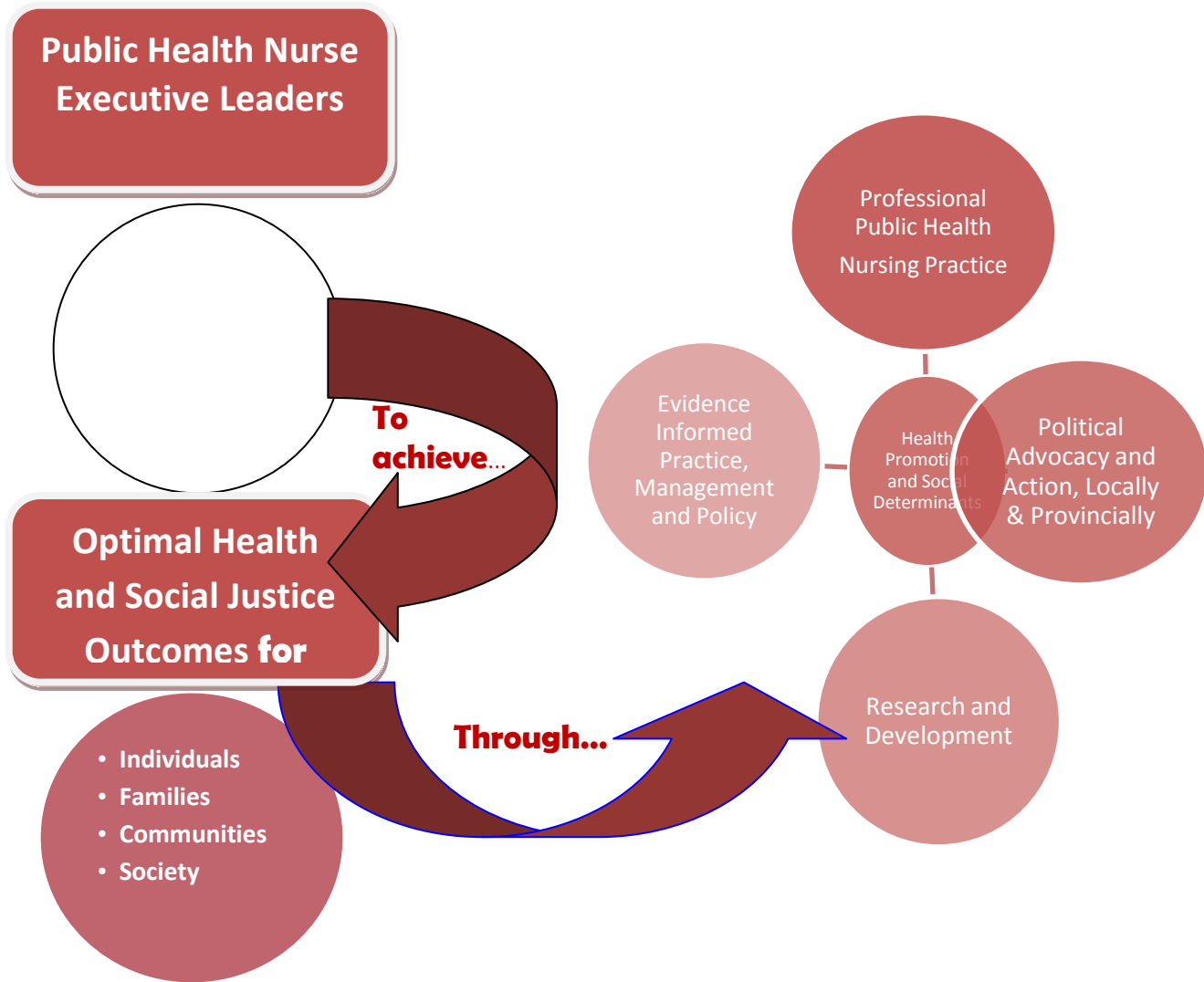


**RNAO's Model of Public Health Nurse Executive Leadership**



**Model of Public Health Nurse Executive Leadership**

## **RNAO`s Model of Public Health Nurse Executive Leadership**

### **Background**

In February 2011, the Ontario Public Health Organizational Standards were released requiring each board of health to “designate a Chief Nursing Officer to be responsible for nursing quality assurance and nursing practice leadership” and to “support a culture of excellent in professional practice for all regulated and unregulated health professions that ensures inter-professional collaboration and learning, and that staff are able to comply with professional regulatory body requirements where applicable. A range of models could be used, including the designation of professional practice leads.”<sup>1</sup>

This long-awaited step forward recognized the contribution public health nurses made to population outcomes and was celebrated by the Registered Nurses’ Association of Ontario (RNAO) and its members as a significant accomplishment. Yet it was in that same year that the mayor of Toronto refused to hire two public health nurses regardless of the fact that both positions were fully funded by the Ministry of Health and Long-Term Care (MOHLTC) to address social determinants of health in Toronto communities. RNAO generated an action alert on this issue and received its largest response to date as over 3000 letters were sent to politicians from Ontario nurses and the public; outraged at the complete disregard this mayor had for the effective work of public health nurses. The need to clarify and halt the erosion of the public health nursing role in healthcare is clearly evident.

In October, 2011, the Public Health Branch of the MOHLTC released the Public health Chief Nursing Officer Working Group Report, thereby clarifying the role and responsibility of the public health Chief Nursing Officer. This working group was co-sponsored by the MOHLTC, the Association of Nursing Directors and Supervisory of Official Health Agencies (ANDSOOHA) and RNAO.

In order for public health Chief Nursing Officers to fully enact their newly mandated role and responsibility as well as implement this “culture of excellence” and authentic inter-professional collaboration, it is essential that public health program and staffing decisions be based on best practices. As such, RNAO proposes the following evidence-based Model of Public Health Nurse Executive Leadership as an initial point of dialogue to clarify the potential impact public health nurse executives can have on nurse / client, organizational and societal outcomes.

