

Relevant Challenges and Considerations for Public Health Nursing Practice

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Minnesota Public Health Nursing Practice Council

**Minnesota Department of Health:
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Purpose

Autonomy is the hallmark of the practice of public health nursing. Increasingly, public health nurses (PHNs) find themselves working in circumstances without professional nursing supervision. This document systematically identifies and explains concepts relevant to PHN practice, and provides a step-by-step process for a PHN to use when sorting through complex practice situations that have challenging nursing practice implications. This paper aims to help PHNs (1) follow public health nursing practice guidelines (American Nurses Association, 2007); (2) protect client safety; (3) respect organizational lines of authority; and (4) minimize liability risk. When practicing without professional nursing supervision, this document will provide PHNs with guidance for working through a process in determining safe public health nursing practice.

Audience

While the primary audience for this document is PHNs, another key audience includes non-nurse supervisors of public health nurses. Professionals with other backgrounds do enhance the work of public health nurses and can address administrative factors related to supervision, yet there is value in a nurse supervising a nurse based on a common understanding of nursing practice issues and standards. In addition, non-nurse personnel should not provide direction to a PHN regarding nursing practice. Thus, a non-nurse supervisor may be faced with the dilemma of how to continue supporting a PHN supervisee without possessing the expertise acquired through nursing practice. This can be done by using the following information as a guide in following important steps and considering appropriate resources.

Other audiences that will find this document helpful include, but are not limited to, nursing supervisors orienting new nurses, nursing teams discussing a practice issue, and public health nursing faculty instructing nursing students.

Methods

Three sources of information were incorporated into development of this document. (1) a review of relevant literature, (2) key informant interviews and (3) facilitated discussions of the PHN Practice Council.

Introduction

The concepts within this document have been identified by the PHN Practice Council as relevant to the nursing practice of a PHN. While they have been separated into sections for clarity, the concepts are best considered in unison when encountering a complex PHN practice situation. Section A identifies the statute and rule requirements for PHN practice in Minnesota. Section B defines the practice of public health nursing according to national standards. This section also includes the Cornerstones of Public Health Nursing, which differentiate PHN practice from other nursing practice areas. Section C describes experiences highlighting the challenges of autonomous PHN practice. This information was defined during early exploration with the practice council and key in identifying factors critical to the issue. Section D highlights relevant considerations of nursing practice, including the autonomy of PHN practice and the importance of collaboration. Lastly, Section E is the PHN Flowchart; this flowchart was designed as a process tool, for PHN use when sorting out a complex nursing practice issue.

A. Statutory Requirements for Public Health Nursing Certification

Requirements for Registration as a Public Health Nurse

Minnesota (MN) statutes define a public health nurse as “a registered nurse who meets the voluntary registration requirements established by the board by rule” (Minn. Stat. §148.171, Subd. 18 [2010]).

Minnesota rules require the following of applicants for registration as a public health nurse:

- The applicant must have a baccalaureate degree or higher, with a major in nursing.
- The applicant’s course work must have included theory and clinical practice in public health nursing. The theory portion of the public health nursing education must have been at least 30 hours in length. The public health nursing content in a hospital diploma or associate degree program does not qualify.
- At a minimum, the public health nursing education must have prepared the nurse to:
 - identify the incidence, distribution, and control of disease in a population, as well as the risk factors and environmental factors related to communities;
 - identify populations at high risk of illness, disability, premature death, or poor recovery;
 - intervene within high-risk populations;
 - evaluate the effect of interventions on the health status of a population; and
 - use community services, institutional resources, and other health care providers. (Minn. R. 6316.0100 [2010]).

B. Definitions and Cornerstones of Public Health Nursing Practice

Definition of Public Health Nursing Practice

According to the American Nurses Association (ANA), “Public Health Nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. The practice is population-focused with the goals of promoting health and preventing disease and disability for all people through the creation of conditions in which people can be healthy...public health nurses work to improve health at the individual, family, community and

population levels through the core functions of assessment, assurance, and policy development...” (2007, pp. 5-6).

