ADVANCED PRACTICE NURSING IN PUBLIC HEALTH: SURVEY OF CALIFORNIA PUBLIC HEALTH DEPARTMENT DIRECTORS OF NURSING

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Karin L. Lightfoot
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The completion of this thesis is a testimony to the power of the love, commitment, and ongoing support I received from my husband, my children, my parents, and my friends and colleagues. Thank you for believing in me.
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The professional standing of graduate-prepared, expert public health nurses has been the subject of debate among professional nursing organizations and advanced practice leaders. Threats to eliminate public health nursing certification exams, changes in advanced practice definitions, and lack of standardization has placed advanced practice public health nursing in jeopardy. Confusion and disagreement about this role can lead to stress. This stress can be manifested in the form of role ambiguity for current and future advanced practice public health nurses, their practice partners, and the communities they serve. Input was sought from public health nurse managers in the actual workplace. A quantitative exploratory study was conducted using survey methodology. Responses from 30 nursing directors (49%) at local public health
departments in California described current and future advanced practice roles within their agencies. Current issues explored included ranking of nationally recognized qualities, required qualifications, and the number of nurses currently functioning in this capacity. Future considerations included expectations for practice, classification, and future use for this role within local public health agencies. The study reinforced that the role is ambiguous and qualification standardization is lacking. Most of the subjects indicated they employed advanced practice nurses; however of the 1221 public health nurses represented in this study, seven held certifications and only one was a clinical nurse specialist. The findings of this study can be used to help public health nurse leaders and educators clarify the public health nurse’s advanced practice role and advocate for the continued development of this important specialty.
CHAPTER I

INTRODUCTION

Background/Overview

The public health movement during the 1800s helped shape the early role of the nurse as an independent practitioner (Dunphy, Youngkin, & Smith, 2004). In a historical overview of advanced practice nursing, Dunphy et al. described the work of Lillian Wald and the early public health nurses who worked with her in the Henry Street Settlement, as nursing care that responded to the needs of those in the community. “Wald’s vision for public health nursing was necessarily broad in scope and proactive in nature” (SmithBattle, Diekemper, & Drake, 1999, p. 216). Those public health nurses brought breadth to their practice by focusing attention on the neglected and providing them care, assessing environmental conditions, collaborating with community resources to resolve problems, and providing hands-on services and client education (SmithBattle, et al., 1999). Wald and her team of public health nurses paved the way for future advanced practice nurses to function in a variety of autonomous roles in today’s health care realm.

In the current nursing environment, the tide is changing with respect to advanced practice nursing roles. This is especially true of the advanced practice role of the public health nurse. Although public health nursing played a major part in the development of advanced practice nursing, the future of this role in public health settings
seems unclear and even in jeopardy. There has recently been much debate about which nursing roles serve in advanced practice capacities, including discussion on how public health nursing practice fits within those advanced practice nurse roles, if at all. An overview of the current issues related to advanced practice nursing in general, along with specific reference to public health nursing follows. This discussion will provide insight into the changes that have occurred and the precarious status of the advanced practice role for today’s public health nurses.

Advanced Practice Nursing

The past five years have brought advocates of advanced practice public health nursing through a tumultuous journey. The following section provides a review of events which have served to marginalize public health nurses as leaders in the advanced practice field of nursing. These public health experts have had their advanced practice title substantively altered and their status potentially diminished through a series of decisions by national nursing organizations.

Until very recently, the American Nurses Association (ANA) defined the advanced practice nurse as “an umbrella term given to a registered nurse (RN) who has met advanced education and clinical practice requirements beyond the 2-4 years of basic nursing education required of all RNs” (2005, para. 4). The ANA recognized four specific classifications for advanced practice nurses; the nurse practitioner, certified nurse midwife, certified nurse anesthetist, and clinical nurse specialist (ANA, 2005). For advanced practice public health nurses, the clinical nurse specialist was the designated advanced practice role.
A clinical nurse specialist is an expert in a specific specialty area of practice (ANA, 2005). Along with graduate education, certification as a clinical nurse specialist assures that the nurse has attained the knowledge and expertise to be competent as an advanced practice nurse. The American Nurses Credentialing Center (ANCC) is the certifying body for clinical nurse specialists in the United States. The requirements that must be met to become certified as a clinical nurse specialist, as described by the ANCC, include: (a) an active registered nurse license, (b) a minimum of a master’s degree in nursing in the specialty area for which they are applying, and (c) the institution they graduated from is accredited and includes both theoretical and clinical education. A minimum of 500 clinical hours in the chosen specialty area must also be completed during the graduate program (ANCC, 2003).

Prior to 2008, the ANCC (2006a) described the clinical nurse specialist in public/community health nursing as one who: (a) was a graduate-prepared nurse in community health nursing, or (b) possessed a baccalaureate degree in nursing and a minimum of a master’s degree in public health with a specialization in community and/or public health nursing, and (c) had received clinical nurse specialist in community health nursing certification from the ANCC. This nurse was an expert in applying the nursing process to communities (ANCC). The public/community health clinical nurse specialist promoted the health of entire communities using knowledge unique to public health nursing including “epidemiology, demographics, biometrics, environmental health, community structure and organization, community development, management, program evaluation, policy development, and case management” (ANCC, para. 1).
One early indication of distress with the advanced practice role of the public health nurse was the decision to retire the two community health nursing certification exams in 2005, the Clinical Nurse Specialist exam and the Basic Level exam (ANCC, 2006b). This resolution was disconcerting because without certification, public health nurses would be denied access to a nationally recognized means of validating the quality of their practice. The plan to eliminate the two community health nurse certification exams was reportedly made in response to the low number of candidates. The original exam for community/public health nurse clinical nurse specialist became available in 1990 and by the end of 2003 only 418 nurses were certified in this specialty area. In 2005, the year both exams were scheduled to be retired, 142 candidates took the Public/Community Health Clinical Nurse Specialist exam and 91 renewed their certifications. During that same year, 56 candidates took the basic Public/Community Health Nurse certification exam and 206 renewed (ANCC, n.d.). Two other certification exams - the Home Health Clinical Nurse Specialist and Home Health Nurse exams - were also retired in 2005 (ANCC, n.d.). It is important to note that each of the retired exams focused on the community-based area of nursing practice.

The decision to retire the Clinical Nurse Specialist in Public/Community Health Nursing certification exam was ultimately postponed, as the importance of public health nursing became more evident. Such awareness resulted in response to public health events such as new and reemerging diseases and bioterrorism. A commission was formed with the stated purpose to convene stakeholders to assess the future credentialing plans for the community health/public health nurses (ANCC, 2005).
The commission’s recommendations resulted in a major change in 2008 to the certification offered through ANCC for advanced practice public health nurses. The exam remained the same as it had been for the “Clinical Nurse Specialist in Public/Community Health” certification; however, the title was changed to the “Advanced Public Health Nurse exam.” The new credentials for nurses taking the exam under the new name are Advanced Public Health Nurse - Board Certified (APHN-BC) (ANCC, 2009). Those nurses who were certified as Clinical Nurse Specialists in Public/Community Health are currently allowed to continue to use their original credentials. While the exam remained the same as before, the “Advanced Practice” designation has been omitted from the new title as has any reference to Clinical Nurse Specialist. In addition, the Basic Level exam for baccalaureate prepared Registered Nurses is no longer available.

Threats to Clinical Nurse Specialist Designation

In addition to concerns about certification of advanced practice nursing in the public health arena, challenges were seen regarding the future of clinical nurse specialist practice in general. While the interest in clinical nurse specialist programs had been increasing, there were fewer clinical nurse specialist programs offered through academic institutions (Rose, 2004). Rose reported that the number of nurse practitioners was increasing while the number of clinical nurse specialists was decreasing. The need for both nurse practitioners and clinical nurse specialists was noted, as each promote health and disease prevention at all levels of the spectrum (Rose, 2004).

Debate was also occurring in 2006 regarding the validity of clinical nurse specialists as advanced practice nurses. In an effort to clarify the advanced practice
registered nurse role, a draft vision paper written by the National Council of State Boards of Nursing (NCSBN, 2006) proposed that only those nurses who provided direct patient care and had prescriptive authority would be called advanced practice nurses. The NCSBN contended that “the scope of practice of the APRN (Advanced Practice Registered Nurse) extends beyond the RN scope of practice and into the medical scope of practice” (p. 6) and that only the nurse practitioner, certified nurse midwife, and certified registered nurse anesthetist practiced within this role. “Traditional clinical nurse specialists, practicing within the scope of the registered nurse (RN) will not be considered APRNs” (NCSBN, 2006, p. 1).

According to the 2006 NCSBN vision statement, those clinical nurse specialists with prescriptive authority would be *grandfathered* in as nurse practitioners; meaning that they would change their title to nurse practitioner, continue to have prescriptive authority, and be considered advanced practice nurses. The general clinical nurse specialists who currently practiced as expert registered nurses would not be converted to the nurse practitioner role, due to lack of prescriptive authority. Moreover, they would no longer be designated as clinical nurse specialists, as the proposal eliminated that role entirely. The NCSBN vision statement offered no other advanced practice nurse roles. With no designated advanced practice role for public health nurses, these Master’s-prepared, expert professionals would no longer be considered advanced practice nurses.

**Response to NCSBN Vision Statement**

These issues caught the attention of various nursing organizations. The National Association of Clinical Nurse Specialists (NACNS), an organization committed
to promoting and strengthening the clinical nurse specialist role (2007), responded to the NCSBN. Recognizing the role as unique and valuable, they countered that clinical nurse specialists should continue to be recognized as advanced practice nurses, allowing the public to “…continue to have access to the advanced nursing care that clinical nurse specialists provide, whether that care is delivered to individuals or communities/populations” (NACNS, 2006, p. 4). The NACNS stated that the NCSBN vision paper “…fails to advance the practice of nursing - the independent diagnosis and treatment of health conditions that require and are amenable to nursing intervention/therapeutics” (p. 3).

The ANA also responded to the 2006 NCSBN draft vision paper. Specific to the clinical nurse specialist topic, the ANA (n.d.) asserted the value of clinical nurse specialists and committed support to assisting clinical nurse specialists in establishing nationally endorsed competencies for this role. The ANA explained that nurse practitioners and clinical nurse specialist roles are most often very different and that ‘grandfathering’ in clinical nurse specialists as nurse practitioners was inappropriate; failing to acknowledge the unique roles that each of these practices represent.

The American Association of Colleges of Nursing (AACN), whose function is to promote the advancement of the nursing profession (AACN, 2006), prepared a support statement for the clinical nurse specialist role in response to the NCSBN’s 2006 draft vision paper. The statement prepared and approved by the AACN in 2006 is the most current published response from this organization found on this subject. In the document, a link between graduate-level nurses, patient safety, cost-savings, and positive outcomes were described. The AACN advocated expanding the use of clinical nurse specialists in
various health care settings. They argued there was a lack of recognition for the value of community health nursing, stating that there was an increasing need for well-educated public health workers in light of emerging communicable diseases, disaster-related risks, increasing incidences of chronic diseases, and great disparities in accessibility to health care.

The Association of Community Health Nursing Educators (ACHNE), an organization committed to ensuring excellence in the education of community health nurses (ACHNE, 2007), also expressed support for the clinical nurse specialty role. ACHNE prepared a position statement in 2007 describing their vision of graduate education for advanced practice public health nurses. In that position statement, ACHNE addressed the NCSBN proposal to omit the clinical nurse specialist from the advanced practice nurse role. ACHNE described the public health clinical nurse specialist as “educated in health promotion, disease prevention, and population health, with a highly specialized knowledge and skill set necessary to assure access to quality care and to eliminate population health disparities” (p. 9).

The National Organization of Nurse Practitioner Faculties, whose purpose is to promote quality education for nurse practitioners (NONPF, 2008), recommended that a special work group be called. This work group was charged with developing a consensus statement about the credentialing process for advanced practice registered nurses. ACHNE expressed concern that the Quad Council of Public Health Nursing Organizations had not been invited to participate in this work group until two years into the process. The Quad Council consists of members from the ANA Council on Nursing Practice and Economics, the Public Health Nursing section of the American Public
Health Association (APHA), the Association of State and Territorial Directors of Nursing (ASTDN), and ACHNE. The lack of inclusion of input from the Quad Council was significant, as their purpose is to “assure coordination of activities which further Public/Community Health Nursing and encourage joint development of projects that support this goal” (APHA, 2007, para 2). Once the Quad Council became involved in the work group, they recommended that the definition of an advanced practice registered nurse be broader and not limited to providing direct care to individuals or having prescriptive authority. This recommendation was rejected by the work group (2007) and very likely reflected the lack of input by public health nursing in the early stages of this important discussion.

In their vision paper, ACHNE (2007) stated that advanced practice nurses in public health needed to move beyond traditional roles and become competent in a more contemporary capacity. ACHNE proposed a new role for the advanced practice nurse in public health that would replace the current clinical nurse specialist in Public/Community Public Health Nursing. While the ANA provided a general definition for the advanced practice nursing role, ACHNE provided the following definition for the advanced practice role for public health nurses:

Advanced nursing practice includes assessment, planning, intervention, and evaluation of the essential elements of nursing and public health within the population health context. This advanced practice incorporates the scientific underpinnings for nursing practice such as integrating nursing knowledge with other disciplinary knowledge, resulting in clinical nursing scholarship that examines evidence for practice, predicts and analyzes outcomes, and identifies gaps and opportunities to develop new knowledge, practice guidelines, systems improvement, roles and research. (2007, p. 12)
The proposed title for this role was the Advanced Practice Public Health Nurse. This title provided consistency in the terminology already used in the ANA 2007 Public Health Nursing: Scope and Standards of Practice. ACHNE clarified that this role would encompass five characteristics unique to public health practice:

(a) Population-level health care
(b) Ecological view
(c) Assuming responsibility for health outcomes for populations
(d) Partnership/collaboration using an interdisciplinary approach
(e) Leadership in practice. (ACHNE, 2007, p. 15)

ACHNE recommended that specific competencies be developed for the specialty area of Advanced Practice Public Health Nurse and stressed that this specialty area of nursing should play a leading role in the advancement of health promotion across populations.

Decision Outcomes

The NCSBN approved the APRN Model Act which included the rules and regulations of this role in 2008. In the document, the clinical nurse specialist role continued to be included as one of the four categories of advanced practice nurses along with the certified nurse practitioner, certified nurse anesthetist, and certified nurse midwife. The advanced practice nurse is required to have graduated from an APRN graduate program and be certified as an APRN. In addition, it is important to note that the APRN Model Act included that all APRNs have prescriptive authority and expressed the expectation that the definition of an APRN include a “significant component of the education and practice focuses on direct care of individuals” (NCBSN, 2008).

