

Beyond Workforce Training: What Factors Lead to Integrating Competencies into Practice?

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Much of the recent emphasis on workforce development in public health has entailed training to strengthen specific skills and rectify specific knowledge deficiencies. Yet other factors, such as an organization's commitment to population-based practice or willingness to take risks, may be at least as important in determining whether public health practitioners can, in fact, carry out community-level health activities and services. This article summarizes the results of an exploratory study to identify influencing factors among Wyoming public health nurses (PHN).

Recommendations for Additional Research

1. Survey a random probability sample of WY public health nurses using the "influencing factor survey tool" so that results can be generalized to all PHNs in WY.
2. Conduct research to gain insight into relationships between the factors associated with work, worker, and work settings. Understanding the relationships among factors is important in developing and prioritizing interventions to affect the factors.
3. Conduct comparative studies to better understand the relationship between development of public health nursing competencies and the factors that influence integration of these competencies.

Prior research documents efforts to describe, define, and assess core competencies among public health nurses. Few studies, however, have focused on effective strategies for developing such competencies in the workforce.

Since publication of *The Future of Public Health* (Institute of Medicine, 1988), increasing efforts have been aimed at training the public health workforce to provide the core functions and essential services of public health. Following publication of the public health core competencies, efforts increased in Wyoming as well as nationally to expand public health workforce development programs.

The Wyoming Department of Health is a participant in a six-state regional workforce development project in conjunction with the Northwest Center for Public Health Practice at the University of Washington, in Seattle. The project has planned and implemented learning opportunities in the core functions and essential services of public health. Thus far, efforts of the project have been invested in training public health workers in specific skill and knowledge areas where deficiencies exist. The Department of Health has also made other ongoing efforts to develop the capacity of public health nurses to integrate principles of community health as they apply to community-level assessment, planning, intervention, and evaluation.

The study

The purpose of the study discussed here was to develop a self-report tool that can be used to identify the factors that influence the capacity of Wyoming public health nurses to integrate community-level public health competencies into local practice. The study used a multi-method iterative approach to identify factors related to the work, the worker, and the internal and external work settings that influence local public health nursing practice in Wyoming. Notable was the close collaboration between the researcher and the practice community in carrying out the study.

Nurses make up the majority of the local public health workforce in Wyoming. Public health nurses are present in every county, with 20 of 23 counties having health departments staffed solely by nurses. Public health nurses probably have the greatest influence on whether essential public health services are available in Wyoming communities.

During development of the PHN research proposal, the researcher (a local PHN manager in Wyoming) held discussions with the Wyoming Department of Health director of nursing and assistant director of nursing. These informal discussions helped shape the purpose of the study and gained support for the research to be conducted within the Wyoming PHN practice setting. Prior to data collection, the researcher presented the study proposal to state and local PHN managers and supervisors at an annual PHN managers' meeting held in spring 2002. Presentation at the meeting ensured that PHN managers were aware of the purpose and plans for the study, knew that state PHN management endorsed the proposed study, and provided an opportunity for interested, experienced managers to volunteer as PHN practice experts for the initial rounds of the study.

The study was conducted in four rounds. Rounds one through three included only the practice expert panelists. They were asked to identify influencing factors and then to rate the relevancy of each of the factors as they applied to local public health nursing practice in Wyoming. Identified factors were incorporated into a survey tool, which was pilot tested in round four. The pilot test sample consisted of local-level public health nurse managers, supervisors, and selected staff nurses. Data collection for the study was conducted from October 2002 to March 2003.

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Conclusions

Workforce development initiatives have often been isolated efforts aimed at increasing public health worker knowledge and skills. Although lack of specific knowledge may be a barrier to providing community-level essential public health services, other factors also influence public health staff capacity. The study identified factors in three categories—work, worker, and work setting—that affect the integration of community-level essential public health services into the PH nurse practice. Among these factors are mandates from the State Department of Health, the degree to which priorities are clearly articulated by local PHN managers, and the potential for immediate health risk as perceived by public health nurses (*see table below for a complete list of the factors*).

In addition to education or training specific to population-based practice, factors affecting workers included such issues as the perception that population-based practice is expected and the ability to develop collaborative relationships with local government and other agencies.

The work-setting category was split into internal and external

settings. Internal work-setting factors ranged from the level of organizational commitment to population-based practice to the degree of comfort with risk-taking versus traditionalism among local office staff. External work-setting factors included the degree to which other community and state organizations were willing to financially support population-based services and the availability of grant funding to support population-based services.

Public health workers must have specific knowledge and skills. Results from this study indicate that many factors besides education and training influence PHN capacity to integrate knowledge and skills into practice. If future training efforts are to be successful, such factors must be identified and addressed in public health workforce development. 🍷

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Factors Influencing Capacity for Population-Based Practice Among Public Health Nurses

Work	Worker	Work Setting	
		Internal	External
Mandates from WY Dept. of Health	Education/training specific to population-based practice	Local manager understands and models population-based practice	Degree to which organizations collaborate in providing population-based services
Legislative mandates	Understanding of core functions and essential services	Local manager has a clear vision for and commitment to population-based practice	Degree to which other community and state organizations are willing to financially support population-based services
Mandates from State Nursing Office	Opportunity to practice application of population principles during education/training programs	Upper management demonstrates an understanding of and support for population-based practice	Presence of other resources to provide episodic care that may have been provided by public health
Degree to which priorities are clearly articulated by local PHN manager	Perception that population-based practice is what is rewarded	Marketing ability to influence public understanding of public health functions	Local government funding for population-based services
Degree to which priorities are communicated from State Nursing Office	Perception that population-based practice is expected	Level of organizational commitment to population-based practice	Availability of grant funding to support population-based services
Local political agenda/climate	Reasoning/problem-solving skills	Availability of funding to support population-based prevention programs	
Potential for immediate health risk as perceived by PHN	Ability to develop collaborative relationships with local government and other agencies	Degree of comfort with risk-taking versus traditionalism among local office staff	
PHN county manager's special interests	Ability to see "big picture"	Availability of distance-learning technologies	
Perception of health risks as expressed by the community as a whole	Level of individual commitment to population-based practice	Extent to which population-based practice is integrated into existing programs	
	Willingness to work for long-term goals with delayed outcomes	Ability of local PHN staff to educate public about the role of public health	
	Willingness to address community needs rather than own interests	Access to training on population-based practice and activities	
		Involvement in ongoing community assessments and evaluation	
		Ability to maintain adequate staffing levels	