Cornerstones of Public Health Nursing

Public Health Nursing practice:

- focuses on the health of entire populations.
- reflects community priorities and needs.
- establishes caring relationships with communities, systems, individuals and families.
- is grounded in social justice, compassion, sensitivity to diversity, and respect for the worth of all people, especially the vulnerable.
- encompasses mental, physical, emotional, social, spiritual, and environmental aspects of health.
- promotes health through strategies driven by epidemiological evidence.
- collaborates with community resources to achieve those strategies, but can and will work alone if necessary.
- derives its authority for independent action from the Nurse Practice Act.
(Minnesota Department of Health, 2007)

C. Challenges and Experiences of Public Health Nursing Practice

Information in Section C is derived from exploration of the issue by the PHN Practice Council.

Challenges of Public Health Nursing Practice

PHNs face unique challenge when supervised by a professional outside the nursing discipline, including taking direction and establishing nursing goals and priorities that may conflict with the nature of PHN practice. Professional boundaries between PHNs and members of other public health disciplines are not always clear. The role of a PHN is unique and can be difficult to explain.

Since the PHN practice environment is largely autonomous, performance evaluation should be formatted in a way that assures ongoing competency for the nature of this type of practice. Some of the current best practices for ensuring ongoing competency include peer review, reflective practice, goal-setting, and self-evaluation.

Experiences Illustrating Challenges of Public Health Nursing Practice

Broad examples:

- PHNs practice without professional nursing supervision
- PHNs practice collaboratively with other public health disciplines that have different perspectives; for example, when working with a social worker, both practitioners may be challenged in understanding and respecting professional boundaries and expertise when working with vulnerable adults and in case management programs

Specific examples:

- Members of disciplines outside of nursing (e.g. jail administrator) determine goals and priorities, and disagree with decisions on a nursing practice issue

- PHNs practice in settings as the sole nursing staff person; examples include school nurses and correctional health nurses, who may need to delegate nursing functions to non-nursing personnel
- Public health clinic staff may not heed the professional judgment of a PHN when immunization schedules are not followed accurately
- PHNs work in a public health department, yet are supervised by human service staff (e.g., case management for a waiver program)

Examples related to scope of nursing license:

- Differentiation of specific responsibilities of RNs and licensed practical nurses (LPNs), when working together in a correctional health setting
- An RN/PHN case manager making case management decisions, based on an LPN reporting

D. Relevant Considerations of Public Health Nursing Practice

The *autonomy of professional nursing practice* provides the boundaries within which PHNs can determine the course of their own nursing practice.

- Standards of PHN practice, established through the American Nurses Association, describe competent nursing standards and practice behaviors for PHN practice (ANA, 2007).
- Clinical autonomy refers to the milieu of clinical practice, and involves decisions made within existing professional, regulatory, organizational, and departmental rules. Clinical autonomy involves freedom to work within existing practice standards (Weston, 2008, p. 406).
- Organizational or work autonomy refers to decision-making in relation to work of the division, department, or organizational operations. Decisions are made while considering governing rules and organizational structures (Weston, 2008, p. 405).

The *environment of PHN practice* provides PHNs with freedom and self-determination to make nursing decisions within the context of their legal scope of practice. The PHN practice of care fully utilizes the nursing process to make independent decisions.

- According to Minnesota statute, "...the practice of professional nursing includes both independent nursing functions and delegated medical functions...independent nursing functions may also be performed autonomously" (Minn. Stat. §148.171, Subd. 15 [2010]).
- It is also important to be aware of the relevance of Minnesota nursing statutes and rules, organizational structures, agency policies and procedures, and employment law, in relation to nursing practice.

Competency and ongoing evaluation of nursing practice is necessary to ensure that PHNs are safe and qualified practitioners, and that they adhere to relevant practice standards, guidelines, and regulations. It is necessary to practice ongoing professional competency in an autonomous environment of care.

- Reflective practice has been established as a way to assure continued competence for the practicing nurse (Beam, O'Brien, & Neal, 2010; Cirocco, 2007). Reflective practice is defined as "the process for assessment of one's own practice to identify and seek learning opportunities to promote continuing competence" (North Carolina Board of Nursing, 2010).
- Tools like portfolios, goal-setting and self evaluation, and peer review have been identified as methods to promote both excellence in nursing practice and accountability in professional

responsibilities based on position description (Diaz, 2008; Fujita, Harris, Johnson, Irvine, & Latimer, 2009; Oermann, 2002).