The ANA released a set of standards for APRNs in 2008 that were designed to establish quality care and promote safety within the profession. The document established
that the four classifications of APRNs remain the same as previously described. The new “APHN-BC” credential provided by ANCC no longer seemed to fit into any of these four classifications. In addition, the ANA standards provided that “…APRNs focus specifically on at least one of six population foci: psych/mental health, women’s health, adult-gerontology, pediatrics, neonatal, or family” (ANA, 2008, para 3). All APRN graduate programs were required to include courses in advanced pathophysiology, advanced health assessment, and advanced pharmacology and be pre-approved to ensure the standards set forth by the ANA are met. These standards did not recognize the unique skill set public health nurses utilize in their work to promote the health of communities. The implementation of these goals was planned for 2015 (ANA).

Researchers in the field had been expressing concern about the future of the public health nurses’ advanced practice role before these issues came to the attention of the general public health nurse community. Robertson sounded an alarm in 2004 about the future of the advanced practice role for public health nurses by proclaiming that the role of advanced practice public/community health nursing was in crisis. Specific points of concern made by Robertson (2004) included a narrowing definition for advanced practice nursing, changes in focus of nursing practice in general from population-based to hospital-based, a shift in funding for nursing education to master’s prepared nurse practitioners, budget cuts at local public health departments resulting in fewer public health nurse positions, and shortages of public health nurses resulting in fewer master’s prepared public health nurses. Robertson noted then that a public health nurse had to focus on providing direct services to individuals and families in order to be considered an advanced practice nurse in the clinical nurse specialist role. Based on the outcome of the
NCBSN APRN Model Act, and the APRN standards set forth by the ANA, it is apparent that this continues to be a valid concern.

Robertson provided suggestions to preserve the specialty role of the advanced practice public health nurse. Those recommendations included: (a) inclusion of population-based practice in the definition of the advanced practice nurse, (b) incorporation of advance practice nurse population-based skills into state nurse practice acts, (c) increased support for master’s in nursing education among community health nurses, and (d) advanced practice nurse status should be required for nurses in management positions (2004). These recommendations were supported in the vision for the contemporary advanced practice public health nurse role presented in the 2007 ACHNE position paper.

**Role Ambiguity**

The debate and confusion discussed above might be symptoms of a greater problem of identity crisis. Since the days those early nurses practiced in autonomous roles, advanced practice nursing has become an ambiguous and confusing concept. Bryant-Lukosius, DiCenso, Browne and Pinelli (2004) called for a clarification of terminology. These researchers presented advanced nursing practice as a broad term encompassing all the work that nurses do, describing advanced clinical practice as the clinical care provided by nurses and advanced practice nursing as a specific type of nursing. The researchers also revealed that in many countries there is not a clear designation of what these specific nursing roles entail. This lack of clarification has lead to role ambiguity (Bryant-Lukosius et al., 2004). Further role ambiguity developed as administrators identified needs for additional nursing roles to address specific health
issues, causing new advanced practice nurse roles to be developed by managers and other stakeholders (Bryant-Lukosius et al.). Perhaps a clarification of the advanced practice nurse role will help to explain how the specialized discipline of public health nursing fits into the role.

Statement of the Problem

The current and future practice of the public health nurse as an advanced practitioner is threatened. Disputes related to the specific role of the advanced practice nurse in public health have emerged. There has been threat of discontinuation of the Clinical Nurse Specialist Public/Community Health Nursing certification exam; questions have been raised about clinical nurse specialists functioning as advanced practice nurses; and population health management is not recognized as advanced practice nursing (ANCC, 2006b; NCSBN, 2006; Robertson, 2004). In addition, input was not sought from public health leaders during the planning process for future advanced practice credentialing. When these leaders came forward to encourage the inclusion of population-focused practice as advanced practice nursing, their suggestions were rejected (ACHNE, 2007). Lastly, the current advanced certification exam for public health nurses does not include “practice” in the title (ANCC, 2009) and does not fit into any of the four ANA classifications for advanced practice nurses (ANA, 2008). A common theme throughout the controversy has been a lack of clarity of the advanced practice role for public health nurses.

The expertise provided by advanced practice nurses in public health settings helps to meet a need in promoting and protecting health among populations. In addition,
advanced practice public health nurses serve as mentors to other public health nurses. It is vital for the leaders in public health nursing to advocate for the role of the advanced practice nurse in the field of public health in order for this specialty area to better serve communities.

Relevance and Importance to Nursing

Confusion and debate about the advanced practice role for public health nurses can lead to role stress in the form of role ambiguity for current and future master’s prepared public health nurses. In addition, other public health professionals, and the communities they serve, can also be affected by this confusion. As managers of public health nurse practice within local health agencies, directors of nursing in public health agencies are uniquely qualified to respond to this debate. They are not only part of the local management team; they are leaders of public health nursing within each state. There is a need for the public health nursing directors to have a voice in these important discussions about whether master’s prepared expert public health nurses have a role in local public health agencies, what that role is, and who functions in that role. National and state-level professional organizations such as the Association of State and Territorial Directors of Nursing (ASTDN) and the California Conference of Local Health Department Nursing Directors (CCDLHDND) can provide forums for these nurse leaders to express their needs and their vision. For this study, California’s nursing directors from CCLHDND were provided an opportunity to share their views.

Directors of Nursing in California are uniquely qualified to respond to this discussion. The organization of nursing directors in California, the CCLHDND, has been
providing leadership for public health nursing administration since 1952 (CCLHDND, 2007). As leaders in public health nursing in the state of California, their mission is to define public health nursing’s role within that jurisdiction. This organization’s stated goals include advocating for public health nursing, assuring competency within the profession, and standardizing public health nursing practice (CCLHDND, 2007).

This study focused on the advanced practice nurse role in public health from the management perspective. Directors of public health nursing are the best source for assessing the role of advanced practice nursing within these agencies. Information was obtained by surveying directors of public health nursing throughout California to clarify the current roles available for public/community health clinical nurse specialists within their region, as well as provide vision for future advanced practice nurse roles in the entire public health arena.

The results from this study provided valuable information about the current and future role of advanced practice public health nursing. Information obtained through this study could help advanced practice nurses within the public health arena better understand their role within the agencies where they work. The study also exposed areas where enhanced clarification was needed. As a result, these nurses could be better positioned to serve as expert resources and mentors to general public health nurses. In addition, the information from the survey can empower directors of public health nursing to advocate for advanced practice public health nurses and utilize them in more autonomous roles. As advanced practice public health nurses are allowed to fulfill their diverse roles appropriately, non-nursing public health administrators may have an improved understanding of the value of this role and be able to include advanced practice
public health nurses in their strategic plans. Additionally, nurse educators in graduate programs can utilize this information to enhance preparation of future advanced practice public health nurses. Each of the potential outcomes could help advanced practice public health nurses better serve their clients, collaborate with community partners, and help meet the mission of their respective agencies.

Theoretical Underpinnings of the Study

This study was guided by the framework set forth in Role Theory, as presented by Hardy and Conway (1988) who explored how this theory applies to the health professional perspective. Role Theory helps to provide an explanation for the path that has led to the crisis faced by advanced practice in public/community health nursing and could contribute to the future status of this role, not only in the United States, but throughout the world.

The concept of roles originated in the theater arts where the individual plays a part in a dramatic piece. Behavioral scientists applied the role concept to the parts that individuals play in society (Conway, 1988). Role Theory Perspectives for Health Professionals (Hardy & Conway, 1988) is based on the original work of George Herbert Mead whose theory about symbolic interaction and social roles dates back to 1912. Role theory is guided by two viewpoints on social interaction, structuralism (structural-functional theory) and symbolic interaction. From the structuralistic viewpoint, the actions are determined by societal forces and as needs change over time, roles will modify to meet these needs. The individual’s motivation is altruistic. The symbolic view
is that an individual assigns meaning to an act and the value of the act is determined by how another responds (Conway).

According to Hardy (1988), science is viewed as a social system which is dependant upon symbolism and interactions. Health care providers use their accumulated scientific knowledge to improve patient outcomes. Roles are formed as these scientists apply their knowledge toward interventions. Ideally, community is created within the social system, resulting in “…a shared culture of social order among their members” (Hardy, 1988, p. 3). Scientists work together by assuming roles that fit expected norms and interrelate with other roles. Variability occurs as individuals fulfill roles in unique ways either in response to social needs or through interpretation of how they fit into that role. Violation occurs when a person deviates too far from the perceived norm for a particular role. The community will respond by attempting to influence a change in the behavior back to acceptable terms. Autonomy is relative and is often directed by norms set forth by the profession and/or the organization. At times, these two entities are at odds with each other.

“When a social structure creates very difficult, conflicting, or impossible demands for occupants of positions within it, the general condition can be identified as one of role stress” (Hardy & Hardy, 1988, p. 159). Role stress originates from the social structure, not from the person functioning within that role. However, role stress can cause role strain which leaves the individual, and those working with them, feeling anxious, frustrated, tense, and dissatisfied. The individual can be lead to believe that their feelings are due to their own inadequacies, even though role stress is a structural problem. The problem needs to be addressed at the structural level (Hardy & Hardy, 1988).
The role stress/role strain framework resulted from studying individuals experiencing problems in their roles. Hardy and Hardy (1988) presented seven problems that were identified: (a) role ambiguity - there is a lack of clarity of role expectation; (b) role conflict - expectations of the role are contradictory; (c) role incongruity - the individual and the role are poorly matched; (d) role overload - too much is expected of the individual in the role; (e) role underload, - there is minimal expectations of the role; (f) role over qualification - the person in the role is overqualified; and (g) role under qualification - the individual in the role is not competent to meet the role expectations. All of these fall under the category of role stress.

Role strain is the subjective response that results from the difficulty of meeting the expectations of the role. Role strain can present itself physiologically as anxiety, tension, irritation, resentment, or depression. It can result in withdrawal, decreased professional involvement, or job dissatisfaction. Role strain at the individual level can impact the role set or even the role system (Hardy & Hardy, 1988).

“New and emerging roles typically are ambiguous until such roles become well established” (Hardy & Hardy, 1988, p. 171). Due to continuous changes in the health care system, role ambiguity can be an ongoing problem, particularly in the specialized roles. This theory can be useful in helping to understand role dynamics and to help guide the direction of role development for advanced practice public/community health nurses.

Hardy and Conway’s Role Theory (1988) provided the theoretical underpinnings for this study. “Health care professionals interested in organization, administration, and health care delivery systems use role theory to further understand
their own function within the health care system” (Hardy & Hardy, 1988, p. 161).

Because Role Theory is considered a general theory, it can be applied to a variety of situations (Hardy & Hardy, 1988). For this study, it was used to determine nursing roles within the health care system. It helped to analyze the system in which advanced practice nurses function, as well as analyze the needs, the organizational structure, and what these nurses’ part is in that system.

**Purpose/Aims of the Study**

The purpose of this study was to obtain an overview of the current and future role of advanced practice nurses in the public health arena as described by directors of public health nursing at local public health agencies in California. The advanced practice role of public health nursing faces many challenges. The clinical nurse specialist role (one of the advanced practice nurse roles currently recognized by the ANA) has been facing change, controversy and possible exclusion (NCSBN, 2006; Robertson, 2004). In addition, proposals have been advanced for a new advanced practice role specific to the public health nurse (ACHNE, 2007). During this tumultuous time, the voices of the leaders in public health nursing should be heard. The nursing directors at local public health agencies are in the best position to speak to the current and future needs of this specialty area of nursing practice. It is hoped that the advanced practice role for nurses in the public health setting can be better developed and clarified by presenting an overview of advanced practice nursing in local public health agencies in California, as defined by the directors of nursing in these agencies. As leaders in public health nursing administration, input from this sample of directors of nursing associated with CCLHDND
may help set a standard for public health nursing that influences the role throughout the nation.

Research Questions

What are the current roles for advanced practice nursing in public health settings as identified by directors of public health nursing at local public health agencies in California? What are the future roles?

Definition of Terms

For the purpose of this study, a director of public health nursing was defined as an individual who is employed at a California public health agency and is “responsible for administration, planning, oversight, and management of public health nursing personnel” (CCLHDND, 2007, para. 1). This individual was a member of the California Conference of Local Health Department Nursing Directors at the time of the survey. This organization was comprised of nursing directors who serve as leaders for public health nursing and public health programs. These directors were described by CCLHDND as public health leaders who strive to describe the role of public health nursing and promote competency and professionalism within the public health nurse workforce. A public health agency was defined as either a local city or county public health department in California. It is important to note the survey process disallowed input by subjects representing city health departments, therefore only directors from county public health departments were included in this study.

The International Council of Nurses (ICN) define an advanced practice nurse as “…a registered nurse who has acquired the expert knowledge base, complex decision-
making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master level degree is recommended for entry level” (ICN, 2007). The American Nurses Association classifies four specific specialty areas of advanced practice nursing: nurse practitioner, certified nurse midwife, certified registered nurse anesthetist, and clinical nurse specialist (ANA, 2005). ACHNE proposed a fifth advanced practice nurse specialty area, the advanced practice public health nurse (ACHNE, 2007).

Qualifications of the Researcher

The researcher is a graduate student in the School of Nursing at California State University, Chico, specializing in public/community health nursing. She currently teaches in the school of nursing at California State University, Chico and is a public health nurse with the Shasta County Health and Human Services Agency. The researcher has over twelve years of public health nursing experience in various public health departments throughout California. Her experiences have included general field nursing, communicable disease nursing, Maternal-Child and Adolescent Health Outreach, Maternal-Child and Adolescent Health Coordinator, Sudden Infant Death Syndrome Coordinator, California Children’s Services Case Manager, and Regional Public Health Nurse.

Summary

While many concerns have been presented, the exciting news is that advanced nursing practice can be viewed as “…the future frontier for nursing practice and professional development” (Bryant-Lukosius et al., 2004, p. 520). Keeling and Bigbee
(2005, pp. 40-41) provided a cautionary yet optimistic view of the future of advanced practice nursing:

The beauty of the concept of advanced practice nursing is its inherent flexibility and creativity to quickly adapt to changing health-care needs. As new roles emerge, the history of advanced practice nursing continues to be written. What remains to be seen is whether the profession can unite on issues related to the definition of advanced practice nursing and standardized criteria for education and practice to ensure that APNs are permitted to practice as other professionals.

