching public health nurses were chosen – those of primary employer as ‘Community Health/Health Center’ and primary area of responsibility as ‘Community Health’. These categories may have included nurses working in community health clinics; however, it was clearly indicated in the covering letter that the survey was to be completed by public health nurses. The initial mailout was at the end of April 2001, and a post-card reminder was sent in August 2001.

RESULTS

There were 124 responses: 118 to the first mailing, and 6 more following the post-card reminder. No questionnaires were returned marked incorrect address. Although some nurses did not respond to every question, all data provided were useable. Based on the number of surveys mailed out, the return rate was 25%.

Table I provides demographic information about the respondents, the majority of whom were staff nurses (88%). Most had at least a Bachelor of Science in Nursing (83%), and over half (63%) had 10 or more years experience as public health nurses. The rural versus urban split was 58% and 42% respectively.

In Table II, the PHNs’ perceptions of their role as caregiver/service provider are noted. Most respondents (87%) indicated they ‘often’ provided care to individuals and families, and that they were ‘well’ prepared to do so. Half of the nurses perceived they should ‘increase’ this role in the future, while almost half indicated there should be

TABLE I

Demographic Information on Respondents to 2001 Saskatchewan Survey of Public Health Nurses

	Number	Percent
Current Position (out of 120 responses)		
Staff Nurse	106	88
Manager/Supervisor	11	9
Other	3	3
Highest Level of Education (out of 120 responses)		
Diploma in Public Health Nursing	8	6.5
Bachelor of Science in Nursing	99	82.5
Master of Science in Nursing	2	2
Other (e.g., other Masters, PostDip, PostBSN)	11	9
Experience in Public Health Nursing (114 responses)		
<5 years	14	12
5-9 years	28	25
10-14 years	23	20
15-20 years	32	28
>20 years	17	15
Number of Years Since Obtained Highest Degree (119 responses)		
≤5 years	11	9
5-9 years	24	20
10-14 years	18	15
15-20 years	19	16
>20 years	47	40
Practice in Urban versus Rural (120 responses)		
Urban	50	42
Rural	70	58

TABLE II

Perception of Role of Caregiver/Service Provider (N=124)

Public Health Nursing Activity	Activity Often %	Not At All %	Future Increase %	Future Decrease %	Prepared Well %	Not At All %
Provides care to individuals and families using the nursing process	87.1	1.6	50.8	3.2	87.8	0.0
Participates in the management, control and reduction of communicable disease by:						
early case identification	65.6	3.3	50.4	3.3	73.6	4.1
case management	68.4	3.4	48.3	3.3	69.0	4.3
immunization	88.9	6.8	43.6	5.2	82.1	5.1
reporting	78.4	2.6	43.6	3.5	43.6	0.9
follow-up	75.6	4.2	51.7	3.3	49.8	4.2
Participates in the management, control and reduction of chronic illnesses by:						
early case identification	27.5	17.5	46.2	6.8	60.2	3.4
case management	22.4	24.1	43.0	8.8	60.2	2.7
reporting	21.6	21.6	41.2	9.7	60.2	3.5
follow-up	22.4	19.8	41.7	10.4	60.5	2.6

Note: A 5-point Likert scale was used for responses (from 1 = ‘very often’ through 5 = ‘not at all’). Respondents were asked: how often do you do this activity; do you think this should be an increasing or a decreasing activity for public health nursing; and, how well has your education or experience prepared you for this activity. All 1 and 2 responses were categorized as ‘often’, ‘increase’, or ‘well’; values ‘3’ and ‘4’ have been omitted except ‘some decrease’ and ‘large decrease’ have been combined. Missing values for each item were excluded from the analysis.

‘no change’. Under the activity – participation in management, control, and reduction of communicable diseases – 89% indicated that immunization was ‘often’ done, and 82% felt ‘well’ prepared to carry out this activity. Fewer nurses felt prepared to work in the areas of early case identification, case management, reporting, and follow-up.

Approximately half of the respondents perceived that these activities should ‘increase’. For the activity – participates in the management, control and reduction of chronic illnesses – one quarter of the respondents perceived that they ‘often’ provided care and approximately half indicated that there should be ‘no change’ in the future.

