



Preparing Undergraduate Nursing Students for the Community Health Nursing Workforce: A Pan-Canadian Exploration

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Background information

National Environment: The national scene

- Building a sustainable public health research infrastructure in Canada.
 - Naylor Report/ Kirby Report (2003)
 - Partners in public health: report of a F/P/T Special Task Force on public health. (2004)
- Canadian Community Health Nursing Standards of Practice- Can be found at <http://www.chnac.ca>

Purpose of the Study

To evaluate enablers and challenges influencing the integration of community health content in baccalaureate nursing education in Canada

Methods

Phase 1: May 2005

Online survey of faculty at all member schools; survey included open ended questions

Phase 2: May 2006

Participants answered workbook questions and attended full day Pan-Canadian symposium on public health nursing education

Survey Development

- Development of the questions was based on the Community Health Nurses Association of Canada's (CHNAC) Standards of Practice domains:
 - Promoting health
 - Building individual/community capacity
 - Building relationships
 - Facilitating access and equity
 - Demonstrating professional responsibility and accountability

Methods

125 symposium participants:

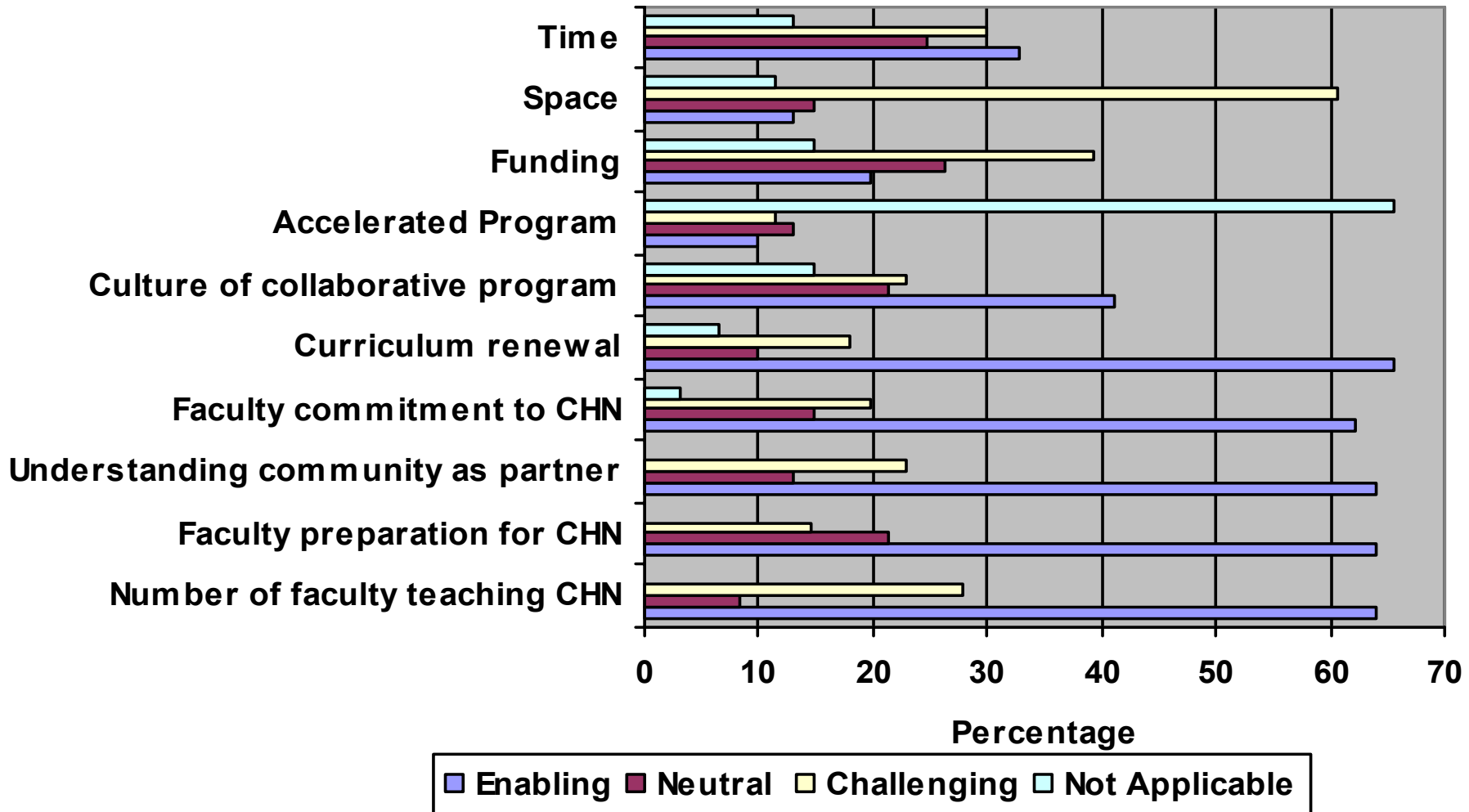
- Representatives from member schools
- Public Health Agency of Canada staff
- Canadian Nursing Association staff
- Provincial nursing association staff
- Nursing policy officers
- Public health nursing directors/managers

