
CPHNO voted to endorse a single set of Public Health Nurse (PHN) competencies, the American Nurses Association 3rd Edition of the Public Health Nursing Scope & Standards of Practice (2022), on April 14th, 2023 as a reliable and relevant foundational resource for all public health nurses. The position paper presents the rationale for this position. It acknowledges the work of CPHNO, formerly the Quad Council Coalition of Public Health Nurses, in revising the PHN competencies in 2018 (Campbell et al., 2020). Further, the ANA Public Health Nursing Scope and Standards of Practice, 3rd edition Revision Workgroup members who, as part of their preparation for revising the document, completed a rigorous process of crosswalking the 2018 QCC competencies. Individual members from CPHNO affiliated organizations, including members from the Association of Community Health Nurse Educators, the Association of Public Health Nurses, and the Public Health Nursing Section of The American Public Health Association, were members of the ANA Public Health Nursing Scope and Standards of Practice, 3rd edition Revision Workgroup. The competencies comprise the 17 Standards of Practice from the ANA Public Health Nursing Scope and Standards of Practice, 2nd edition to create the final competencies found in the 3rd edition (S.Little, Revision Workgroup Co-chairperson).

Additionally, the ANA's 3rd Edition of the Public Health Nursing Scope & Standards of Practice reaffirms the CPHNO 2018 recommendation that the baccalaureate degree in nursing (Bachelor of Science in Nursing [BSN]) be the established educational preparation required for entry-level PH nursing practice (American Nurses Association, 2022, p. 55; Quad Council Coalition, 2018, p. 4). While there is currently no national legislative requirement for PHNs to have completed a Bachelor of Science with a major in nursing (BSN) program, some states require a BSN for entry to practice as a PHN.

Currently, two well-known sets of Public Health Nursing Competencies for practice exist, including CPHNO’s Community/Public Health Nursing Competencies, updated in 2018, and the ANA’s 3rd Edition of the Public Health Nursing Scope & Standards of Practice released in 2022. Recent literature from public health nurse researchers provide context as to why multiple sets of competencies are a hindrance to the profession rather than enhancing the specialty. In a paper published by Canales and Drevdahl in 2022, the nurse researchers found that adding more
competency sets to public health nursing practice had done little to address overall problems with competencies which included unclear definitions and unreliable taxonomies for measurement. They also found that these additional sets of competencies have not enhanced the role of the PHN by adding to current competencies sets nor by supporting PHNs functioning at a higher level. They concluded that competing competencies ultimately lead to confusion and redundancy, lack of translation to practice settings, and unclear or inconsistent expectations of the individual (Canales & Drevdahl, 2022). Additionally, business and marketing research found that competencies fail employees and employers when they do not connect to roles and the work people do every day (Broom, 2020; Robertson & Dvorak, 2019). Therefore, endorsing a singular set of public health nursing practice and professional competencies at the national level can better support the public health nursing workforce by reducing confusion and redundancy through clear communication of the behaviors, skills and capabilities of PHNs across the country. Providing clarity and decreasing confusion around roles and functions leads to improved retention and increased job satisfaction in the practice setting. In the practice setting a singular set of competencies would align with more focused and intentional on the job training and performance evaluations, leading to clearer work identity for public health nurses (Drevdahl & Canales, 2020). From an educational perspective, a singular set of competencies would provide PHN leaders and educators a stronger foundation for teaching public health nursing and incorporating PHN competencies into curricula and residency programs. Further, clearly defining what PHNs do in various roles and practice settings establishes a more unified voice when communicating what they do to the public, internal and external stakeholders, and policymakers, an essential component in addressing social determinants of health and moving towards Public Health 3.0 (Bekemeier et al., 2014; de Salvo et al., 2017).