TABLE III**Perception of Role of Educator/Consultant (N=124)**

Public Health Nursing Activity	Activity		Future		Prepared	
	Often %	Not At All %	Increase %	Decrease %	Well %	Not At All %
Provides education and consultation to:						
Individuals and families	96.7	0.0	64.2	1.6	87.5	0.0
Groups	81.8	0.8	74.4	0.0	83.1	0.8
Communities	55.8	5.0	79.2	1.6	67.5	2.6
Emphasizes health promotion incorporating:						
Determinants of health	73.0	0.0	85.1	0.8	62.4	4.3
Injury and illness prevention	80.3	0.0	82.6	1.7	64.4	2.5
Uses strategies appropriate to target groups to promote health	73.0	2.5	86.9	0.8	53.3	3.3
Acts as a resource person for:						
Clients and lay helpers	95.2	0.0	72.3	1.7	80.2	0.8
Professionals	70.2	0.8	70.1	2.6	70.1	2.6
Groups	68.0	1.6	81.7	0.9	69.8	1.7
Governments (local, provincial, federal)	13.3	32.5	77.9	2.7	34.2	16.2
Links those needing services to appropriate community resources	92.7	0.0	64.2	0.8	70.0	0.0
Provides guidance to clients to help prepare them for significant change	63.4	0.0	64.2	0.8	56.7	1.7

Note: Missing values for each item were excluded from the analyses. See note Table II for an explanation of the categories.

TABLE IV**Perception of the Roles of Social Marketer and Facilitator/Communicator/Collaborator (N=124)**

Public Health Nursing Activity	Activity		Future		Prepared	
	Often %	Not At All %	Increase %	Decrease %	Well %	Not At All %
Social Marketer:						
Promotes community health programs	77.4	0.8	83.1	0.8	56.6	2.5
Uses appropriate marketing strategies to encourage healthy lifestyles	88.3	0.8	43.9	24.4	35.6	9.3
Fosters awareness of the role of community health/public health nurses	63.7	0.0	92.7	0.0	54.1	5.7
Facilitator/Communicator/Collaborator						
Educates disadvantaged groups regarding significant health issues	42.1	5.0	85.1	2.5	55.4	0.8
Fosters joint decision-making in interactions with others	75.0	0.0	78.0	1.7	60.3	2.6
Fosters interdisciplinary, interagency, and intersectoral linkages, cooperation & collaboration	69.7	0.0	81.0	0.0	54.2	3.3
Uses appropriate communication skills to represent, negotiate or contract on behalf of the agency about required resources	63.0	5.9	68.6	6.8	39.5	9.2
Promotes the development of needed resources which lead to access to health and health-related services	48.7	2.5	85.5	2.6	42.4	5.9

Note: Missing values for each item were excluded from the analyses. See note Table II for an explanation of the categories.

Education/consultation was perceived as being 'often' provided to individuals and families (97%) and groups (82%), while education/consultation being provided to com-

munities was perceived as being done 'often' by only 56% (Table III). PHNs' perceptions of how well their education and/or experience prepared them followed a similar pat-

tern. A high percentage of nurses perceived that they were resource persons for clients and lay helpers; 13% of the respondents perceived that they acted as a resource person for government. They indicated that this activity should 'increase' in the future, and 16% stated that they were 'not at all' prepared in terms of education and/or experience.

Table IV illustrates that the majority of PHNs indicated that they 'often' perform the activities in the role of social marketer. Although most PHNs perceived that they 'often' use appropriate strategies to encourage healthy lifestyles, only one third felt well prepared in this area. Almost all of the respondents perceived that fostering awareness of the role of PHNs should increase in the future. Within the role of facilitator/communicator/collaborator, activities fostering joint decision-making and interdisciplinary collaboration were perceived as being carried out most 'often'. The activity 'educates disadvantaged groups' was perceived as being done the least 'often'.

The perceived roles of community developer and policy formulator are shown in Table V. The majority of PHNs perceived that both these roles should 'increase' in the future. In the area of community development, less than a quarter of the respondents perceived that 'educating the community about how to use the political process' and 'acting as a catalyst to help communities' was 'often' being done, while the majority perceived they were not 'well' prepared to perform these activities. For the role of policy formulator, 54% of PHNs perceived that they 'often' participated in implementing policies and programs, while only 15% indicated they 'often' worked with the community to identify the need for policies, and only 11% perceived that they 'often' participated in policy development to guide practice.

The majority of the responses for the roles 'researcher and evaluator' and 'resource manager/ planner/coordinator' were in the 'sometimes' category. (See Table VI) Over 55% of the PHNs indicated that the above activities should 'increase'; however, less than 50% perceived that they were 'well' prepared in this area. The exception relates to the activity 'uses current research-based knowledge to guide practice and program development'; over half perceived that they 'often' performed the activity and were 'well' prepared.