Methods

Phase 3

- Results from initial survey and workbooks shared at symposium
- Small and large group discussions held to help in interpretation of results
- Discussion of workbook questions and submission of joint response by 100 public health nurse managers after symposium

Figure 1: Internal Enablers and Challenges to Community Health Nursing Curriculum (n = 61)





Results

■ Themes – Internal Barriers

- Problems with Curriculum Structure and Process

“Community health content never seems to be given as much recognition as content such as med-surg which seems to receive more monetary/staff resources for ensuring comprehensive clinical education etc..”

- Lack of Qualified Faculty to Teach Community Health

- Weak Community Health Leadership in Academe

“Community health nursing faculty are not represented within the Program Director positions. Program decision makers are unaware of the impact of the province’s community health nursing population profile on our community health nursing program...”

Results

- **Themes – Internal Facilitators**

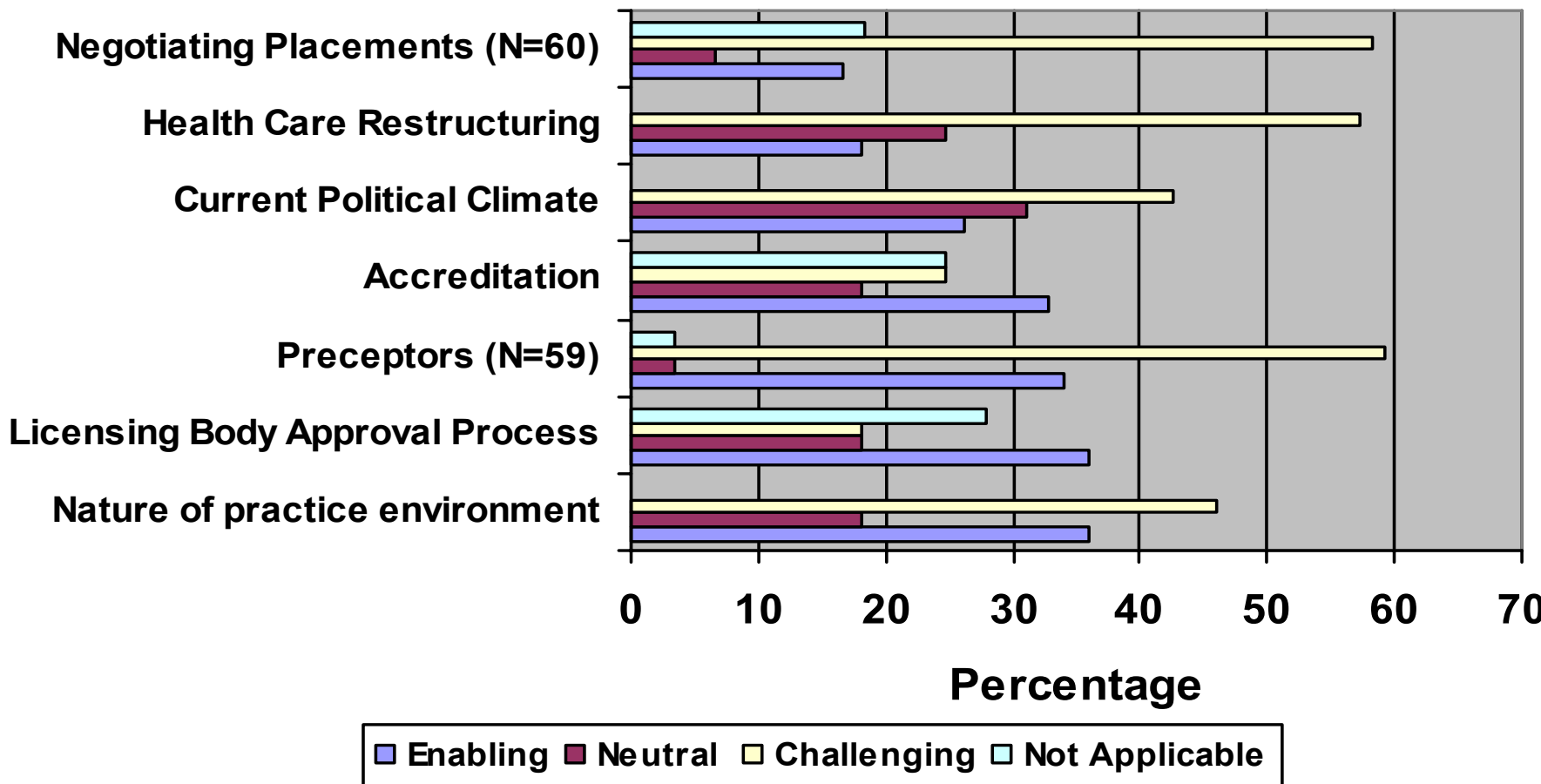
- Supportive Curriculum Structure and Process