A review of the literature revealed the value of the advanced practice nurse role in public health and the need to empower the public health nursing leaders to be advocates for advanced practice nursing in the public health field. Such advocacy will help clarify and define this role.
CHAPTER II

LITERATURE REVIEW

Introduction

A critical review of the literature related to public health nursing and its changing role was conducted. The advanced public health nurse role was examined, as were issues faced by these nurses. The current issues and concerns for the future of advanced practice nursing in public health were considered for discussion. In addition, literature was reviewed that presented how work environment and education influenced advanced practice nursing. This researcher found a notable lack of current research-based information about advanced practice nursing in public health in the literature. Therefore, additional, scholarly sources of information were included in this literature review.

Overview of the General Public Health Nurse Role

Unique Role of Public Health Nursing

In order to gain insight into the specific role of advanced practice nurses in public health, the reader must understand the unique nature of public health nursing in general. Weber (2002) examined the value of public health nursing as a profession, and posed the question whether public health nursing is really nursing. The author provided an overview of the practice of public health nursing. A brief history of public health nursing was included, revealing that the practice had traditionally provided care for the
sick and poor, helped immigrant populations to access health care services, educated patients on how to prevent the spread of communicable disease, and minimized maternal and infant mortality through promotion of prenatal care and infant care. Weber reported that current public health nursing continues to practice in much the same way. The individual and the community were originally, and remain, the patient, and the goal of public health nursing continues to be healthy outcomes for all.

Current public health nursing was described by Weber as a specialty area of nursing that “focuses on the health needs of individuals and communities in order to achieve healthy outcomes for the entire population” (2002, p. 15). Weber made the distinction that the public health nurse implements the nursing process in the care of the community by obtaining assessment information from community sources, including community members in the intervention process, and influencing policy change that impacts populations. The public health nurse position was recognized as cost effective due to the expertise these nurses have in the holistic care of individuals and populations and diverse functions.

Weber (2002) presented the ANA’s 1999 *Scope and Standards of Public Health Nursing* as the guiding document that defines the role of the public health nurse and differentiates it as a specialty area from other types of nursing practice. The Eight Tenants of Public Health Nursing as listed in *Scope and Standards of Public Health Nursing* were described. These tenants include:

(a) The need to have a methodical and complete approach to assessing the population and influencing policy.

(b) Partner with members of the population.
(c) The importance of a primary prevention focus.

(d) Ensuring that interventions will promote healthy environments (environmental, social and economic) allowing people to thrive.

(e) Outreach must include all those who would benefit from the intervention.

(f) Focus on what is best for the greater good.

(g) Resources must be maximized to benefit the most number of people.

(h) Collaboration with other professionals and agencies allows for a better means of promoting health among populations (ANA, 1999).

The unique practice of public health nursing can be demonstrated through an examination of their day-to-day work. Hansen (2004) described a typical work day for a public health nurse at a local health department in Vermont. The public health nurse’s multiplicity of skills was presented, including that of a teacher, referral agent, coalition member, communicator, and patient advocate. Examples of public health nurses interacting with individuals as well as coalitions, agencies and health care providers throughout their usual day demonstrated how they followed the eight tenants of public health nursing in their actual work. These examples included providing nutrition education to clients enrolled in the Women, Infants and Children (WIC) nutrition program, home visiting to pregnant and parenting women, assisting clients who needed basic amenities in their apartment, assisting the health officer with water testing, attending coalition meetings, contact investigation and education about communicable diseases, case management coordination, distribution of breast pumps, assessing the health needs of children in foster care, and attending school planning meetings to promote health through programs such as physical activity. The Vermont public health
nurses described their field as “Never boring!” ‘Lots of variety.’ and ‘I’m always learning something new.” (Hansen, 2004, p. 4).

Public Health Nursing Practice Model

While there are various public health nursing practice models, Smith and Bazini-Barakat (2003) presented a model developed by the Los Angeles County Department of Health Services Public Health Nursing. This model was developed in response to a need for a model that not only blended public health nursing practice and the principles of public health, but also applied to the generalist nurse and those nurses working in specific programs. The Los Angeles County Department of Health Services Public Health Nursing (LAC PHN) Practice Model was described as integrating the Public Health Nursing Standards of Practice, the 10 Essential Public Health Services, the 10 Leading Health Indicators from Healthy People 2010, and the Minnesota Public Health Nursing Interventions Model. “The LAC PHN Practice Model provides a conceptual framework that assists in clarifying the role of the public health nurse and presents a guide for public health practice applicable to all public health disciplines” (Smith & Bazini-Barakat, 2003, p. 42).

As described by Smith and Bazini-Barakat (2003), the principles of population-based practice are included in the LAC PHN Practice Model. The public health nurse integrates assessment, policy development and assurance into his/her work. The three levels of population-based practice, individual and families, community, and systems, are addressed with the nursing process applied throughout the model. Seventeen interventions, as first presented in the Minnesota Public Health Nursing Model, are also incorporated into the LAC PHN Practice Model. The Minnesota Public Health Nursing
Model was developed by the Public Health Nursing Section of the Division of Community Health Services, Minnesota Department of Health (Public Health Nursing Section, 2001). The interventions described in the Minnesota Public Health Nursing Model include activities that are directed toward individuals, communities and systems. The 17 interventions listed in both models are: “surveillance, disease and health event investigation, case finding, outreach, screening, referral and follow-up, case management, delegated function, health teaching, counseling, consultation, collaboration, coalition building, community organizing, advocacy, social marketing, and policy development and enforcement” (Smith & Bazini-Barakat, 2003, p. 45). The LAC PHN Practice Model promoted the concepts of an interdisciplinary public health team working together with an emphasis on primary prevention. It also recognized the importance of active participation of the individual, the family, and the community.

**Expertise in Public Health Nursing**

SmithBattle, Diekemper and Leander (2004a; 2004b) provided insight about the development of public health nursing expertise by conducting interviews with working public health nurses and administrators. The researchers found that expertise is developed through experience in the profession and identified experienced public health nurses as valuable resources. SmithBattle et al. (2004a; 2004b) explored the impact that experience had on public health nursing practice and the recognition of the value of interventions that focus on primary prevention.

The phenomenological study conducted by SmithBattle et al. (2004a) involved 35 public health nurses. The subjects included novice and experienced public health nurses along with public health nurse supervisors and nursing administrators.
Experienced nurses were defined as those with more than three years in public health practice (SmithBattle et al., 2004a). SmithBattle et al. used Benner’s theory of novice to expert as a model for the study (1984). Benner described experience as the melding of nursing theory and practical situations into a deeper clinical understanding. In their research, SmithBattle et al. (2004a) identified that although new nurses enter public health with theoretical knowledge, there is a need for actual experience in the field in order for them to develop their clinical skills and eventually become expert nurses.

Differences in the narrative accounts between the various groups were noted. SmithBattle et al. (2004a) found that newer nurses exhibited a large gap between the theoretical knowledge they had learned and the knowledge of how to respond in actual clinical situations. The researchers found that over time and with experience, public health nurses became better equipped to respond to various scenarios effectively. Valuable skills acquired through experience were identified, such as approaching care with a strength-based focus, having a non-judgmental attitude, the ability to listen to the client to identify their needs, and caring for families and communities rather than focusing on providing individual services (SmithBattle et al., 2004a). SmithBattle and colleagues identified that expert nurses helped novice nurses gain these important skills. Expert nurses served as guides for the new nurses, exposing them to learning opportunities and helping them hone their clinical skills. The study also revealed that there was a shortage of expert nurses in clinical settings and identified a need for more experienced nurses in supervisory roles.

Other findings from the SmithBattle et al. phenomenological study were discussed in a second publication (2004b). The researchers proposed that experience is
necessary in actual practice because reality is too unpredictable to make plans based solely on theoretical knowledge. Through experience, the nurses identified the value of early, population-based interventions. The researchers reported that experience allowed the nurses to discern subtle cues from populations that helped identify conditions impacting their client’s health, thereby enhancing understanding of their client’s behavior. This insight allowed the nurses to veer away from predetermined expectations based on theoretical understanding, and focus on the “possibilities and impossibilities of specific clinical situations” (SmithBattle et al., 2004b, p. 96).

The researchers emphasized the broad scope of practice of public health nursing that encompasses population-based interventions and individual services. Expert nurses in the study conveyed the value of nurses who work with individuals and families in the community. These nurses were described as “the eyes and ears” (SmithBattle et al., 2004b, p. 98) of the community. They had a unique perspective within the communities they served which allowed them to identify the specific needs of the population. This insider’s perspective allowed them to implement appropriate interventions to address needs that might not have been identified in a formal community assessment (SmithBattle et al., 2004b).

SmithBattle et al. (2004b) revealed that in order for public health nurses to comprehend the “big picture”, they must first understand individual needs and issues faced by the community. Because of the valuable insight afforded by providing individual services, the authors recommended that in addition to population-based theory, undergraduate public health nursing education should also include care of the individual
and family. The value of experienced public health nurses as preceptors for students and as mentors for novice staff was also recognized.

Community Health Nursing Culture and Tradition

Another phenomenological study conducted by SmithBattle along with Diekemper and Drake (1999) obtained narrative data from 25 nurses working in various community health settings. They sought to assess the impact of organizational systems’ culture and tradition on public health nursing practice. SmithBattle et al. (1999) found that the culture of the work setting impacted the scope of practice of the public health nurse and suggested recommendations to promote excellence in the field. Various environmental cultures were identified in the study. Some nurses reported supportive environments, stating that the support they received from their supervisors aided in the development of their skills. Others described less supportive environments. One nurse remarked that limited support from her supervisor and co-workers caused her to feel “like a maverick” (SmithBattle et al., 1999, p. 218) when trying to develop a population-based, broad scope of practice. There was also discussion of basing programs on the needs of funding sources rather than addressing the needs of the population. Another nurse stated “If you only dance to the tune of the funder, you simply can’t always achieve what you want to achieve in a program... You need to meet the needs of the funder. But you almost use that as your marching pass to be able to do other things…” (p. 219).

The research revealed that nurses in settings with a strong public health tradition, which included a broad skill set for public health nursing, supported increasing their skills and promoted learning from fellow staff members. For example, SmithBattle
et al. (1999) described a nurse who had inherited a poorly run lead program. She was able to rely on her own diverse public health nurse skills that she developed through the generalist public health nurse role. By working with individual clients, the nurse developed an understanding of the population. The nurse was then able to collaborate with this population and other public health programs to transform the faltering lead program into an effective one.

An unexpected discovery made by SmithBattle et al. (1999) was that non-public health settings were found to have fewer barriers and allowed for broadened public health nursing roles including collaboration with other agencies, community groups, and other disciplines. The researchers felt that this supportive environment was possible due to fewer organizational and bureaucratic constraints that may be present in larger organizations (SmithBattle et al., 1999). This finding supported the practice of placing nursing students in non-traditional settings, allowing them to be exposed to a broader scope of practice.

SmithBattle et al. (1999) concluded that “restoring the culture and rebuilding excellent practice is difficult once the situated knowledge and practice expertise of community and population-based care have been diluted by local circumstances or national trends” (p. 221). Recommendations were provided that could enable public health nurses, as well as administrators, educators, and researchers, to promote excellence in public health nursing practice. Public health nurse leaders were urged to maintain the traditional population-based public health nursing practice based on social justice. Administrators were implored to respond to practices that hinder excellence in services, such as large case loads or funding sources that limit public health nursing practice.
Support of continued education of staff was also encouraged. Educators were asked to support student learning by sharing clinical stories, promoting understanding of social justice, and helping students become culturally sensitive to those whose beliefs differ from their own. In turn, educators and students were encouraged to become role models to those practicing public health nurses who have strayed from traditional practice or have become disheartened (SmithBattle et al., 1999).

The work presented by Webber (2002), Hansen (2004), SmithBattle and co-authors (1999; 2004a; 2004b) discussed the important contributions made by public health nurses and how their efforts have a long history of improving the health of individuals as well as communities and populations. Experienced, expert nurses were recognized as a tremendous asset for their unique insight, as well as serving as resources for novice nurses. The important role that public health nurse leaders provide in supporting the work of the public health nurse within the organization was also demonstrated. In addition, a public health nursing model was presented as an effective framework for such work.

Changes in Public Health/Community Health Nursing Roles

The role of the community/public health nurse is changing; therefore scholarly works that addressed changes in nursing roles were reviewed. New practices implemented within a particular health department were reviewed. In addition, research was included that presented the unique contributions of the public health nurse, the skills needed to help public health nurses adjust to the new roles in public health today and in the future, and how managers can assist nurses with successful role transition. Efforts to
contain costs can also impact nursing roles. Avila and Smith (2003), a director of nurses and a clinical nurse specialist respectively, at Los Angeles County Department of Health Services, described the changes in public health nurse roles implemented within their own public health department. These nurse leaders explained that not only does public health have a responsibility to serve the indigent population, but also to meet the needs of the entire county’s diverse population. The authors envisioned the future public health nurses as those who “…will work collaboratively with other disciplines on public health improvement efforts countywide, but will continue to provide unique services based on nursing models, roles, and processes” (p. 23).

A study had been commissioned by Los Angeles County in 1997 to determine the capacity of its public health department. Details about how the study was conducted were not discussed in the publication. The investigation found that core public health functions were insufficiently addressed, coordination among services was needed, and many programs were developed as a response to available funding rather than based on need (Avila & Smith, 2003). In response to the findings of the study, Los Angeles County Department of Health Services set out to institute the “Reinvigoration of Public Health” (Avila & Smith, 2003, p. 17) at the local health department level. The reinvigoration process began with the development of a mission statement; service planning areas were then implemented, rather than having a central service location. Coordination and partnerships were incorporated in the department’s interventions with communities and other health professionals. The focus of Los Angeles County’s public health department became that of operating within the core functions and ten essential services of public health.
The nursing roles in this new public health format ranged from generalist to program specific. Three objectives were identified: “…(1) expand beyond the categorical focus of mandated communicable disease control, (2) provide DPHN (district public health nurse) consultation in the community setting, and (3) participate as an SPA (service planning area) multidisciplinary team member in planning and intervention” (Avila & Smith, 2003, p. 19). The first objective included the development of a standardized assessment tool which allowed for consistent nursing assessment and documentation of the data available from the assessment. The second objective was met by nurses who served as consultants to the community in the form of an ask-a-nurse model. The third objective allowed the public health nurses to assess the needs and strengths of specific communities, allowing plans to be developed specific to each community.

With the emphasis of public health increasingly being placed on population-based practice, Gebbie and Hwang (2000) addressed the shift in public health nursing roles and emphasized that public health nurses’ knowledge needs to be kept current. Two focus groups were formed that were composed of nursing directors, public health nurses, public health nurse educators, and other public health stakeholders. Their task was to review current literature and draw from anecdotal stories to understand continuing education needs for public health nurses in the workplace. Their research identified that public health has become more population-based and that there is a need for public health nurses to keep current in those skills required for population-based practice.