DISCUSSION

Overall, the data tell us that the major focus of care is on individuals and families. However, the responses indicate that PHNs are also involved in other activities that focus on groups and communities. The activities perceived by PHNs as most 'often' done (in descending order) were: educating individuals and families; acting as a resource for clients and lay people; linking those needing services to appropriate resources; immunization; using marketing strategies to promote healthy lifestyles; providing care to individuals and families; educating groups; and using health promotion strategies to prevent illness and injury. There were few, if any, respondents who believed these activities should decrease. The following are activities that PHNs perceived that they did not 'often' do and were not 'well' prepared to do: acting as a resource to government; working with communities to identify the need for policies about health and health care; educating communities about how to use the political process to improve health; participating in identifying policy development to guide practice; formulating measurable indicators for evaluating programs and policies; summarizing research information; and using research findings to aid in decisions regarding allocation of community resources. The majority of PHNs, however, indicated they were at least 'somewhat' prepared (through education and/or experience) to work with groups and communities. Thus, the survey findings show that most Saskatchewan PHNs are involved, at least to some extent, in the activities identified in the CPHA (1990) document.¹¹

Many results were consistent with the 1992 Ontario findings.¹² In the Ontario survey, it was reported that at least 56% of the nurses were involved in each of the 47 activities listed in the survey.¹² In the Saskatchewan survey, at least 66% indicated that they were involved, to some extent, in all of the activities listed. The results of this survey are consistent with those of Chambers et al.¹² in that not all the roles and activities listed in the survey apply to every PHN, but collectively they are relevant to the PHN practitioner.

Significant differences appeared in perceptions between the Saskatchewan and Ontario¹² groups as to how 'often' they:

TABLE V

Perception of Role as Community Developer and Policy Formulator (N=124)

Public Health Nursing Activity	Activity Often %	Not At All %	Future Increase %	Decrease %	Prepared Well %	Not At All %
Community Developer						
Encourages communities to participate in identifying health issues	33.1	8.3	87.6	2.5	36.1	8.4
Encourages communities to be involved in health program planning & priority setting	29.8	10.7	84.2	2.5	33.1	5.9
Increases awareness of community members about their own abilities for solving problems	39.3	6.6	81.7	3.4	41.9	7.7
Educates the community about how to use the political process to improve their health	16.5	31.4	68.3	4.2	15.4	24.8
Acts as a catalyst to help communities to resolve issues and concerns	23.7	16.1	78.0	5.9	19.0	15.5
Policy Formulator						
Works with the community to identify the need for policies about health and health care	15.3	26.6	82.6	2.5	21.8	10.1
Participates in the policy development which guides public health nursing practice (philosophies, standards, guidelines, etc.)	11.4	30.1	83.9	1.6	21.5	13.2
Participates in the development of health & health care program policies and objectives	22.1	18.0	83.9	1.6	24.2	9.2
Participates in the implementation of policies and programs	54.0	4.0	75.4	2.5	38.8	5.0

Note: Missing values for each item were excluded from the analyses. See note Table II for an explanation of the categories.

TABLE VI

Perception of Roles of Researcher/Evaluator and Resource Manager/Planner/Coordinator (N=124)

Public Health Nursing Activity	Activity Often %	Not At All %	Future Increase %	Decrease %	Prepared Well %	Not At All %
Researcher and Evaluator						
Formulates measurable indicators for evaluating programs and policies	17.1	26.8	74.8	2.5	23.7	11.9
Summarizes research information for colleagues and community members	16.4	23.8	65.8	3.3	36.2	6.9
Uses current research-based knowledge to guide practice and program development	57.7	8.1	83.5	0.8	52.9	2.5
Assists in the evaluation of policies & programs	36.6	5.7	79.3	2.5	36.4	4.2
Identifies key issues and approaches to community health and wellness	48.8	1.6	83.6	2.4	47.1	0.0
Resource Manager/Planner/Coordinator						
Allocates resources (human, financial, physical, etc.) among public/community programs	21.5	33.9	55.3	5.3	21.6	22.4
Uses research findings to aid in decisions regarding the allocation of community resources	19.3	30.3	76.7	2.6	27.2	14.9
Assists in the development of health programs based upon community needs assessment	41.8	4.9	86.0	0.8	42.4	5.1

Note: Missing values for each item were excluded from the analyses. See note Table II for an explanation of the categories.