“...due to new program development, faculty have embraced the primary health care approach to professional nursing practice and delivery of health care. We aim to work at embedding the principles of PHC and community health into the integrated program.”

- Faculty Champions

“...[an enabler is] the number of faculty members in our department with advanced practice and education in the area of community health nursing. Additionally, faculty members who do not have this background are very receptive to learning more about community health concepts and incorporating these into their classes.”

**Figure 2: External Enablers and Challenges to Community Health Nursing Curriculum
(n = 61 except where noted)**



Results

- **Themes – External Barriers**

- Placement Challenges

“Community settings can usually accommodate small groups of students, usually one at a time. With increases in enrolment, this presents a challenge to find meaningful community health placements where community health nurses are there to model their role.”

- Preceptor Challenges

- Community Health Devalued

“The current government is fixated on acute care needs and wanting to churn out new grads as fast as possible. There is little attention to the need for more funding to the education or practice settings to increase community health education opportunities.”

Results

- **Themes – External Facilitators**

- **Strong Community-Academic Partnerships**

“The Ontario PHRED (Public Health Research Education and Development Program) model has strengthened public health nursing education, research and practice through increased opportunities provided to our students by the partnerships and experience that faculty have brought from their PHRED joint appointments.”

“We could not have had such a strong emphasis on community health without our relationship with public health unit. The support has been outstanding and they are not one of the teaching health units. They deserve credit for this success...”

Survey Results: Placements

Supportive community health nursing practice environments exist.

- Placement of students
 - Public Health Unit/Department (n=2565)
 - Schools (n=1940)
 - Community Agencies (n=1921)
 - Long-term Care Facilities (n=1814)
 - Home Health Care (n=1286)
 - Primary Health Care Centres (n=1075)



Implications for Educators

- Curriculum needs to balance community nursing content with acute care content
- Knowledgeable and supportive faculty are essential to ensure that community nursing practice is addressed adequately in undergraduate education
- Construction of learning opportunities outside of formal practice settings should be encouraged (e.g. in correctional facilities, seniors' and drop-in centers)



Implications for Practice Settings

- Local government support is required to provide dedicated resources for community faculty and placement funding
- Better communication between faculty and community program managers is required to build stronger relationships
- Formal or informal partnerships between academe and clinical agencies will support community health nursing education

Conclusion

- There is a need for stronger partnerships between academe and community clinical agencies
- More allocation of resources is needed for education in community nursing
- Recommendations have been forwarded to the CASN Board of Directors and the Public Health Agency of Canada