A curriculum presented by Gebbie and Hwang (2000) provided a foundation of knowledge in critical areas ensuring that public health nurses were equipped to make a
contribution. Specific knowledge areas identified by the researchers as important included (a) epidemiology, (b) environmental health, (c) policy, (d) data analysis, (e) statistics, (f) economics relating to health, (g) principles and interventions for population-based practice, (h) health politics, (i) building on diversity, and (j) quality improvement. Critical interpersonal skills identified included (a) interpersonal skills such as negotiation, collaboration, communication and advocacy, (b) interdisciplinary teamwork, (c) building coalitions, (d) understanding how individuals connect to organizations, and (e) the ability to bring organizational change (Gebbie & Hwang). In addition, Gebbie and Hwang made suggestions for public health nurse continuing education curriculum content. It was recommended that curriculum include both the nursing process and the public health process along with history, legalities, ethics and values of public health, community health assessments, program planning and evaluation, mobilizing communities, and systems thinking.

It is important to recognize the influence that managers and other nurse leaders have in helping nurses adjust to role changes. Ewens (2003) reviewed changes in nursing roles by examining how nurse managers can assist nurses who are experiencing role transition. This qualitative study conducted in England, followed 26 students, 25 nurse educators and 14 tutors as nursing students transitioned into the role of specialist practitioners. The study identified that managers play an important role in transition. Increased autonomy, job satisfaction and commitment were more likely to result when a supportive and flexible manager encouraged creativity and innovation. Ewens expressed that nurses will become frustrated and disappointed when the expectations of a role and the reality of the role are incongruent; leading to poor retention or stepping down into
previous roles. Nurses need the necessary preparation and support from their organization in order to fill new roles presented to them (Ewens, 2003).

Young (2006) described a health care system in England that was under stress due to cost restraints imposed by recent governmental mandates. As a result, nursing services had been cut. Acknowledging the devastating impact of reduced resources for clients, new policies were being developed that would allow non-profit agencies to provide services for clients. The observation was made that as client services transition to non-government agency providers, services that had traditionally been provided by department of health services nurses may also change. A call for awareness and advocacy was made by the author.

The research presented above by Avila and Smith (2003), Gebbie and Hwang (2000), Ewens (2003), and Young (2006) described the shifts in focus that have been seen since the early days of public health nursing practice. These scholars demonstrated how nurses and nurse leaders have responded to the varying needs of their populations. They identified the need to stay abreast of current practice, emphasized the importance of patient advocacy, and described various approaches to addressing needed changes. The research also emphasized the need for nurses and administrators to keep abreast of how to best meet these changing needs and altered roles, and how to advocate for patients and the services that nurses provide. Advanced practice public health nurses can act as mentors and provide leadership to undergraduate public health nurses as they strive to adapt their practice into a more population-focused practice.
Advanced Practice Nursing Role

International Perspectives

Much of the earlier research found on advanced practice nursing originated from outside of the United States. In studying the role of the advanced practice nurse in the United States, it is important to look at the role as it is viewed in other countries, as these studies refer specifically to the practice in the United States. This illustrates the influence that practices in the United States have on the world theater. Literature was reviewed that addressed advanced practice nursing in general and issues that influence the role. A framework for advanced practice nursing was also reviewed.

Furlong and Smith (2005) explored the roles that policy, education, and role development play in advanced nursing practice (the term used in the article) in Ireland. The researchers presented “autonomy in clinical practice, pioneering professional and clinical leadership, expert practitioner and researcher” (p. 1059) as fundamental characteristics of advanced nursing practice. Advanced nursing practice was described as still being in an early phase of development. In a historical overview, advanced practice nursing in the United States was presented as being very diverse as a result of “social, political and economic factors in society” (p. 1060). Furlong and Smith reported that confusion existed regarding the advanced nurse practice role. This confusion was presented as a result of the wide diversity of roles, varying educational requirements, and a lack of guidelines to define the advanced nurse practice role. The authors identified a need for regulation of advanced nurse practice education stating that international confusion about the advanced practice nurse role, such as the role confusion identified in the United States, affects the definition of the role in Ireland. The researchers presented a
policy developed by the National Council for the Professional Development of Nursing and Midwifery and emphasized the importance of adhering to a standardized national policy to guide the advanced nurse practice role in Ireland.

Furlong and Smith (2005) also discussed the debate between advanced nursing practice and clinical nurse specialists. The researchers explained that while advanced nurse practitioners and clinical nurse specialists have the same level of experience, the advanced nurse practitioner was described as providing a more advanced level of nursing care. The authors expressed the opinion that although advanced nursing practitioners and clinical nurse specialists were both identified as advanced practice in the United States the focus should be placed on the differences between the two in order for advanced nursing practitioners to be successful. Furlong and Smith emphasized that the role of advanced nurse practitioners must be validated through improved patient outcomes.

Acknowledging the newness and ambiguity of the advanced practice nursing role, Canadian authors Bryant-Lukosius, DiCenso, Browne and Pinelli (2004), presented a discussion about the development, implementation and evaluation of this realm of nursing. The authors emphasized that while advanced nursing practice and advanced practice nursing are often used interchangeably, there are discernable differences between the two terms. Advanced practice nursing was described as the specific field of nursing and advanced nursing practice was presented as what the advanced practice nurse does in the role. Defining the role and scope of practice of advanced practice nursing was presented as primarily the responsibility of the nursing profession. Due to specific
regulations, the role of advanced practice nursing in the United States was described as more clearly defined than in other counties (Bryant-Lukosius et al., 2004).

In order to maintain the nursing emphasis in advanced practice nursing, Bryant-Lukosius et al. (2004) asserted that the focus needs to change from replacing physician services to complimenting the medical system with advanced nursing care. The authors reported that as the role has grown, and as health care needs change, there will be increasing place for advanced practice nurses in community settings. In addition, administrative support can encourage full utilization of the advanced practice nurse role, beyond primary clinical services. These expanded roles could include that of educator, researcher and leader (Bryant-Lukosius et al., 2004).

Bryant-Lukosius, et al (2004) explained that evaluation of the benefits of advanced practice nursing roles is important but often overlooked by administrators. The authors noted that most evaluations are conducted at the clinical level with nursing outcomes compared to physician outcomes. The suggestion was made that evaluations should include non-clinical outcomes, such as systems change. Recommendations were made to gather data that justifies the need for an advanced practice nurse, encourage the holistic nursing role of the advanced practice nurse, fully utilize the advanced practice nurse’s broad scope of practice, and provide a supportive environment in which advanced practice nursing is fostered).

Carnwell and Daly (2003) conducted an exploratory study to review the developing role of the advanced nurse practitioner in the United Kingdom. Advanced nurse practitioners were interviewed to explore the current advanced nursing practice role. There were 21 subjects initially involved and 15 were interviewed 15 months later
to determine how roles developed over time. Managers were also interviewed in the initial phase. A comparison was made between specialists and advanced nurse practitioners, stating that specialists areas, which included clinical nurse specialists, focused on specific health issues. In contrast, the nurse practitioner was considered a generalist and the advanced nurse practitioner role was that of a specialist whose practice was process-driven. In discussing the development of a new role, the researchers noted that nurse managers are often left out of the role development process. They argue that this omission is significant as many obstacles faced by nurses establishing a new role might be avoided. Results from this study showed that managers should match a nurse’s expertise and interest to the agency’s strategic plan when hiring an advanced nurse practitioner. In addition, providing support as a new role is being established, as well as providing financial incentives and opportunities for growth in the career were identified needs.

Carnwell and Daly (2003) reported that the work done by advanced nursing practitioners differs among the various disciplines. The authors explained that in the United Kingdom and the United States, nurse practitioners and clinical nurse specialists were originally both identified as advanced-level nursing. However, differences developed between these various roles, and new roles emerged. Current roles in the United Kingdom identified by the researchers include the nurse practitioner, specialist nurse practitioner, clinical nurse specialist, advanced nurse practitioner, and higher level practitioner. The nurse practitioner has evolved into a generalist role whose work is directed toward health promotion; the advanced nurse practitioner’s work is directed toward a specific caseload along with some research, consultation, and teaching; the
clinical nurse specialist is focused on a specific disease or health problem; and the specialist practitioner conducts research and provides education for a specific specialty area (Carnwell & Daly, 2003). This discussion demonstrates the confusion regarding advanced practice nursing.

In a report on the development of the role of the clinical nurse specialist and advanced nurse practitioner in Ireland, Wickham (2003) also identified a level of confusion between the terms nurse specialist and advanced nurse practitioner. According to Wickham, a clinical nurse specialist is distinguished from a specialist nurse as one who is autonomous and an expert beyond what is expected of a generalist nurse. The clinical nurse specialist was described as utilizing research, whereas the advanced nurse conducts research. Formal education was presented as vital; however experiential knowledge was also identified as valuable. Learning was reported as a life-long process for both roles.

Recognizing that cost-effectiveness, efficiency and evidence-based care are important aspects of nursing practice, Cox and Ahluwalia (2000) conducted a qualitative exploratory study to determine the effectiveness of clinical nurse specialists and nurse practitioners in England. Clinical nurse specialists and nurse practitioners were observed in clinical settings and private interviews were conducted. There were a total of 20 subjects who were included in the study. Again, inadequate role clarification was identified as a problem for these advanced practice nurses. Cox and Ahluwalia reported that disorganization within the clinical setting was the main hindrance to effectiveness. The two causes of disorganization identified in the study were role fragmentation and role confusion. One subject described feeling like “a Jack-of-all-trades and master of none” (2000, p. 1072). The clinical nurse specialists and nurse practitioners were
stepping into various roles to fill in gaps rather than focusing on a specific practice role. This often led to role confusion. Recommendations for improved effectiveness included a review of job descriptions to confirm expected duties, elimination of barriers through role clarification, providing regular clinical supervision, conducting regular audits and evaluations, and encouraging master’s level education for clinical nurse specialists and nurse practitioners. In addition, the authors supported on-going education to promote growth in clinical skills.

There are many issues presented in the literature about advanced practice nursing in general. The value of an advanced practice nurse role to the overall health care system has been identified but the role itself is in conflict (Bryant-Lukosius et al., 2004; Carnwell & Daly, 2003; Cox & Ahluwalia, 2000; Furlong & Smith, 2005; Wickham, 2003). These researchers encouraged the diligent use of evaluation as a necessary step in order to further demonstrate the benefits of this role. In addition, as new roles develop, nurses need to be matched to roles based on their qualifications and the needs of the institution (Carnwell & Daly, 2003; Cox & Ahluwalia, 2000).

Role ambiguity emerged as a theme from the literature found on the international perspective of advanced practice nursing. The literature revealed that the advanced practice nursing role was diverse but lacked clear definition. In fact, in Europe and North America, advanced practice nurses functioned under varying definitions. For nurses around the world to be successful in the advanced practice role, clarification needs to occur globally.
Mondy, Cardena and Avila (2003) reported that advanced practice public health nurses have proven particularly beneficial in the area of bioterrorism preparedness. The authors explained that preparedness has shifted from being strictly the responsibility of the military to coming under the purview of public health. The need for preparations to be in place prior to an actual event in order to ensure a rapid and coordinated response and implementation of control measures was emphasized. Such preparations should include collaboration with private and public health care providers. Noting the specialized qualities the advanced practiced public health nurse brings to the table, including “community health planning, interdisciplinary collaboration, public health policy, and epidemiology” (Mondy et al., 2003, p. 424), a description of the role an advanced practice public health nurse was presented. This role was guided by the Los Angeles County (LAC) Public Health Nursing Practice Model (discussed earlier in this paper). Mondy et al. described how this model can be specifically applied to the function of the advanced practice public health nurse in bioterrorism preparedness.

In the assessment role, the advanced practice public health nurse utilized knowledge of community resources to determine how the community will respond to a bioterrorism event and how to assist the community in accessing needed services. The advanced practice public health nurse applied knowledge of epidemiology to gather data used to determine the nursing diagnosis, such as health issues, that could indicate a bioterrorism event has occurred. The outcome identification portion of the model was fulfilled as the advanced practice public health nurse collaborated with community
partners to “mitigate, respond to, and recover from disasters” (Mondy et al., 2003, p. 426). Planning was based on the 17 interventions of the Minnesota Department of Health model. Those interventions specific to bioterrorism preparedness included surveillance, collaboration, coalition building, provider education and health teaching, consultation, policy development and enforcement, assurance, and evaluation. Mondy et al. (2003) advocated for supporting the continued education of the advanced practice public health nurse and promoted the use of the LAC Public Health Nursing Practice Model as a guide to be utilized in disaster preparedness efforts.

There were a variety of roles identified for advanced practice nurses who worked in community health settings. Hemstrom et al. (2000) presented advanced practice nursing in community health as a solution to many problems in today’s health care system. The role of the clinical specialist in community health nursing was described as new in comparison to other advanced practice nurse roles; one which focuses on populations and blends the disciplines of nursing and public health. Again, confusion about this area of expertise was noted, citing prescriptive authority and individual services as being the traditional hallmark services associated with the advanced practice nursing scope of practice. The “clinical specialist (CS), in collaboration with other health care professionals and political advocates, can effect both systems wide and health status changes” (Hemstrom et al., 2000, pp. 386-387). This could be achieved “by focusing professional attention to population and community health status and targeting underserved, un-served, and at-risk populations with carefully designed, implemented, and evaluated programs of health education and self-responsibility for health” (p. 386). In
addition, the authors suggested that advanced practice community health nurses could contribute to the future direction and growth of the profession.

A description was provided by Hemstrom et al. (2000) of the activities of community health nursing graduate students working in four programs: parish nursing, school nursing, home care nursing, and community health nursing for well elderly clients living in government-subsidized apartments. After conducting needs assessments among the four population groups, the following programs were developed: (a) promoting healthy living among elderly, (b) educating home health nurses about respiratory care, (c) developing health education curriculum at a high school, and (d) helping parish nurses increase their knowledge about integrating theology into their practice (Hemstrom et al., 2000). The graduate students operated at various levels; individual, community and system-wide. Target populations in the planning, implementation and evaluation phases of the programs were described. While this study presented nurses in non-public health settings, it spoke to the diverse activities that advanced practice nurses can engage in when working in community settings.

Hemstrom et al. (2000) also provided a snapshot of a program for a Master of Science in Nursing degree in the Community Health Nurse specialty. Three strands for the curriculum for the degree were presented. The Professional Strand described the advanced practice role; the Inquiry Strand addressed advanced cognitive skills such as theory, conceptual process, and critical thinking; and the Clinical Strand involved advanced classroom and clinical instruction.