The 3rd edition of ANA’s PHN Scope and Standards of Practice includes 18 Standards broken down into 6 Standards of Practice and 12 Standards of Professional Performance. Each Standard consists of accompanying competencies for a total of 427 competencies. One major attribute of the Standards of Practice, Standards 1-6, is that they are grounded in nursing’s most effective tool, the Nursing Process- Assessment; Diagnosis; Planning; Implementation, and Evaluation, with Outcomes Identification added. PHNs should be able to identify expected outcomes for a plan specific to the population’s health status or situation. The competencies that align with each standard are divided into 2 categories of PHN experience; generalist PHN and advanced PHN practice. This is similar to CPHNO’s PHN Competencies, but rather than being organized by level of practice, it is organized by PHN experience level. ANA’s 3rd edition of
PHN Scope and Standards of Practice also considers judgments, or the ability to make decisions based on the individual’s accumulation of knowledge and skills over time, as a key factor along with knowledge, skills, and abilities, when defining competencies (de Tantillo, 2019). Another attribute is that this set describes the roles and functions that PHNs occupy within eight unique practice areas. This addition is critical in connecting competencies to practice and making them relevant to PHNs and translatable to the practice setting.

The multifaceted role of the PHN in the public health sphere is ever-changing, as is the makeup of the public health nursing workforce (Domm, 2020; Canales & Drevdahl, 2020; Bekemeier et al., 2014). These are just two reasons why the way PHNs interface with competencies is changing. Public health nursing practice varies amongst settings and is multifaceted, often leading to confusion and difficulty in having a clear message about the work PHNs do. In addition, PHN interventions used during COVID-19 response to bolster a previously insufficient public health infrastructure “may be masking the essential importance of the public health nursing specialty” (Little, 2021). Therefore, public health nursing competencies need to clearly connect to how PHNs practice in their specific role or setting. For competency models to be effective, they must connect with the practice they are meant to guide. Mapping competencies to roles gives the individual a roadmap to understand how their skills, knowledge, abilities, and judgments inform their role. Incorporating the eight roles and functions in the ANA’s Public Health Nursing Scope & Standards of Practice connects competencies to practice.

In conclusion, it is our position that the 3rd edition of the ANA’s Public Health Nursing: Scope & Standards of Practice provides a set of national competencies for the public health nursing workforce today and moving forward based on practice roles and experience level. This competency set is grounded in the nursing process, a systematic guide that public health nurses across various roles and settings can implement to develop and deliver effective care and interventions for individuals (patients), families, groups, and populations alike. It provides clear guidance for the practicing public health nurse, is more applicable to practice by measuring competencies by the level of experience, and incorporates the inclusion of how PHNs practice through eight unique roles and functions.

It is important to remember that CPHNO’s Public Health/Community Nursing Competencies critically informed and provided a framework for ANA’s 3rd Edition of the Public Health Nursing Scope & Standards of Practice. Additionally, multiple PHN leaders from CPHNO leadership
served as contributors on the ANA’s 3rd Edition of the Public Health Nursing Scope & Standards of Practice Revision workgroup. CPHNO leadership collectively agrees on phasing out the 2018 CPHNO Public Health/Community Nursing Competencies as the organization’s recommended competency set to better stand up the ANA’s 3rd Edition of the Public Health Nursing Scope & Standards of Practice as the singular set of competencies for public health nurses going forward. Additionally, including the involvement of PHN leaders from CPHNO be a part of succeeding revision workgroups of ANA's Public Health Nursing Scope and Standards of Practice is critical to ensure future editions of these competencies speak to the needs and work done by PHN practice across all arenas.

While CPHNO endorses the ANA’s 3rd Edition of the Public Health Nursing: Scope & Standards of Practice competencies, the Council also recognizes that public health nursing entities at the local or state levels may have developed competency sets that are specific to different roles or settings. The goal of CPHNO’s endorsement of ANA’s 3rd edition Public Health Nursing: Scope & Standards of Practice competencies is to recommend one set of national PHN competencies that can be used as a guide to support the work already being done at the local or state level.

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References


https://www.shrm.org/resourcesandtools/hr-topics/global-hr/pages/generational-mindsets-affect-workforce.aspx