- In order to be respected and viewed as authorities, PHNs should possess the personal ability to advocate for practice measures and provide rationale for actions (Pair 1 interview comment, 2009).

Guidance for practice ensures PHN seek and receive appropriate direction and support when practicing in a complex environment.

- Interviewed PHNs identified communication and an open relationship with supervisory staff as crucial factors when discussing and requesting assistance on nursing practice issues (Pair 1 interview comment, 2009).
- Other sources of guidance include consultants and content experts, evidenced-based practice, professional standards, and professional organizations.
- Peer networks are also an effective mechanism for accountability and guidance, as long as the process is objective and ongoing (ANA, 1995, p.17; Pair 3 personal interview, 2009; Pair 1 interview comment, 2009).
- Nursing regulates itself through professional regulation; some methods include professional credentialing; self regulation, such as peer reviews and evaluations; and legal regulation, such as legal regulatory mechanisms of licensure and criminal/civil statutes (ANA, 1995, p. 17).

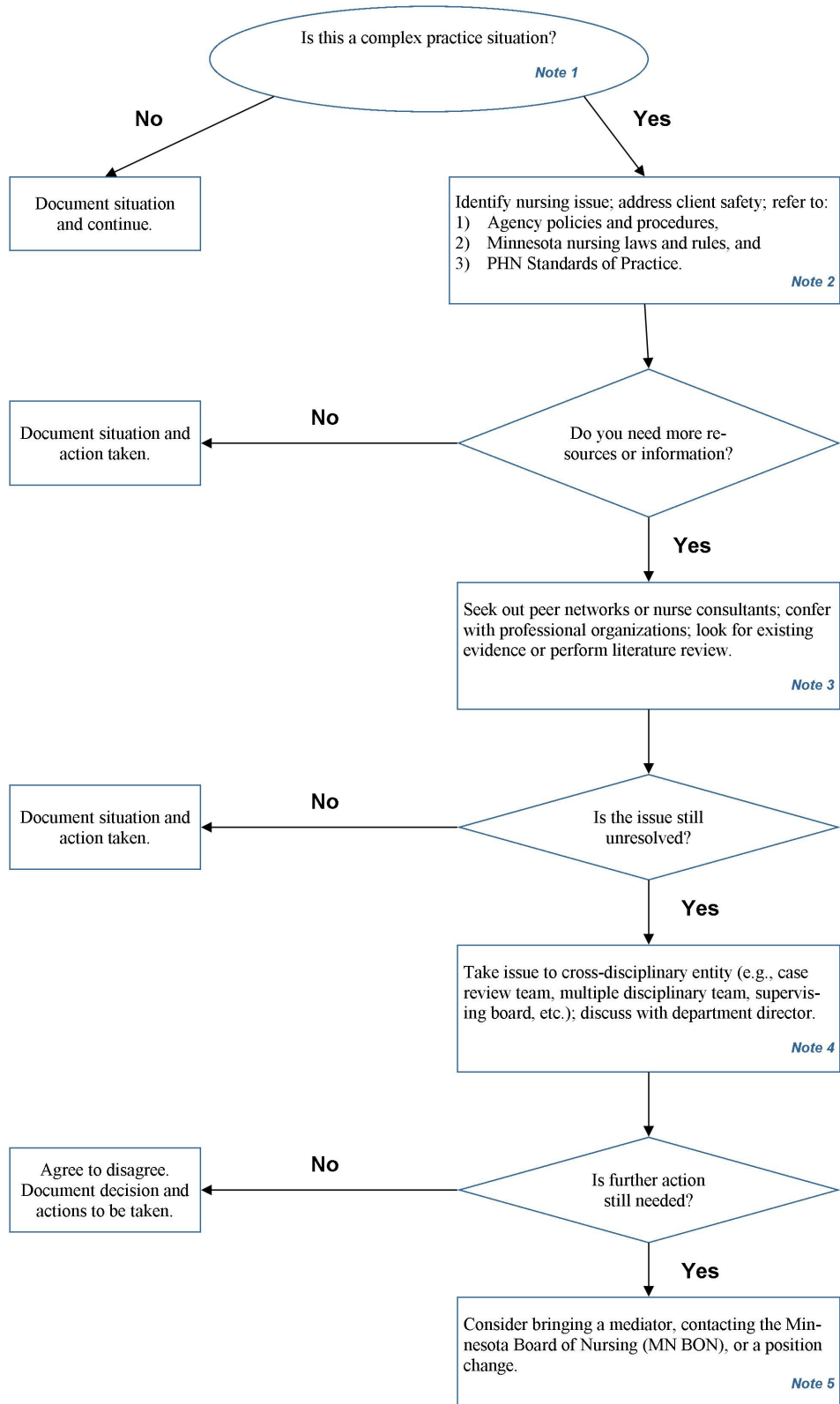
Collaboration is necessary for a PHN, when working with others to achieve a common goal.