In a report presented by Burgener and Moore (2002), the roles of both nurse practitioners and clinical nurse specialists were described as care providers in a
community health setting. According to the authors, the nurse practitioners provided direct patient care; making diagnoses, having prescriptive authority, coordinating care, and providing health promotion. The clinical nurse specialists provided specialized care, counseled clients, and conducted clinical research and outcome evaluation, depending upon the education and experience of the Clinical Nurse Specialist. The efforts of both types of advanced practice nurses were described as reaching beyond the individual patient to their families and their communities.

The need for management to support the work of the advanced practice nurse was emphasized. Burgener and Moore (2002) reminded managers that complex patients require more individual time and therefore scheduling of appointments needs to reflect this reality. In addition, it was noted that utilization of support staff, such as translators, and other health professionals such as health educators, can assist in greater efficiency of advanced practice nurse practice. Support for the development of community and professional relationships was encouraged. The authors reminded management to “be aware of the high-level of expertise required of advanced practice nurses and assure that the practitioners have the experience and skill needed to fulfill the multiple role requirements” (Burgener & Moore, 2002, p. 108).

Research presented by Mondy et al. (2003), Hemstrom et al. (2000), and Burgener and Moore (2002), described the roles played by different types of advanced practice nurses in varying community health settings. All were presented as valuable and meeting specific needs of communities. These studies presented how the advanced practice public health nurse in the public health setting brought specialized skills and knowledge that allowed them to serve a vital role in that setting; just as the nurse
practitioner filled a need in a clinic setting or a faith community nurse served faith communities. The need for leadership and managerial support was presented as necessary for success in these roles.

Confusing Requirements for Clinical Nurse Specialist Practice in the United States

From state to state, there seemed to be additional confusion with differing requirements to practice as an advanced practice nurse. A study was conducted by Lyon and Minarik (2001) to assess the regulation of clinical nurse specialist practice across the United States. In the report, an estimated 54,000 clinical nurse specialists were identified as practicing within the advanced practice nurse field in the 2000 National Sample Survey of Registered Nurses (U. S. Department of Health & Human Services [USDHHS], 2001). There were 48 the states that responded to the surveys; the two that did not participate had not received the surveys.

Lyon and Minarik identified “a patchwork quilt of differing requirements to practice” (2001, p. 113). There were numerous ways nurses could verify their qualifications as a clinical nurse specialist, the most common means were by designation/recognition, licensure, certification, and registration. Having these various modes of verification provided further confusion and questions related to the competency of the clinical nurse specialist. For example, while most states required graduate education to be in the same subject as the specialization, in California a nurse could apply for clinical nurse specialist recognition (the least restrictive form of verification) even if their master’s education was in a clinical nursing-related area different than the specialty
area for which they were seeking (Lyon & Minarik, 2001). Certification, the most restrictive form of verification, provided standardization for education across the board.

Lyon and Minarik (2001) found that some states had certification exams for clinical nurse specialists, whereas such exams did not exist in other states. Nurses who wished to practice in states without certification exams could not do so. In addition, some states only recognized the nurse practitioner as an advanced practice nurse and did not have a scope of practice specific to clinical nurse specialists. The researchers expressed concern about access to care and patient safety because there were nurses practicing in a clinical nurse specialist role who were not certified and therefore whose competency was not confirmed (Lyon & Minarik, 2001). In conclusion, there was a call for “model statutory language that is broad enough to cover all CNS specialties” (p. 113).

Changes in the Advanced Practice Nurse Role of Clinical Nurse Specialist

Research conducted by Tackenberg and Rausch (1995) identified that the advanced practice nurse role of the clinical nurse specialist had also experienced change. While this article was less current than others reviewed, this researcher included it for its historical overview of changes in the clinical nurse specialist role.

Tackenberg and Rausch (1995) described four clinical nurse specialist functions during 1965 to 1980: (a) practitioner, (b) consultant, (c) educator, and (d) researcher. The role of the clinical nurse specialist was described as changing in response to shifts in focus of service and care delivery methods. The forces of change were identified as “technological advancements, societal pressures, and the corresponding response of the internal health service environment” (Tackenberg & Rausch, 1995, p. 37).
As a result, there was more awareness of consumer rights and self-advocacy, diagnosis-related groups were implemented for reimbursement of services, and there were increased health issues related to chronic illness and the growing senior population. Consumers advocating for their rights expected the latest in medical technology. Diagnosis-related groups brought about the monitoring of patient outcomes. Finally, the increase in the aging population has required health care providers to serve the health care needs across the age spectrum. A broad range of services including health promotion and disease prevention began to be offered. The authors focused on the clinical nurse specialist in a case manager role, which was identified as a new role for clinical nurse specialist practitioners in 1995.

Tackenberg and Rausch (1995) noted that nursing responds to society’s needs and values. In addition, the authors explain that “the role of the CNS is influenced not only by the larger societal changes, but also by the organizational culture and needs” (p. 41). The importance of leadership utilizing personal and professional skill was reinforced as necessary during times of change. The new practice of community case management was described as applying such clinical nurse specialist skills as communication and providing education when working with communities.

The work by Tackkenberg and Rausch (1995) provided a short historical overview of the clinical nurse specialist role, including that of the community case manager. It was demonstrated in this article that as populations change and community needs continue to evolve, the advanced practice role in public health nursing will also need to adjust to these changes. Leadership support remained an important component during such transitions.
Frameworks for New Nursing Roles

Literature was reviewed that proposed frameworks for developing new nursing roles in response to assessed health care needs. A framework is a model which provides a functional infrastructure within an organization. Such a model provided support in the development of new nursing roles, ensuring that patient needs and organizational goals remained the focus (Rutherford et al., 2005).

Recognizing the importance of support, consideration of career choice, preparation, and role clarification, Rutherford et al. (2005) proposed a framework that was designed to meet the needs of the patients as well as the United Kingdom government. The infrastructure of this framework included a business plan. The plan was designed to meet the mission and goals of the agency. It incorporated strong human resource plans that supported staff, enabling them to fulfill the business plan and meet the needs of the patients; adequate training and development of staff that promoted lifelong learning and was in alignment with the agency’s business plan; an organizational culture that reflected the values of the organization and would be expressed through the agency’s leadership; and clinical governance for quality assurance, ensuring that the vision and values of the agency are met (Rutherford et al., 2005).

The second framework, presented by Bryant-Lukosius and DiCenso (2004), was called the Participatory, Evidence-based, Patient-focused Process, for guiding the development, implementation, and evaluation of advanced practice nursing (PEPPA) framework. The authors encouraged the use of the PEPPA framework “to guide the successful development, implementation, and evaluation of APN (Advanced Practice Nurse) roles” (p. 531). This framework included nine steps:
(1) Define patient population and describe current model of care  
(2) Identify stakeholders and recruit participants  
(3) Determine need for a new model of care  
(4) Identify priority problems and goals to improve model of care  
(5) Define new model of care and APN role  
(6) Plan implementation strategies  
(7) Initiate APN role implementation plan  
(8) Evaluate APN role and new model of care  
(9) Long-term monitoring of the APN role and model of care. (pp. 532-537)

Bryant-Lukosius and DiCenso (2004) acknowledged the need to have strong support from the organizational leadership in order to overcome barriers likely to occur in today’s society, due to a focus on the disease model of health care and increased bureaucracy. It was recommended that stakeholders participate in the process, in order to demonstrate the need and to identify the common goals on which the advanced practice nurse role can focus. They noted that evaluation would allow for identifying any needs for further modifications in the role development, thereby improving services.

Use of a framework aided in the development of new nursing roles and helped to make these roles successful. Again, the importance of the leadership role was emphasized as well as input from stakeholders. A systematic approach that included vision, assessment, support and evaluation were all key components for the development of an effective advanced practice nursing role (Rutherford et al., 2005; Bryant-Lukosius & DiCenso, 2004).

Future of Advanced Practice Public/Community Health Nursing

Robinson addressed the question, “Does Advanced Community/Public Health Nursing Practice Have a Future?” (Robertson, 2004). The researcher discussed the increasing demand for master’s prepared nurses to manage the health care needs of
communities and populations. Robertson identified that a problem existed where community health nurses are only considered advanced practice nurses if they provided direct patient care and had completed the required courses. The skills required for community health management, however, were not identified as advanced practice nursing by nursing organizations such as the American Nurses Association and the American Association of Colleges of Nursing. Therefore, Robertson explained that advanced practice nurses may have been underutilized in the work force. There was also a status problem with advanced practice nursing due to population health management skills being excluded from professional and legal definitions.

Robertson (2000) identified a need to change values, attitudes, and perspectives about what advanced practice nursing is. Suggestions were given to bring about such changes. The scholar called on nurses to revise the professional definition of advanced practice nursing and include population health management skills in state nurse practice act definitions. Nurses were encouraged by Robertson to lobby Congress to improve funding for advanced education, public/community health nursing services, and to health departments. Nurses were encouraged to promote their practice by conducting research demonstrating the cost advantages of public/community health nursing and documenting the advanced practice role in the literature and media. In addition, Robertson recommended the Master’s of Science in Nursing degree be required for nursing management roles in population health.

In a position paper endorsed by ACHNE, Levin et al. (2008) reported that advanced practice nursing in public health was at a pivotal point. The authors reported issues identified by Robertson (2004) regarding advanced practice nursing in public
health, including the changes in definition of advanced practice nursing, direct care
versus indirect services, public health funding deficits, and diminishing numbers of
public health nurses in the workforce.

Levin et al. (2008) provided vision for the future direction of advanced
practice public health nursing. The authors proclaimed a need for a new designation for
public health nurses in the advanced practice role. The new designation would recognize
the advanced practice public health nurses’ ability to meld advanced practice nursing
with public health principles. The unique attributes of the advanced practice public health
nurse were described, such as the ability to apply “science to practice by initiating
changes in health care delivery, financing, policy, and outcome measurement for
populations” (Levin et al., 2008, p. 177). Specific competencies for this specialty area
were identified as necessary for advanced practice public health nurses to address the
world’s public health needs of the future. These competencies included:

(a) advanced nursing practice, (b) population-centered nursing theory and practice,
(c) interdisciplinary practice, (d) leadership, (e) systems thinking, (f) biostatistics,
(g) epidemiology, (h) environmental health sciences, (i) health policy and
management, (j) social and behavioral sciences, (k) public health informatics, (l)
genomics, (m) health communication, (n) cultural competence, (o) community-
based participatory research, (p) global health, (q) policy and law, and (r) public
health ethics. (p. 177)

A call was made by Levin et al. (2008) for public health leaders to set
standards for advanced practice public health nursing education and practice. Guidelines
for a curriculum were proposed for the role of the advanced practice public health nurse.
These guidelines focused on fulfilling the recommended list of advanced practice public
health nurse competencies. The doctorate of nursing practice, with a focus on
“Aggregates, Systems or Organizations” (p. 180) was recommended as the terminal degree for this role.

Robertson (2004) and Levin et al. (2008) showed that while the specialty role of advanced practice public health nursing was facing serious challenges, these nurses were needed to provide active leadership in forming the direction of health care now and in the future.

Summary

The literature showed that although advanced practice nursing was an asset to the health care system, the role was ill defined in North America and Europe. The advanced practice role for the public/community health nurse was especially unclear, making it particularly vulnerable. At the same time, the research demonstrated an increasing need for advanced practice nursing in the public health setting. There was a great need for clarification of this specialized nursing role.

The changes in public health nursing practice have been well documented in the literature. The importance of education and managerial support has been shown to have a positive influence on the successful development of new nursing roles developed to meet these changes. Nurse leaders, including nurse managers and directors, must take an active role in clearly describing the unique nature of public health nursing, advocating for the need for population-based nursing, defining what the new roles of the public/community health advanced practice nurse will be, and determining how their value will be evaluated. A significant gap in the research was evident. Visibly absent from the literature were studies regarding the nursing director’s understanding about the
public health nurse’s advanced practice role. Such information is crucial to providing a clear definition and direction for this currently very fluid issue.
CHAPTER III

RESEARCH DESIGN

Research Methodology

This was a quantitative exploratory design study with data collection obtained through survey methodology. Directors of Nurses at the local public health agencies in California were contacted through their work emails and directed to a secure survey website to complete a questionnaire. Questionnaires were designed to allow the researcher to obtain self-reported data about advanced practice nursing in the local public health agencies in California from the subjects. Recognizing the busy nature of nursing directors’ work, it was believed that the directors would find it more convenient to respond to an on-line survey, rather than completing a mailed survey. By using the survey method of data collection, although limited in the depth of data obtained (Burnes & Grove, 2007), it was hoped that it would provide an overview of the current status of advanced practice nursing in local public health agencies in California.

Sample

The sample was obtained from directors of public health nursing within the California Conference of Local Health Department Nursing Directors (CCLHDND) organization who agreed to participate in this study. Inclusion criteria included all directors of public health nursing at local public health agencies in California.
Demographic variables included the subject’s education, credentials, professional associations, and region served by the agency at which the subject is employed. This survey was sent out to 61 directors of nursing. The email addresses for these directors was obtained through this researcher’s mentor who served as Administrative Assistant for CCLHDND. The researcher was aware that various factors may have contributed to non-participation in this study. Some factors identified by this researcher that may have caused some directors to not participate in the study include disinterest in the subject, self-selection to not participate, an inability to set aside the time to complete the survey, non-receipt of the e-mail notification, and failure to submit the survey during the one-month time period allowed for completion.

Protection of Human Subjects

In order to conduct this human subject research study, approval was obtained from the California State University, Chico Institutional Review Board prior to the distribution of the surveys. This was necessary to ensure that the researcher conducted an ethical study and did not jeopardize the subjects’ rights (Burns & Grove, 2007). An informed consent document (Appendix A) was included along with the actual survey, explaining that the study would remain anonymous, that participation in the study was voluntary, and that the subjects could terminate their involvement at any time. Participation in the survey indicated the subject’s agreement to the terms of the informed consent. Subjects had the option of contacting the researcher or the thesis committee chair either by email or phone if they had any questions about the research study.
Ethical considerations considered involved maintaining anonymity of the individual subjects’ opinions and perspectives. The survey was conducted on-line, which allowed the study to remain anonymous. No names, email addresses, or any other identifying information was received through the survey process. Only the researcher received the survey data through PHP surveyor, a web-based surveyor, in the form of an electronic file. Tracing responses back to a participant was not possible. The researcher made efforts to reassure participants that the information obtained from the survey would remain anonymous. These steps were included in the study to encourage honest responses to the questions.

Research Instrument

No other published studies had been identified on this subject, therefore a new research instrument was developed (Appendix B). The findings of the literature review guided the development of the specific questions in the survey. The survey instrument was previewed by a retired public health department director of nursing, who acted as consultant for this study. Her input was essential to assess the clarity of the questions, the appropriateness of the response sets, and the length of time required to complete the survey.