1) provide care to individuals and families – Saskatchewan (87%) and Ontario (66%); and 2) use appropriate marketing

strategies – 88% versus 46% respectively. The move toward population health promotion occurred in Ontario in the early

1990s¹³ and in Saskatchewan in the latter 1990s, thus one could expect similar findings. Thus, the difference in provision of care to individuals and families is more likely due to differences in the delivery of public health services. A greater emphasis on health determinants and health promotion strategies during the 10-year interval between the two studies¹⁴⁻¹⁶ may explain why more Saskatchewan nurses indicated that they 'often' use appropriate marketing strategies to encourage healthy lifestyles. These results warrant further investigation.

A limitation of the study is that the exact number of PHNs who received the survey is not known, making the response rate difficult to determine. Thus, the findings cannot be generalized to the province as a whole. Education and experience should have been separated for the question 'how well has your education or experience prepared you for this activity'.

In considering the overall responses of the survey, the perception of the nurses is that all of the activities should increase in the future. However, comments provided by PHNs in this survey indicated that they are expected to take on additional activities without a corresponding decrease in responsibilities or an increase in PHNs. Chalmers et al. report similar findings.¹⁴ In order to achieve the recommendation of the Saskatchewan working group⁹ that 40% of PHN time be spent on broader health promotion strategies, PHNs need to be included in decisions regarding programming priorities that impact on their roles and responsibilities.^{13,14} Reutter and Ford also found that priorities need to be set so as to make the greatest difference given available resources.¹⁷

Given that over half of the nurses graduated 15 or more years ago, they are unlikely to have been exposed to newer theoretical concepts. Thus, providing ongoing continuing education is essential if nurses are expected to implement the broader health promotion strategies. PHNs must be supported both in terms of continuing education and opportunities to practice in these expanded roles. This is relevant to educators who plan public health curricula, and to administrators as they plan programs and staff development opportunities and identify specific competencies needed to work in public health. Public health nurse managers have begun to demonstrate

their commitment to continuing education by arranging inservices on health promotion and community development delivered by College of Nursing faculty.

It is the opinion of the authors that Saskatchewan PHNs are carrying out the activities and roles outlined in the CPHA document.¹¹ The challenge is to prepare nurses with skills to practice in a variety of work environments and to encourage and support them in responding appropriately to the needs and assets of the communities in which they work.

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Received: January 7, 2002

Accepted: June 19, 2002

RÉSUMÉ

Objectif : Analyser les rôles et les activités perçus des infirmières et des infirmiers de la santé publique de la Saskatchewan.

Méthodes : Nous avons mené un sondage auprès des infirmières et des infirmiers de la santé publique de la Saskatchewan en reprenant un instrument élaboré par la Direction des services sociaux et de la santé publique de Hamilton Wentworth en 1992 pour un sondage auprès des infirmières et des infirmiers de la santé publique de l'Ontario. Cet instrument s'inspirait des rôles et des activités des infirmières et des infirmiers communautaires et de la santé publique décrits par l'Association canadienne de santé publique (1990). Nous avons utilisé des données descriptives pour analyser les 124 réponses reçues.

Résultats : La plupart des infirmières et des infirmiers percevaient qu'ils étaient au moins quelque peu préparés pour tous les rôles. Les activités le plus souvent exercées par les infirmières et les infirmiers de la santé publique étaient les soins aux personnes et à leurs familles, l'immunisation, la sensibilisation de particuliers, de familles et de groupes, le rôle de personne-ressource auprès des clients et des assistants non qualifiés professionnellement, l'aiguillage de la clientèle vers les ressources communautaires appropriées et l'utilisation de stratégies de marketing. Les activités de développement communautaire, de formulation de politiques, de recherche et d'évaluation, ainsi que de gestion, de planification et de coordination des ressources étaient également exercées, mais beaucoup moins souvent. Les rôles et les activités le moins souvent exercés étaient aussi ceux pour lesquels les infirmières et les infirmiers se sentaient le moins bien préparés.

Interprétation : Il est important, alors que les autorités en matière de santé commencent à préconiser une approche préventive des soins de santé, que les infirmières et les infirmiers exercent avec compétence les rôles définis par l'Association canadienne de santé publique. Tout en préparant de nouveaux diplômés à ces rôles, il est essentiel de fournir une formation permanente aux infirmières et infirmiers actifs. Les administrateurs de la santé publique doivent aussi soutenir les infirmières et les infirmiers de la santé publique dans l'exercice de ces rôles.