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### **Conceptual Framework**

Public Health Chief Nursing Officers influence individually and collectively as well as locally and globally to achieve optimal health and social justice outcomes for individuals, families, communities and society. They achieve these outcomes through their work in four separate domains; each of which are explained as framework concepts below.

### **Framework Concepts**

- **Professional Public Health Nursing Practice**

Public Health Nurses are unique among health care professionals in that they are specifically trained, by course of their education and continuous professional development, to apply evidence-based nursing praxis to interact with complex webs of social determinants of health in a way that fosters strength and prevents dysfunction and illness in populations. RNAO is concerned with trends evident in some public health units of employing unregulated care providers (UCPs) in the place of PHNs. While the number of PHNs has remained remarkably constant since public health units switched to program based service delivery in 1999, the number of nurses working in public health compared to the overall nursing workforce in Ontario is significantly lower.<sup>2</sup> By extrapolation, the ratio of PHN per population has also decreased due to Ontario's increasing population. Yet, research clearly demonstrates improved outcomes are a result of professional public health nursing.<sup>3 4 5 6 7 8 9 10 11 12</sup>

The effective public health Chief Nursing Officer brings this evidence to the senior management table, creating a space for understanding the integral role public health nurses have in determining the outcomes in their community. They monitor, interpret and report nursing-sensitive performance indicators to their senior management team and when possible, profile exemplary nursing leadership within the organization. Their commitment to advance nursing excellence and innovation is evident in their support towards establishing / maintaining an effective professional practice council and their health human resource strategies.