An expert panel composed of nurse researchers and public health nursing experts was used to establish the validity of the survey instrument based on content validity index ratings (Wood & Ross-Kerr, 2006). The panel members were asked to rate each major question using a Likert-type scale, with a score ranging from one to four, with 1 indicating not relevant, 2 indicating somewhat relevant, 3 indicating quite relevant, and
indicating highly relevant (Polit & Beck, 2008). Four nurses participated in the panel. The major questions were all rated as relevant, with most receiving a score of 4, from the panel members. One panel member expressed concern about redundancy in the two questions which ask about the director’s own advanced practice classification and certification. These questions helped demonstrate consistency of the survey responses and were kept in the questionnaire. The panel members were also asked to submit suggestions for modifications to the questions. A question asking the subjects about their membership in the Quad Council was incorporated into the survey based on a suggestion from one panel member. Another panel member suggested asking the nursing directors why they indicated a preference for a particular type of degree for the advanced practice nurse role at their public health agency. This question was also incorporated into the survey.

The survey included primarily close-ended questions, providing response sets that included a variety of answer options in hopes that each potential response was represented in the set. In addition, some questions had an “other” response. The Likert-type scale, with even numbered forced-choice options, was used for those questions that required the subjects to provide their opinion about an issue. The even numbered forced-choice design eliminated the option of a neutral response. Rather, the subjects were forced to choose either for or against the opinions.

Questions asked in the survey were designed to describe jobs available and identify the number of advanced practice nurses currently working in public health agencies, as well as reveal the potential for future utilization of nurses in this role. The directors were asked to identify and rate the key characteristics of an advanced practice
nurse in public health settings. The directors rated the following statement about the future of advanced practice nursing: “There will be a use for an advanced practice public health nurse at our local health agency in the future.” In addition, preferences about qualifications for advanced practice nursing, such as type of education, were asked. The nursing directors were asked to state if they believed that all advanced practice nurses need to have prescriptive authority or provide individual services. Finally, the directors of nursing were asked if they saw a need for a unique advanced practice nurse classification for public health nurses in addition to the four current classifications. The survey allowed the researcher to gather demographic data in order to assess for potential variables and to confirm that the subject met the inclusion criteria. These questions appeared toward the end of the survey and included a question about the subject’s own level of education. Due to concerns that this question might have been considered by some nursing directors to be sensitive; it was placed at the end of the survey.

Data Collection

Surveys were conducted on-line using PHP Surveyor, a server-side application (software that runs out on the web). An email was sent to all members of the California Conference of Local Health Department Nursing Directors. The email included a message (Appendix C) that introduced the researcher and the specific graduate nursing program involved. The message described the purpose of the study, the process, and the time involved. The message also provided directions for accessing the on-line survey. The subjects were informed in the message that the study would help develop and clarify the role of advanced practice nursing in the public health setting. Specific
information was provided about the subject’s role in the collection of the data. Subjects were asked to allow 15 to 30 minutes to complete the survey. The informed consent form (Appendix A) was included as an attached document. A second email was sent out after two weeks to remind the nursing directors to complete the survey, if they had not already done so and were interested in participating (Appendix D). This reminder email was sent in an effort to maximize the number of subjects who complete the survey.

The nursing directors were directed to access the survey on-line through a secure survey website. After the directors completed the survey, the on-line survey system collected and saved the responses from each participant in a secure data base. Only the researcher had access to this data base. The researcher downloaded the data in a password protected computer for data analysis. This data was archived in a password protected zip file.

Data Analysis

Data was collected regarding discrete quantitative variables. As a quantitative study, the types of data gathered included nominal (non-overlapping data that is not ranked) and ordinal levels of data (data that can be ranked) (Bluman, 2004).

Data was transferred into a Microsoft Excel spreadsheet for data analysis. Data integrity verification was conducted through PHP Surveyor. This helped to reduce the potential for error by ensuring that the type of information submitted, such as numbers, were in the correct format.
Data analysis included categorical and grouped frequency distributions, means and modes, and rankings. The results from the study were presented in the form of narrative descriptions, bar and pie charts, and tables.

**Summation Statement**

While the final results of this study were limited to public health advanced practice nursing in public health agencies in California, this study could be replicated nationally. Information obtained from this study could set the stage for future studies of this kind; allowing advanced practice nurses, nursing directors, directors of public health agencies, and nurse educators to advocate for the continued development of public/community health advanced practice nursing in the United States. The results of such future studies might eventually help provide a model for public health advanced practice nursing worldwide.
CHAPTER IV

RESULTS

Participation

The data presented in this chapter reflected the responses of 30 public health nursing directors in California, representing 49 percent of California’s public health agencies. The survey was sent to the 61 public health directors of nursing in California on June 16, 2008. The subjects were given one month to complete the survey. Of the 61 surveys solicited, 38 surveys were initiated. Six of the surveys initiated were not submitted. Thirty-two nursing directors submitted a completed survey, providing a 52 percent response rate. The researcher intended to include all public health directors of nursing in California, however, the programmed selection criteria of the survey allowed only county public health nursing directors to participate. Of the 32 surveys submitted, two were excluded as the subjects were not nursing directors at a county public health agency.

Subjects

The subjects involved in this study represented public health agencies throughout California. The northern and central regions were best represented with greater than 50 percent of their public health directors of nursing responding. The Bay region had the lowest participation rate with only one-third of their nursing directors participating in the survey (Table 1).
Table 1

*Survey Participation Distribution (N=30)*

<table>
<thead>
<tr>
<th>California Region</th>
<th>Number of Public Health Agencies</th>
<th>Number of Survey Respondents</th>
<th>Response Rate per Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern Region</td>
<td>11</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>Central Region</td>
<td>16</td>
<td>9</td>
<td>56%</td>
</tr>
<tr>
<td>Bay Region</td>
<td>12</td>
<td>4</td>
<td>33%</td>
</tr>
<tr>
<td>Northern Region</td>
<td>22</td>
<td>12</td>
<td>55%</td>
</tr>
</tbody>
</table>

The population sizes served by the public health agencies where the nursing directors worked ranged from less than 25,000 to greater than 999,999. All ranges in between were represented, however most of the responses were from the 100,000 to 249,999 category with eight respondents serving this size population. The other ranges had four or fewer respondents serving the corresponding population size. In addition, 47 percent of the respondents represented urban communities, 13 percent represented rural communities, and 40 percent represented a combination of urban and rural communities. The representation of community settings is shown in Figure 1.

Sixty percent (60%) of the nursing directors involved in this study had post-graduate degrees. Seventeen of the 30 directors were masters prepared and one had a doctorate degree. Only one nursing director was certified by the ANCC; this certification was as a certified nurse practitioner. Figure 2 shows the regional distribution of those with advanced degrees.
Forty percent of the nursing directors surveyed belonged to at least one organization involved in the Quad Council of Public Health Nursing. The four
organizations comprising the Quad Council are the Public Health Nursing section of APHA, ASTDN, ANA Council on Nursing Practice and Economics, and ACHNE. Together, these organizations strive to advance public/community health nursing (APHA, 2007).

Twelve of the directors belonged to at least one of the organizations involved in the Quad Council and three belonged to two of those organizations. Findings of particular interest were that only 5 directors (17%) belonged to ASTDN, which represents public health nursing leadership on a national scale, and 60 percent of the nursing directors involved in the survey did not belong to any organization involved in the Quad Council. Table 2 shows the number of subjects involved in each organization.

Table 2

California Public Health Directors of Nursing Involvement in Quad Council (N=30)

<table>
<thead>
<tr>
<th>Quad Council Organization</th>
<th>Directors of Nursing Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Public Health Association- Public Health Nursing section</td>
<td>10</td>
</tr>
<tr>
<td>Association of Community Health Nurse Educators</td>
<td>0</td>
</tr>
<tr>
<td>American Nurses Association Council on Nursing Practice and Economics</td>
<td>0</td>
</tr>
<tr>
<td>Association of State and Territorial Directors of Nursing</td>
<td>5</td>
</tr>
</tbody>
</table>
Public Health Nursing Workforce

Accumulatively, the public health agencies represented in the study employed a total of 1,221.5 public health nurses, as measured in full-time equivalents. Of those public health nurses, 145 were masters prepared; representing 12 percent of the public health workforce at the agencies involved in the study.

Seven nurses among the approximately 1,221 nurses employed at the 30 public health agencies were certified by ANCC. This corresponds to less than one percent of the workforce represented. Only one nurse was certified as a clinical nurse specialist and was employed by an agency in the southern region. The remaining six ANCC certified nurses were nurse practitioners (NP). The NPs were distributed among three northern region agencies, two southern region agencies, and one central region agency. The bay region subjects did not report any nurses in their employment who were certified by the ANCC. Table 3 shows the distribution of certified nurses throughout the regions.

Current Roles for Advanced Practice Nursing in Public Health Settings

Current Advanced Practice Nurse Roles in Public Health

Sixty percent of the directors reported they currently employed nurses who function in the advanced practice public health nurse role. Among the 30 agencies involved in the survey, 18 directors reported a total of 179 (measured in full-time equivalents) nurses who were currently working in an advanced practice nurse role. This represented a total of 28% of the public health nursing staff at those 18 agencies. Seventeen of the 18 nursing directors included their own position as one of the advanced
Table 3

*Nurses Certified by ANCC in Four California Regions*

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Nurses Certified by ANCC (n=1221)</th>
<th>Type of Certification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Southern Region</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Central Region</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Bay Region</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Northern Region</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

practice public health nursing roles at their agencies. A discrepancy was found, as two directors did not identify that their agency employed nurses in the advanced practice nurse role; however these two directors proceeded to report a total of three nurses working in an advanced practice nurse role. Those three nurses were not included in the data analysis as the directors had initially indicated that they did not employ nurses who functioned in the advanced practice role.

**Job Descriptions for Advanced Practice Nurses in Public Health**

Among the 18 directors with advanced practice nurse roles, only eight actually had a job description for such role. One agency had a nurse practitioner job description; another agency had a nurse practitioner and other job titles for advanced practice public health nurses. The remaining agencies had job descriptions ranging from Public Health
Nurse I to Director of Nursing, including Public Health Nurse II, Public Health Nurse III, Supervising Public Health Nurse, Chief Public Health Nurse, Division Manager of Community Health, and Deputy Director of Nursing. In reviewing the list of titles provided, there were wide and varied interpretations among the nursing directors as to what constituted an advanced-practice nurse role.

More master-prepared Director of Nurses reported having public health nurses working in advanced practice roles than baccalaureate-prepared Director of Nurses. Seventy-six of the directors with master’s degrees reported nurses working in an advanced practice role, while only 42% of those directors with baccalaureate degrees reported such roles at their agencies. The directors who employed nurses in advanced practice roles represented nine rural, two urban, and seven rural/urban combination counties.

**Agencies Reporting No Current Employment of Advanced Practice Nurses**

Twelve of the directors surveyed reported there were no nurses working in an advanced practice public health nurse role within their agencies. These directors were asked to indicate why their agencies did not currently employ a public health nurse in the advanced practice role. Three directors reported that the position was too costly, two indicated there were no qualified applicants, and two reported that their agency did not see a value. Additional reasons given for not employing an advanced practice public health nurse included “no job assignments exist for advanced practice level nurses,” “not enough time and resources,” “currently evaluating use of APPHN’s and their use in our agency,” “minimal guidance on this from national practice,” “no clinical need,” “not
recognized as necessary for the job,” “has not been the current practice,” “currently reviewing job specs,” and “is a topic.”

**Educational Preferences for the Advanced Practice Nurse Role**

The directors were asked which type of degree they preferred for advanced practice public health nurses at their agencies. A master’s of science in nursing (MSN) was listed as the most preferred by 37 percent of the directors and by 56 percent of those directors who themselves had earned a post-graduate degree. The master’s in public health (MPH) was the second most preferred degree. Five directors indicated a preference for the baccalaureate in science in nursing (BSN) degree for advanced practice nurses at their agency. Four out of the five directors preferring a BSN reported their highest level of education was also a bachelor’s degree. Table 4 shows the degree preferences for advanced practice public health nurses at their agencies.

**Specific Requirements Reported by Agencies with Advanced Practice Nurse Positions**

The directors whose agencies did have a job description were asked about educational requirements specific to the advanced practice public health nurse positions. Two of the eight directors reported that some or all of the advanced practice public health nurse positions required a master’s level of education. Five departments did not require a master’s level of education for the advanced practice position. When asked about experience requirements, six of the eight directors reported that all of those positions required a designated level of experience, and one reported that some of the positions required a designated level of experience. The directors were also asked about
Table 4

*Degree Preferences for Advanced Practice Public Health Nurses*

<table>
<thead>
<tr>
<th>Degree Preference For Advanced Practice PHNs</th>
<th>All Subjects $N=30$</th>
<th>Percentage of All Subjects</th>
<th>Subjects with Advanced Degree $n=18$</th>
<th>Percentage of Subjects with Advanced Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>6</td>
<td>20</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>MSN</td>
<td>11</td>
<td>37</td>
<td>10</td>
<td>56</td>
</tr>
<tr>
<td>MPH</td>
<td>6</td>
<td>20</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Preference</td>
<td>4</td>
<td>13</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>No Answer</td>
<td>2</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

certification requirements for the advanced practice public health nurse positions. Only one department required certification by the ANCC, which was a department with a certified nurse practitioner position. Figure 3 shows the requirements for the advanced practice nurse job positions at these eight agencies.

**Opinions About Characteristics Associated with an Advanced Practice Public Health Nurse**

The subjects were asked to rank the top five out of nine characteristics of advanced practice public health nurses listed in the survey. Their ranking was to reflect which characteristics they identified as key to the advanced practice public health nurse role. The three characteristics ranked highest by the directors of nursing were “Practice is evidence-based,” “Takes a leadership role in practice,” and “Engages in population-level
Figure 3. Requirements for advanced practice nurse positions at agencies with job descriptions.

health care.” These three characteristics were chosen as the top choice by 21 of the 30 subjects, with each characteristic receiving a top ranking by seven directors.

