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Idaho Public Health Nursing Study

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Introduction

Public health nursing represents the foundation of the U.S. public health system, particularly in predominantly rural and frontier states. Increasing attention has recently been paid to strengthening the public health infrastructure and workforce in response to disaster preparedness concerns. Major concerns regarding the current and future shortage of public health nurses have been raised at the national and state levels (The Quad Council of Public Health Nursing Organizations, 2006; Health Resources Services Administration, 2005; Gehrke, 2007). Factors contributing to the shortage include the aging nursing workforce, inadequate funding and salaries, lack of qualified applicants, and ineffective recruitment and retention. In some states vacancy rates for public health nurses reach 20 percent with turnover rates up to 14 percent (Association of State and Territorial Health Officials, 2005). Unfortunately there is limited current research information regarding the state of public health nursing in Idaho as well as other, predominantly rural and frontier areas. The purpose of the Idaho Public Health Nursing Study, which was conducted in the spring of 2007, was to describe the current status of public health nursing in Idaho.

Methodology

Onsite structured interviews with staff nurses and administrators in all seven Idaho public health districts and the State Department of Health and Welfare – Division of Health were conducted. Any nurse employed by the health district who identified him/herself as a public health nurse was invited to participate. Participation was voluntary, written consent was obtained, and confidentiality strictly protected. The study was approved by the Boise State University Institutional Review Board prior to data collection.

The sample included 124 participants, including 30 nurses in administrative/leadership roles. The majority of the sample were registered nurses (n=108, 87.1%), 15 of whom were nurse practitioners. Sixteen of the participants (13%) were licensed practical nurses (LPNs). The sample was predominantly female (n=124, 93.5%) and Caucasian (n=121, 97.6%). The age of the participants ranged from 22 to 72 with a mean of 49.2 years, which is slightly older than the national average for public health nurses (46.6 years) (ASTHO, 2005). Experientially, the participants reported a mean of 21.8 years in nursing, 11.7 years in public health, and a mean of 6.5 years in their current position. Educationally, among the 108 registered nurses (including the nurse practitioners) in the sample, 60 (55.6%) reported hold-

ing a bachelor's degree or higher in nursing and 48 (44.4%) an associate degree or diploma in nursing. Twelve (11.1%) of the registered nurses, most of whom were nurse practitioners, held master's degrees in nursing. Seventeen (13.7%) of the participants held a bachelor's degree in a non-nursing discipline and ten (8.1%) of the participants held master's degrees in non-nursing fields.

Results

Idaho public health nursing is delivered through a unique structure of seven autonomous districts that include four to eight counties each. This nationally recognized district structure is viewed quite positively by the nurses who feel it is an efficient and logical model for public health service delivery in a predominantly rural state. Each district has a significant rural/frontier proportion of their population. All districts have a central office in the largest community in the district, along with small outreach offices, usually in each of the other counties. In the central offices, the nurses often have specialized practices, focusing on a particular program, such as immunizations. However in the outlying offices, which often are one-nurse offices, the practice is more general with nurses working across programs in collaboration with other nurses in the district. The main areas of service delivery in most districts in which public health nurses are most involved include family planning/STD clinics, communicable disease control/epidemiology, emergency preparedness, and immunizations. Nurse practitioners in most districts provide primarily reproductive health services and work closely with the district public health nurses. In several of the districts, public health nurses also provide the school nursing services.

The findings indicated that Idaho public health nurses are a highly committed, experienced, satisfied professional group. There are high levels of retention and low vacancy rates statewide. The dominant factors that attracted the nurses to public health practice included lifestyle, the focus on education/health promotion, and previous experiences. The major satisfying aspects of public health practice identified were education/teaching, the prevention focus, serving diverse populations, and the autonomous, community-focused nature of practice. The least satisfying aspects of public health nursing practice cited focused on salaries/funding, bureaucracy /administrative issues, practice concerns, and community perceptions/politics. Desired areas for continuing education focused predominantly in leadership/administration topics and reproductive health.

Participants were asked to state the three most significant public health concerns affecting their district as well as the state as a whole. The most commonly cited local and statewide concerns are listed below in order of frequency.

Statewide Concerns

1. Access to Care
2. Drug/Alcohol Abuse
3. Communicable Diseases (HIV/AIDS, West Nile Virus, TB, Hepatitis C)
4. Immunizations
5. Funding for Public Health

Local/District Concerns

1. Access to Care
2. Sexually Transmitted Infections
3. Public Education Related to Health
4. Drug/Alcohol Abuse
5. Immunizations

Conclusions and Recommendations

Limitations of this study included the fact that only nurses employed in the state office of the Idaho Department of Health and Welfare – Division of Health and the seven Idaho health districts were included in the sample. The sample also was volunteer, with varying participation rates across districts. The self-report nature of the data collected also represents a limitation.

Based on the findings, recommendations include:

- Address the dominant dissatisfying factors for public health nurses, particularly salary, to promote recruitment and retention.
- Institute recruitment efforts, targeting young nurses from diverse backgrounds
- Establish public information campaigns, focusing on the importance of public health in general, as well as the specific contributions of public health nurses
- Support current public health nurses' commitment to further education

- Provide continuing education/staff development in the areas of policy development, program planning, analytic assessment, and financial management skills.
- Strengthen partnerships between public health districts and nursing education programs to promote recruitment, continuing education, and research.
- Institute creative approaches to meet the demand for higher/continuing education among public health nurses statewide.
- Explore the development of organizational networks for public health nurses

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Marni Allen served as President from 2004 -2006

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Catie Prinzing served as Treasurer from 2006 – 2008.

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These officers spent countless hours working to move INA forward and we extend our gratitude for all their work.