- Interviewed PHNs identified respectful communication skills and an open relationship with supervisor as crucial components for sorting out differences in clinical practice. Establishing a formal cross disciplinary mechanism to address practice issues related to client services may also be helpful; examples include regular agendas at team meetings and case management review teams (Pair 1 interview comments, 2009).
- According to the American Nurses Association, collaboration is integral to PHN practice: “The Public Health Nurse collaborates with representatives of the population, organizations, and health and human service professionals in providing for and promoting the health of the population” (2007, p. 32).

E. Public Health Nursing Flowchart

The Public Health Nursing flowchart shows a systematic decision-making process for sorting out issues encountered in complex nursing practice situations, and incorporates concepts included within the narrative. While both the narrative and flowchart are intended to be used in conjunction in order to better understand the breadth and dynamics of a particular PHN practice situation, the flowchart may also be referenced independently. The PHN Practice Council strongly suggests that the PHN collaborate with a supervisor in working through the steps in the flowchart; this is helpful even when there is difference of opinion between the PHN and a supervisor. It is best if both acknowledge the disagreement, and work together to explore and address the nursing practice situation in order to reach an effective solution.

Flowchart: PHN Practice Council, Community Practice Guideline: A process for sorting out complex situations experienced by PHNs in practice.



Flowchart Notes

Note 1

This flowchart will be helpful in sorting out situations that are complex, in which situational or professional incongruence exists. A PHN often realizes there is a nursing practice issue when s/he has a “gut feeling” that the situation seems problematic.

Note 2

At this point, clarify the extent of the nursing issue in the situation. Reference and verify agency policies and procedures. Find out what is usual and customary for your colleagues, and the current standard of nursing practice in the community. The Nurse Practice Act establishes legal parameters, nursing scope, and standards of practice (ANA pub), and the Quad Council PHN Competencies (found at www.achne.org) explain, in more detail, the nature of public health nursing practice.

Note 3

Be sure to reference credible web sources for evidence-based practice.

Note 4

All key informants identified a cross disciplinary entity, referred to by different names, as beneficial in sorting out practice issues. These entities meet on a regularly scheduled basis, and consist of professionals from difference units in an organization (or from completely different organizations). In addition, having a cross disciplinary entity was consistent with the experiences and recommendations of PHN Practice Council membership.

Note 5

At this point in the process, it is clear that you will not reach agreement on the nursing practice issue. This can be a difficult time for the PHN involved, and challenges encountered in attempting to reach resolution may cause the PHN professional and emotional stress. The PHN may need to explore further options, like considering a mediator, contacting the Minnesota Board of Nursing, or changing employment.

Summary

This document is intended to help ensure that PHNs follow practice guidelines, protect client safety, respect organizational lines of authority, and minimize liability risk. The PHN Practice Council used a facilitated, collective process to define and understand the issue, consider contributing and relevant factors, and develop this document. During work on this complex issue, the PHN Practice Council determined that an accompanying flowchart would be an excellent way to portray the suggested decision process, which a PHN could utilize when encountering a challenging nursing practice situation. While the flowchart has been designed to work in concert with this document, it may be also be used independently.

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About the PHN Practice Council

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