



# Canadian Community Health Nursing Study: Toward an effective sustainable workforce

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## Background

Adequate community health capacity is necessary to:

- Mitigate pressures on acute care, and
- Mitigate pressures on long-term care

System shift:

- From hospital to community
- To health promotion, disease prevention model
- Toward improved health system capacity

Limited research on:

- Existing community health nursing (CHN) workforce capacity
- How to optimally utilize CHN workforce

## Policy Implications

- Limitations exist for counting community nursing workforce subsectors due to inconsistent and interchangeable use of terms by nurses, employers and policy makers
- Community nurses require learning opportunities to maintain competencies and professional confidence
- Supporting CHNs to practice their full scope of competencies will improve retention and recruitment
- Building and sustaining community relationships requires time, flexible funding and management support
- Effective leadership shares vision and goals with community nurses and their colleagues; acknowledges programs and nurses' contributions; and encourages creativity, innovation and autonomous practice

## Results and Recommendations

### RESEARCH RESULTS

**Demographic Profile** In 2007, 16% (53,404) of the 327,670 nurses in Canada were CHNs  
 Human resource challenges are similar to other health care sectors but CHN workforce is older:  
 RN: ~28% >55 years old compared to 22% of all RNs; LPNs: ~9.5% >60 years old compared to 7% in the rest of health care and fewer younger CHNs (RNs: ~ 5% <30 years compared to 10% of all RNs)

**Enablers/ Barriers for CHNs to practice full scope of their competencies** (Questionnaire responses varied across sectors and geographic areas; not by age, education, employment status or experience)  
**Enablers include:** Professional confidence, team functioning (amongst nurses, with other professionals), nurses in key leadership positions within organizations, access to policies, employer upholds professional standards of practice, access to travel and equipment support.

**Potential barriers include:** Access to learning resources, workload balance, debriefing opportunities, role clarity (RN/LPN), nurse-physician relationship building, support to address needs of the population, access to community resources for clients, insufficient community understanding of CHN roles and services, job security (especially Home Care), pay equity.

### Organizational attributes to support optimal Public Health Nursing (PHN) practice

- **Management practices that include:** Program planning, that involves PHNs and is linked to Public Health vision and goals; fostering effective communication; promoting & valuing PHN contributions - including supporting autonomous practice; commitment to professional development; effective human resource planning that includes adequate staffing & healthy workplace policies; supporting Public Health partnerships & community development
- **Local organizational culture that includes:** A shared Public Health vision; effective leadership; and culture of creativity and responsiveness
- **Governments that:** act as "champions" for Public Health; provide flexible and adequate funding structures; and coordinate Public Health planning and sharing resources across systems

### POLICY RECOMMENDATIONS

- Assure accurate information for planning by: 1. Establishing a consensus forum to define the responsibilities of each community health sub-sector and a common classification system for community nurses and 2. Testing alternative data sources such as provincial databases derived from employer information to count community and public health staff.
- Encourage community nurses and community health leaders to keep up to date by improving access to continuing education, and providing opportunities for debriefing.
- Demonstrate trust in nurses by giving them flexibility to meet client needs & supporting autonomous practice, involving them in program planning. and publicly recognizing their contributions.
- Support nurses with time and resources to build relationships and partnerships with other professionals and with communities; provide training opportunities for staff and leadership on successful teamwork.
- Researchers, employers, managers and practitioners collaboratively investigate:
  1. How to support teamwork in community health and design training based on results
  2. Extent to which community health organizations address the social determinants of health, and develop methods to account for differences among them.
- Collaborate on communication strategies and coordinate public health planning at every level and across jurisdictions to create a common vision with clear goals and responsibilities, share resources and reduce duplicated services.

## Research Questions and Methods:

### What is the supply of Community Health Nurses (CHNs) in Canada?

- Analysis of the Canadian Institute of Health Information (CIHI) nursing secondary database

### How do the enablers and barriers for CHNs to practice their competencies compare across sub-sectors, age cohorts, educational levels, and employment status?

- *Nursing Health Services Research Unit (NSHRU) CHN Questionnaire*© (Baumann et al., 2006) distributed to > 13,000 CHNs
- On a Likert scale, respondents indicated: 1 (strongly agree), 2 (agree), 3 (neither agree nor disagree), 4 (disagree), 5 (strongly disagree)
- Analysis: <2.5 considered agreement with statements/factors

### What organizational attributes best support the Public Health Nursing (PHN) sub group of CHNs to practice effectively?

- Focus groups of PHN frontline and decision makers (n=23 groups) across Canada, using Appreciative Inquiry

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