A system of weighing was created to analyze the directors’ responses. This system weighed the order of the directors’ responses from five to one, with five representing the choice the subjects indicated as most important. Using this system, the option of “Practice is evidence-based” received the highest rating and “Participates in research to develop new knowledge and improve practice” was ranked ninth. Table 5 demonstrates how the nursing directors ranked the nine characteristics of an advanced practice public health nurse as described by the Association of Community Health Nurse Educators (ACHNE, 2007, p. 12).
Table 5

*Ranking of Advanced Practice Public Health Nurse Characteristics*

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Practice is evidence-based</td>
</tr>
<tr>
<td>2</td>
<td>Takes leadership role in practice</td>
</tr>
<tr>
<td>3</td>
<td>Engages in population-level health care</td>
</tr>
<tr>
<td>4</td>
<td>Identifies gaps in public health knowledge, practice, and systems</td>
</tr>
<tr>
<td>5</td>
<td>Uses an interdisciplinary approach to partnership/collaboration</td>
</tr>
<tr>
<td>6</td>
<td>Develops strategies to promote systems improvement</td>
</tr>
<tr>
<td>7</td>
<td>Analyzes programs/system outcomes</td>
</tr>
<tr>
<td>8</td>
<td>Practice uses and ecological approach</td>
</tr>
<tr>
<td>9</td>
<td>Participates in research to develop new knowledge and improve practice</td>
</tr>
</tbody>
</table>

*Future Roles for Advanced Practice Nursing in Public Health Settings*

The directors were asked to express their thoughts about the future of advanced practice public health nursing. They were also instructed to indicate whether or not they agreed with a series of statements. These statements addressed general advanced practice nurse expectations in relation to the public health specialty and advanced practice nurse classifications in relation to the public health setting.
Future use of Advance Practice Public Health Nurses

More than seventy-five percent of the directors supported the statement “There will be a use for an advanced practice public health nurse at our local health agency in the future.” All the directors who employed nurses in an advanced practice nurse role at the time of the survey indicated there would be a use for advanced practice nurses at their agencies in the future.

General Advanced Practice Nurse Expectations in Relation to Public Health Specialty

The subjects were asked to rate their agreement or disagreement to two questions about how expectations for advance practice nurses to have prescriptive authority and provide direct patient care compared to specific requirements needed for advanced practice public health nurses. Seventy-three percent of the directors did not support a statement indicating that prescriptive authority should be a requirement of all advanced practice nurses, including advanced practice public health nurses. Of the six respondents who did agree that all advanced practice nurses should have prescriptive authority, only two utilize ANCC certified nurse practitioners. Four of the six directors with certified nurse practitioners on staff indicated that they disagreed with the statement requiring prescriptive authority for advanced practice nurses. Eighty percent of the directors did not support the statement that all advanced practice nurses, including public health nurses, should be required to provide direct patient care. Fifty percent of the directors with nurses certified by ANCC as either a nurse practitioner or clinical nurse
specialist agreed with this statement and 50% disagreed. Table 6 shows how nursing directors responded to the two questions about the practice of advanced practice nursing.

Table 6

*Nursing Directors’ Responses to Statements about Advanced Practice Nursing Practice* 

*(N=30)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree/Agree</th>
<th>Strongly Disagree/Disagree</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Prescriptive authority should be a requirement of all advanced practice nurses, including advanced practice public health nurses.”</td>
<td>6</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>“Direct patient care should be a requirement of all advanced practice nursing practices, including advanced practice public health nurses.”</td>
<td>6</td>
<td>24</td>
<td>0</td>
</tr>
</tbody>
</table>

Advanced Practice Nurse Classification

* Issues in Public Health Settings

The subjects were asked to respond to questions about advanced practice nurse classifications related to public health. When asked if they felt the clinical nurse specialist was the most appropriate role for the advanced practice nurse in public health, the responses were evenly distributed between agreement and disagreement. However, when asked if there was a need for a separate advanced practice public health nurse role in addition to the four classifications currently identified by the ANA (2005), eighty
percent indicated agreement. Of the five who disagreed with this statement, four had an advanced degree but only one had any association with one of the Quad Council organizations.

The subjects were then asked to address an issue related to the advanced practice public health nurse title. They were requested to indicate their agreement or disagreement with a statement that asked if the elimination of the advanced practice public health nurse title would have great consequences on the role filled by public health nurses working in that capacity at their agencies. Again, there were evenly mixed responses between those who agreed and those who disagreed with this statement. Only thirty-nine percent of those directors who employed nurses in an advanced practice nurse role felt that the elimination of the APPHN role would have great consequences on their agency. Seven subjects chose to not respond to this question. Table 7 shows the nursing directors’ responses to statements about advanced practice nursing classification.
Table 7

*Nursing Directors’ Responses to Statements about Advanced Practice Nursing*

*Classification (N=30)*

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree/Agree</th>
<th>Strongly Disagree/Disagree</th>
<th>No Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>“There is a need for a separate <strong>Advanced Practice Public Health Nurse</strong> role in addition to the four classifications currently identified by the American Nurses Association (<em>Nurse Practitioner, Certified Nurse Midwife, Certified Nurse Anesthetist, and Clinical Nurse Specialist</em>).”</td>
<td>24</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>“The elimination of the advanced practice public health nurse title would have great consequences on the role filled by public health nurses working in this capacity at my agency.”</td>
<td>11</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>
CHAPTER V

DISCUSSION AND SUMMARY

This study provided an overview of advanced practice nursing in public health as described by the directors of nursing who participated in the study. Valuable information about the current and future roles of advanced practice public health nursing can be derived from the data provided by those directors. This evidence may assist community health nurse educators, employers, nurses and community members to better understand the current and future roles of advanced practice nurses. In addition, this study may prompt future studies to further clarify the role of the advanced practice public health nurse today, and for the future.

Ambiguous Advanced Practice Role for Public Health Nurses

This study clearly demonstrated the existence of great ambiguity in the advanced practice role for public health nurses among the public health agencies represented. Some agencies had actual job descriptions for advanced practice nurses while many reported employing nurses in advanced practice roles without a specific job description in place. There was also a wide range of titles given to advanced practice nurses that spanned from the director of nursing down to Public Health Nurse I. These findings reinforced the evidence found in previous studies (Bryant-Lukosius, 2004; Carnwell & Daly, 2003; Cox & Ahluwalia, 2000; Furlong & Smith, 2000; Wickham,
2003) that indicated advanced practice nurses’ roles are vague and ill defined, roles are fragmented, and positions are miss-matched with the nurses’ level of expertise. These circumstances can create a high-risk for role ambiguity, role conflict, role overload and role over qualification. As was explained by Hardy and Hardy (1988) any one of those role stress situations can lead to create a sense of role strain for the individual nurses in the form of anxiety, frustration or dissatisfaction. This scenario can potentially put the entire role system in jeopardy (Hardy & Hardy, 1998).

Discussion of Advanced Practice Public Health Nurse Characteristics

As was described earlier in this thesis, advanced practice nurses are highly educated specialists practicing within their area of expertise (ANA, 2005; Bryant-Lukosius et al., 2004; Mondy et al., 2003). These expert nurses possess distinct qualities that are specific to meet the needs of the populations they serve. The characteristics required of the advanced practice public health nurse are specific to the public health setting (Levin, et al., 2008; Robertson, 2004).

In identifying those advanced practice characteristics most valuable within the public health setting, the directors singled-out evidence-based practice as a key characteristic of the advanced practice public health nurse. The characteristics of analyzing program and system outcomes and participation in research to develop new knowledge and improve practice received lower rankings. This finding is significant because these two characteristics also involve the advanced practice public health nurse’s participation in research. This mixed result may demonstrate the existence of ambiguity regarding the role of the advanced practice nurse in the public health setting. More
information needs to be obtained in future studies to determine why there was a discrepancy in value between these three characteristics. Additional research may help provide a clearer description of those characteristics specific to the advanced practice public health nurse role. Such clarification may help minimize role stress, caused by role ambiguity, and thereby strengthen the advanced practice role for public health nurses.

Standardization of Requirements

Requirements for the advanced practice nurse role in the public health agencies also revealed areas of incongruence between theory and practice. Reflecting on the ANA’s definition of the advanced practice nurse to include advanced educational and clinical requirements (2005), a comparison of requirements was made among those health departments with actual job descriptions for the advanced practice nurse position. The results revealed that experience was listed as a requirement for these positions more often than an advanced level of education was. In addition, while the issue of certification has been a topic of discussion among community health organizations and advanced practice nurse certifying bodies (AACN, 2006; ACHNE, 2007; ANA, n.d.; CSBN, 2006; NACNS, 2007), certification did not seem to be an issue in the actual workplace. Analysis of the data revealed that certification was not a requirement at all except in the single case where the advanced practice nurse role was a certified nurse practitioner. However, Lyon and Minarik (2001) emphasized the importance of standardization requirements to ensure safety and access to care.

While there were some preferences for the master’s in nursing degree, there still seems to be mixed educational expectations for this role among the nursing directors.
Again, this finding demonstrates an area that may prove to be frustrating for those public health nurses who seek to move forward into the advanced practice role. Clarification of the best fit between the role and education preparation could help eliminate such incongruity.

This study also revealed that more than half of the agencies represented had nurses who were working in the advanced practice role but did not have an actual job description for this role. This creates a potential situation where public health nurses may be working in the advanced practice nurse role without the appropriate preparation, guidance, authority, or compensation for this role.

These findings were of great concern as nurses appeared to be functioning in advanced practice roles but did not meet the current standards of graduate education and certification as set forth by the ANA (2008) and NCBSN (2008). Role theory proposed that roles are created in response to perceived needs but may lead to these nurses experiencing role strain as the newly created roles continue to change as needs change. As these roles become increasingly harder to fulfill, role stress is likely to develop due to ambiguity and overload (Hardy & Hardy, 1988).

It can be helpful to understand why there are not more advanced practice nurses working in local public health departments. Reasons given for the low number of nurses actually working in this role were limits in time and resources, as well as not enough qualified applicants to fill this role. There were also comments regarding a lack of guidance from national leaders. This comment is of particular interest as many of the directors indicated they don’t belong to those organizations that could provide such guidance. Community health nurse organizations might find this information helpful in
their efforts to advocate for the advanced role in public health settings, as well as reach out to the public health nurse leaders who are working within the local public health agencies.

Future Roles

In evaluating the future of advanced practice public health nursing, the directors appeared united in recognizing the value of this role. It was reassuring to see that all those directors who currently have nurses working within an advanced practice role at their agencies see a future use for this position at their agencies. The finding that most directors do not identify the need for all advanced practice nurses to have prescriptive authority or provide direct patient care reinforced the literature stating that the advanced practice role for public health nurses is unique from other areas of nursing specialty (Hemstrom et al., 2000; Levin et al., 2008; Mondy et al., 2003; Robertson, 2004).

The mixed response as to whether or not the clinical nurse specialist was the most appropriate role for the advanced practice nurse suggested that the directors are not unified on what title is most appropriate for the advanced practice role. Role ambiguity was even further demonstrated in reviewing the multiple titles identified for those nurses serving in an advanced practice role at the time of the survey. However, eighty percent of the directors indicated that they would like to see a separate category added to the list of advanced practice nurse classifications provided by the ANA. This addition to the current classification list could serve to decrease the role ambiguity demonstrated throughout the literature and reinforced through this study.
While the nursing directors indicated a need for advanced practice public health nurses at their agencies, there is great risk that the role may not survive because it is poorly defined. Even among the directors, there were varying perceptions of the advanced practice nursing role. Avila and Smith (2003) presented how the role of advanced practice public health nursing continues to change. Nurses need to remain flexible in order to respond to these ever changing needs (Carnwell & Daly, 2003; Cox & Ahluwalia, 2000). No matter how varying the demands may be however, there needs to be a common thread defining this role. Conflicting definitions and qualifications of the advanced practice public health nurse will only perpetuate role stress and thus lead to continued role strain. Lyon and Minarik (2001) had presented the problems associated with inconsistent credentialing requirements. Nurse leaders can provide a clear and consistent definition of the advanced practice public health nurse role, and set forth appropriate credential requirements. Such direction will help create an environment in which these nurses can fill the role safely, effectively, and successfully.

Limitations of the Study

Limitations were inherent in this study. There was limited research available specific to this topic, therefore a new survey instrument had to be created. This survey instrument should be used in replication studies in order to measure its reliability and validity. The factors that caused some of the subjects to participate may have biased the results. This topic was actively discussed among nursing organizations with a vested interest in the role of advanced practice nursing at the time the study was conducted. This
factor may have influenced the response rate of the study, as well as skewed the data obtained.

The participation rates among directors were not evenly distributed throughout the four regions in California. There were higher percentages of participants representing the Northern California region. There could be a variety of reasons for this disproportionate distribution, one of which may be because the institution the research originated from is located in the Northern California region. Another reason may be because the researcher had recent contact with five of the public health departments in the Northern California region through her regular work activities. It is unknown if either of these factors influenced the difference in participation rates between the four regions.

Finally, the subjects all represented local health agencies within the state of California. The information obtained from this study may not be reflective of the advanced practice role of public health nursing in other states. Further studies need to be conducted to determine the current and future roles the advanced practice public health nurse in other areas.

Implications for Nursing

Implications for Nursing Practice

These findings are important to nursing practice as advanced practice nurses strive to provide safe, efficient care in public health settings. In order to minimize role stress and strain, nurse leaders, including managers, need to advocate for this important role. The evidence from this study demonstrates the need for standardization of requirements including certification, education and experience. The nurse managers
could use this information to identify the need to become more involved in professional organizations, such as those associated with the Quad council. By doing so, they will have access to up-to-date information about important issues impacting public health nursing practice; most specifically those affecting advanced practice nurse roles.

This study demonstrated a need to review the current requirements for advanced practice public health nurses and to advocate for consideration of an additional APRN classification; one that would meet the advanced practice nurse role as it is practiced in local public health agencies. The current classifications have all but eliminated the public health nurse from an advanced practice role.

**Implications for Nursing Education**

While great effort has ensued to promote standardization of APRN roles, the results demonstrate there continues to be a huge divide between theoretical expectations and actual practice in the field of public health nursing. Nurse educators can benefit from the information obtained from this study by identifying the current needs in the actual workplace. This would enable them to create curriculum that prepares advanced practice public health nursing students to fulfill their roles.

By identifying those issues that may impact the utilization rate of advanced practice public health nurses, perhaps public health nurse leaders and educators can work together to increase the number of advanced practice nurses working in local public health agencies in the future.

**Implications for Nursing Research**

There is a need to clarify to APRN nurse leaders how the public health role is different than other specialty roles in nursing, as had been described in the literature
review by Webber (2002), Hansen (2004), SmithBattle and co-authors (1999; 2004a; 2004b). The directors confirmed that the standards set forth in 2008 by ANA and NCSBN of direct patient care and prescriptive authority do not fit the role that public health nurses fill. Future studies need to be done to further identify the agency and community needs for the services unique to the advanced practice public health nurse role. Only then can an assessment be made to determine if the new ANA and NCSBN requirements are appropriate to meet the current and future needs within the specialty area of public health.

Recommendations for Future Studies

Future studies about the advanced practice role of public health nurses are needed as this issue continues to be an area of great concern. Additional studies might seek to distinguish between the practice of an advanced practice public health nurse and the general practice public health nurse. Researchers might further explore the requirement differences, and the duty differences, between these two levels of nursing practice.