- **Political Advocacy and Action, Locally and Provincially**

Research has also demonstrated the cost effectiveness of using PHNs, particularly in early childhood development intervention<sup>13 14</sup>. When more than half of the professionals

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working in public health in Ontario are nurses<sup>15 16</sup> the requirement for nursing leadership is critical to optimizing staff performance, morale and population outcomes. Given the significant health needs of school age children, the elderly and the mentally ill populations, RNAO questions why little has been done in the past ten years to rectify the choice and skill mix of care providers when evidence has been mounting. In 1999, the nursing task force specifically reported three significant challenges stating: "Chief among the group's concerns over the past decade were reductions in the number of public health nurses and a narrowing of their focus; substantial reductions in services to vulnerable groups such as school-age children, elderly people, and persons with mental illness; and elimination of nursing managers' positions."

The effective public health Chief Nursing Officer understands, develops and exercises political acumen in senior management deliberations, decision-making and strategic planning. Within this political milieu they create a shared understanding of both current and anticipated demands for clinical and program / services requirements. Developing and maintaining collaborative relationships with local senior nurse executives will sustain the nurse executive's efforts, and generate important networks of synergy that assist in health promotion and enhance social determinants of health across the community and the province.

- **Research and Development**

Many supports are being created to improve professional development and build research capacity among public health nurses. Public Health Ontario, for instance, provide many knowledge exchange opportunities (ie. webinars, conferences, seminar facilities) throughout the year, which are efficient for most public health nurses who currently have small budgets for professional development. Research collaboratives have also been initiated by Public Health Ontario, and are expected to build the capacity of smaller health units as they work with larger units with specialized resources. Few public health units have fostered or sustained academic partnerships to advance nursing research.

The effective public health Chief Nursing Officer leads the nursing research agenda, focusing on research utilization and research capacity building in partnership with academy and other relevant stakeholders. They foster and sustain academic partnerships and build these relationships into the organizational strategic plan, intent on addressing social determinants of health and requirements for health promotion within the community.

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- **Evidence Informed Practice, Management and Policy**

CNOs and should not be underestimated in their ability to support and advance an evidence-based organizational culture. CNOs are master-prepared nurses who lead by example, offering their own expertise in public health and offering knowledge exchange opportunities by visibly applying best practice guidelines in their governance, leadership and practice. RNAO's clinical and healthy work environment best practice guidelines, for example, are being used internationally, providing the best available evidence on health promotion strategies while addressing social determinants of health. Guidelines most relevant to public health include:

- Developing and Sustaining Effective Staffing and Workload Practices,<sup>17</sup>
- Client Centred Care,<sup>18</sup>
- Collaborative Practice among Nursing Teams,<sup>19</sup>
- Woman Abuse: Screening, Identification and Initial Response,<sup>20</sup>
- Supporting Clients on Methadone Maintenance Treatment,<sup>21</sup>
- Enhancing Healthy Adolescent Development,<sup>22</sup>
- Breastfeeding Best Practice Guidelines for Nurses ,<sup>23</sup>
- Crisis Intervention,<sup>24</sup>
- Supporting and Strengthening Families through Expected & Unexpected Life Events,<sup>25</sup>
- Nursing Management of Hypertension<sup>26</sup>,
- Primary Prevention of Childhood Obesity,<sup>27</sup>
- Oral Health: Nursing Assessment and Intervention,<sup>28</sup>
- Interventions for Postpartum Depression,<sup>29</sup>
- Integrating Smoking Cessation into Daily Nursing Practice,<sup>30</sup>
- Suicidal Ideation and Behaviour<sup>31</sup>, and
- Establishing Therapeutic Relationships<sup>32</sup>

## Conclusion

Public health Chief Nursing Officers are entering a defining moment in Ontario's public health history. CNOs now possess a ministry mandate with financial resources attached as well as clear expectations of their role and responsibilities. While each of these achievements will present profound changes for the CNO personally, as well as the organization and broader community, many mechanisms within public health will remain the same. The success of each Chief Nursing Officer will therefore depend on their ability to draw on their knowledge, skill and judgement in the areas of governance,

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leadership and practice; all of which are necessary to facilitate this change and ultimately achieve greater health and healthcare services within their community. To this end, RNAO proposes this Model of Public Health Nurse Executive Leadership for further discussion.

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