Two changes might be considered in the questionnaire. The question “The elimination of the advanced practice public health nurse title would have great consequences on the role filled by public health nurses working in this capacity at my agency” may be confusing and should be changed. Future researchers might consider including a question “The elimination of the advanced practice designation for public health nurses would have great consequences on the role filled by public health nurses working at my agency.” This change would allow subjects to indicate that the elimination
of the advanced practice designation itself would have an impact rather than just the name given to the title.

In addition, future researchers might consider changing those questions which include the wording “advanced practice nurses in public health settings” to “advanced practice public health nurses.” This could help avoid confusion that might arise between the advanced practice role of public health nurses and nurse practitioners.

Surveying nursing directors at public health agencies throughout the nation would provide a broader perspective on this issue. The researcher could consider approaching directors through ASTDN, the national professional organization for nursing directors. However, the researcher must be mindful that only a small percentage of the nursing directors in this study were members of ASTDN. Ways to increase the participation rate should be explored. The researcher of this current study could request feedback from the members of the CCLHDND regarding ways to improve participation in future studies. In addition, directors from both county and city public health agencies should be included. When surveying larger numbers of subjects, the researcher should use random sampling measures in an effort to obtain an un-biased representation of the total population (Bluman, 2004).

The topic of the advanced practice role for public health nursing continues to be one that should be on the forefront of nursing research. The benefits of advanced practice public health nursing have been well demonstrated in the literature, and this study revealed there is a need for nurses in this role. This study also confirmed that further clarification of the advance practice role for public health nurses is needed. Such
additional research can be useful as nurse leaders in research, education, and practice join together to address this ongoing issue.
REFERENCES


APPENDIX A
Informed Consent for Participation in a Study:
“Advanced Practice Nursing in Local Public Health Agencies in California”

You are invited to participate in a research project being conducted by Karin Lightfoot, RN, BC, PHN, BSN, a graduate student in the School of Nursing at California State University, Chico. The purpose of the research is to obtain an overview of Advanced Practice Nursing in local public health agencies in California.

Confidentiality: This survey is anonymous. Your name, and any other identifying information, will not appear on your survey responses.

What Will You Be Asked to Do? If you decide to participate in this study, you will be asked to complete a questionnaire which asks about current advanced practice nursing at your local health department as well as the possible future role for advanced practice nursing. It will take approximately 15 to 30 minutes to complete the survey.

Risks: There will be no financial costs to you to participate in this survey. Information about your level of participation will not be shared with your employer. Your answers will not be shared with your employer.

Benefits: There will be no monetary compensation for participating in this study. The results of this survey may be shared with a various groups including but not limited to public health nursing directors, professional journals, professional conferences, nursing organizations and nursing educators, to help increase understanding of the current advanced practice nursing role and the potential future for advanced practice public health nursing. The benefit to you would be the knowledge that you could provide information that might help develop and clarify the role of advanced practice nursing in the public health setting. Only aggregate data will be presented. Individual responses will not be shared.

Voluntary: Participation is voluntary. You are under no obligation to participate. If you choose to take part in this study, you may stop at any time during the study. You may skip any questions that you do not wish to answer. Refusal to participate will not result in any penalty.

Contact Information: If you have any questions about this study, or if you have questions about your rights as a research participant, please contact either myself, Karin Lightfoot, by email at karin@shasta.com or by phone at (530) 547-3511, or my Thesis Committee Chair, Dr. Kristine Warner, Associate Professor, Department of Nursing at California State University, Chico who may be contacted by email at kdwarner@csuchico.edu or by phone at (530) 898-5891.

Agreement to the Terms: Your participation in the survey indicates your agreement to the terms stated above. Please keep this informed consent for your records.

This informed consent is a modification from a sample informed consent form developed by the University of Maine, which can be found at http://orspdocs.umesp.maine.edu/Ethical/informedconsent.pdf
Advance Practice Nursing in Local Public Health Agencies in California
~Survey Questions~

There has been much debate among professional nursing organizations and state boards of nursing in recent years regarding the advanced practice role for public health nurses. As leaders in public health nursing, you can provide valuable insight about this important issue. I would appreciate your participation in this survey about advanced practice nursing in local public health agencies.

Participation is voluntary. Submission of your responses to this survey implies your agreement to the terms of the Informed Consent. Please see the attached Informed Consent document for details. Your responses are anonymous. Please do not include any identifying information on the survey.

- Are you a currently a director of public health nursing at a county public health agency in California?
  - Yes (if yes, please continue with the survey)
  - No (if no, you may end this survey here)

The Association of Community Health Nursing Educators has provided the following definition of advanced practice public health nursing:

“Advanced nursing practice includes assessment, planning, intervention, and evaluation of the essential elements of nursing and public health within the population health context. This advanced practice incorporates the scientific underpinnings for nursing practice such as integrating nursing knowledge with other disciplinary knowledge, resulting in clinical nursing scholarship that examines evidence for practice, predicts and analyzes outcomes, and identifies gaps and opportunities to develop new knowledge, practice guidelines, systems improvement, roles and research” (2007, p. 12).

The following question asks your opinion about characteristics associated with an advanced practice public health nurse.

- Which of the following characteristics do you identify as key to the role of the advanced practice public health nurse?
  (Choose the top 5 and rate 1 to 5, 1 being the most important.)
  - Engages in population-level health care
  - Practice uses an ecological view
  - Uses an interdisciplinary approach to partnership/collaboration
  - Practice is evidence-based
Identifies gaps in public health knowledge, practice, and systems.
Participates in research to develop new knowledge and improve practice
Develops strategies to promote systems improvement
Analyzes program/system outcomes.
Takes a leadership role in practice

- Please list other characteristics that you view as key to the role of the advanced practice public health nurse. _______________________________________

The next questions are related to current practice at your local public health agency.

- Does your public health agency have a job description specific to the advanced practice public health nurse role? Y/N.

Please list the titles for the advanced practice public health nurse positions at your agency ______________________________________________

What are the qualifications for this role at your agency? (Please check all that apply)

Certification:
- All advanced practice public health nurse positions must be certified by the American Nurses Credentialing Center.
- Some advanced practice public health nurse positions require certification by the American Nurses Credentialing Center.
- None of the advanced practice public health nurse positions require certification by the American Nurses Credentialing Center.

Education:
- All advanced practice public health nurse positions require Master’s level education.
- Some advanced practice public health nurse positions require Master’s level education.
- None of the advanced practice public health nurse positions require Master’s level education.

Experience:
- All advanced practice public health nurse positions require a designated level of experience
- Some advanced practice public health nurse positions require a designated level of experience.
- None of the advanced practice public health nurse positions require a designated level of experience.

Other requirements: (Please specify) ________________________________
Does your public health agency currently **employ** nurses in the advanced practice public health nurse role (please include yourself if applicable)? Y/N

If yes, how many are currently employed? (Please indicate in Full Time Equivalents-FTEs) ____________________ FTEs

Did you include yourself in the number of advanced practice public health nurses employed at your agency? Y/N

Are any nurses at your agency certified as advanced practice nurses by the American Nurses Credentialing Center? (Please include yourself if applicable) Y/N

If yes, please indicate in what area?
- Nurse Practitioner, (how many)__________
- Clinical Nurse Specialist, (how many) ___________ (please specify area of specialty________________)
- Certified Nurse Midwife, (how many) __________
- I don’t know.

Did you include yourself in the number of nurses at your agency who are certified as advanced practice nurses by the American Nurses Credentialing Center? Y/N

If your agency **does not** currently employ an advanced practice public health nurse, check the reasons that best explain why not: (you may check more than one box)
- Too costly
- No qualified applicants
- Agency does not see value in advanced practice public health nurse role
- Other: please describe:_____________________________

The following question asks about preference for education of advanced practice public health nurses at your agency.

Check which type of degree is the most preferred for the advanced practice public health nurse at your agency:
- Bachelor of Science in Nursing (BSN)
- Master’s in Public Health (MPH)
- Master’s of Science in Nursing (MSN)
- Master’s in Business Administration (MBA)
- Doctorate of Nursing Practice (DNP)
- Other: (specify) ______________
- No Preference
The following questions are related to the future of advanced practice nursing in public health.

The first question asks you to rate the likelihood that an advanced practice nurse would be used at your local health agency. Please rate how much you agree or disagree with the following statement:

- “There will be a use for an advanced practice public health nurse at our local health agency in the future.”
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

There has been discussion among some state boards of nursing that the only nurses who should be considered advanced practice nurses are those who have prescriptive authority and/or provide direct patient care. The next two questions ask you to rate how well you agree or disagree with the following statements.

- “Prescriptive authority should be a requirement of all advanced practice nurses, including advanced practice public health nurses.”
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

- “Direct patient care should be a requirement of all advanced practice nursing practices, including advanced practice public health nurses.”
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

The American Nurses Association recognizes four specific classifications for advanced practice nurses; they are nurse practitioner, certified nurse midwife, certified nurse anesthetist, and clinical nurse specialist.

The following is the definition of a Public/Community Health Clinical Nurse Specialist:

“The graduate-prepared community health nursing specialist (CNS) can perform all functions of the community health nurse generalist. The CNS possesses substantial clinical experience in assessing the health of a community and is proficient in planning.
implementation, and evaluation of population-focused programs. The skills of this CNS are based on knowledge of epidemiology, demographics, biometrics, environmental health, community structure and organization, community development, management, program evaluation, policy development, and case management. In addition, the CNS engages in research and theory application relevant to community practice and health policy development. Although there are graduate-prepared nurses with expertise in the care of a particular segment of the community, the practice of the community health nursing specialist emphasizes the use of skills to promote the health of an entire community.” (American Nurses Credentialing Center, 2006a)

The clinical nurse specialist is currently the only designated advanced practice nurse role for public health nurses. Please rate how much you agree or disagree with the following statements about the classification of the advanced practice nurse role in public health.

- “The clinical nurse specialist is the most appropriate role for the advanced practice nurse in public health.”
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

- “There is a need for a separate Advanced Practice Public Health Nurse role in addition to the four classifications currently identified by the American Nurses Association (Nurse Practitioner, Certified Nurse Midwife, Certified Nurse Anesthetist, and Clinical Nurse Specialist).” (Refer to question #1 for definition of Advance Practice Public Health Nurse.)
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree

There is discussion among some professional nursing organizations about eliminating the advanced practice designation for public health nurses. Please rate how much you agree or disagree with the following statement about the possible elimination of the advanced practice public health nursing title.

- “The elimination of the advanced practice public health nurse title would have great consequences on the role filled by public health nurses working in this capacity at my agency.”
  - Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
The following questions ask for demographic information about your local public health agency.

- Which region includes the county which your public health agency is located in (based on California Local Public Health Jurisdictions divided by CCLHDND)?
  - Northern Region
  - Central Region
  - Bay Region
  - Southern Region

- What is the total population in your county (please select range)?
  - Less than 25,000
  - Between 25,000 to 49,999
  - Between 50,000 to 99,999
  - Between 100,000 to 249,999
  - Between 250,000 to 499,999
  - Between 500,000 to 999,999
  - Greater than 999,999

- How would you categorize your county?
  - Urban
  - Rural
  - Combination of urban and rural

- How many public health nurses does your local public health agency employ (Please indicate in Full Time Equivalents-FTEs)? ________________FTE’s

- How many Master’s prepared public health nurses are currently employed at your public health agency (Include yourself if applicable) (Please indicate in full time Equivalents-FTEs)? ________________FTE’s

The last three questions ask about your own education, certification status, and professional affiliations.

- What is your own highest level of education?
  - Bachelor’s degree
  - Master’s degree
  - Doctorate degree

- Are you **certified** as an advanced practice nurse by the American Nurses Credentialing Center?
  - Yes, if so, please indicate in what area?
    - Nurse Practitioner
    - Certified Nurse Midwife
- Certified Nurse Anesthetist
- Clinical Nurse Specialist (please specify area of specialty________________)
  ○ No
- Are you a current member of any of the four nursing organizations involved in the Quad Council? (Please check all that apply)
  - American Public Health Association- Public Health Nursing section
  - Association of Community Health Nurse Educators
  - American Nurses Association Council on Nursing Practice and Economics
  - Association of State and Territorial Directors of Nursing

Thank you. Your participation in this survey is very much appreciated.

Dear Public Health Director of Nursing;

I am a graduate student at California State University Chico, in the nursing program. As part of my Master’s thesis, I am conducting a survey about advanced practice nursing in local public health departments in California. I obtained your name and email address from Elizabeth Murane, Administrative Assistant for California Conference of Local Health Department Nursing Directors (CCLHDND), who is a consultant for my Master’s thesis.

I am requesting your participation in this survey because, as a nursing director, you are in a unique position to provide valuable information about advanced practice nursing in public health settings in California. The information obtained through this survey could help develop and clarify the role of advanced practice nursing in the public health setting. It should take between 15 to 30 minutes to complete the survey. The deadline to complete the survey is July 16, 2008.

Please see the attached informed consent. Your participation in this survey indicates agreement to the terms of the informed consent. You may keep the informed consent for your records.

Your answers to the questionnaire will remain anonymous. There will be no identifying information associated with the final results. Once you have completed the survey, you may submit it by following the instructions at the end of the survey. Please do not include any identifying information on the survey.

I hope to share the results of this survey with the CCLHDND at a future time. I may also share the results with other professionals either through publication in professional journals or presentations at professional conferences. Again, there will be no identifying information presented when the results are shared.

If you have any questions, you may contact either me by email at karin@shasta.com or by phone at (530) 547-3511, or my thesis committee chair, Dr. Kristine Warner, Associate Professor at California State University, Chico, by email at kdwarner@csuchico.edu or by phone at (530) 898-5891.

Thank you for your time. Please click on this link to begin the survey: (URL inserted here).

Sincerely,

Karin Lightfoot, RN, BC, PHN, BSN
California State University Chico, School of Nursing-Graduate Program
APPENDIX D
June 30, 2008

Dear Public Health Director of Nursing;

This is a reminder about the survey I am conducting regarding advanced practice nursing in local public health departments in California. The deadline for completion of the survey is July 16, 2008. If you have already completed the survey, or if you chose to not participate in the study, please disregard this message.

As a reminder, this is an anonymous survey; please do not include any identifying information on your survey response. An informed consent is attached. Your participation in this survey indicates agreement to the terms of the informed consent. You may keep the informed consent for your records.

If you have not already completed the survey and would like to participate, please click on this link to begin: (URL inserted here).

Sincerely,

Karin Lightfoot, RN, BC, PHN, BSN
California State University Chico, School of Nursing-Graduate Program