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***The Public Health Nursing
Discipline Specific Competencies
Version 1.0***

A report for:
The Community Health Nurses Association of Canada

Report prepared by



**Innovat!ve
Solutions**
Health Plus

&

Underwood & Associates

Defining our Competencies

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A report for: The Community Health Nurses Association of Canada

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Background

Core Competencies for Public Health in Canada Release 1.0 was distributed in 2007 and helped to define the generic knowledge, skills and attitudes necessary for the practice of public health. Core Competencies transcend the boundaries of specific disciplines and are independent of program and topic. (Public Health Agency of Canada, 2007)

The need to further define discipline specific competencies for public health nurses was identified as a priority by the Community Health Nurses Association of Canada (CHNAC) and the Public Health Agency of Canada (PHAC).

The Core Competencies for Public Health in Canada (Public Health Agency of Canada, 2007), the Community Health Nursing Standards of Practice (2008) and the *Public Health Nursing Practice in Canada: A Review of the Literature* (Hogan, 2008) formed the foundation and framework for the development of the discipline specific competencies. A reference list can be found at the end of this report.

A Delphi process was conducted to assure consensus on the Public Health Nursing (PHN) Discipline Specific Competencies Version 1.0. The " version 1.0 " designation is intended to imply that the PHN competencies will evolve and change over time, as nursing and public health practice knowledge evolves. The outcome of this work is *The Public Health Nursing Discipline Specific Competencies Version 1.0* (see Annex 1; the French translated Version 1.0 can be found in Annex 2).

Methods

A Delphi process was used to define the draft set of discipline specific Public Health Nursing competencies. The Delphi Technique is a research method that uses a consultative process to achieve consensus among a group of individuals who have expertise in a topic area (Hasson, 2000; Stukenborg, 2002). It allows for the collection and comparison of data across geographically diverse locations. The following is a description of the Delphi methodology as it relates to the development of the public health nursing discipline specific competencies.

Round 1 of the Delphi process included a qualitative review to collect opinions on various aspects of the competencies and to develop a preliminary draft set of Public Health Nursing Discipline Specific Competencies. In this step, a small group used a current literature review (Hogan, 2008) the results from the environmental scan including the works of McMillan (2007), Minnesota (2007), Underwood (2007), Winnipeg Regional Health Authority (2001) and work that had previously been done to develop the Core Competencies for Public Health in Canada and the Community Health Nursing Standards of Practice. Additional resources that informed the work of developing the preliminary set of public health competencies included the CNA Code of Ethics (2008), Simpson (2005, 2004) and the work of the Quad Council of Public Health Nursing Organizations (2004). The group also reviewed the work done by other Public Health disciplines to define their discipline specific competencies (Pan CanadianNutrition, 2008; CAPHD – Dentistry, 2008; Moloughney, 2008).

This small group of well-informed/ experienced public health nurses included the president of CHNAC, Claire Betker, as well as consultants Jane Underwood from Underwood & Associates and Helena Wall and Alexandra Henteleff from Innovative Solutions – Health Plus. They also had input from the Committee Co Chairs Ruth Schofield and Rosemarie Goodyear and the Contract Administrator, Evelyn Butler.

Round 2 of the Delphi process included both qualitative and quantitative elements. For this round, a larger expert group was identified by CHNAC and represented varied expertise and perspectives including frontline public health nurses, public health managers, consultants, directors, educators, researchers, a public health senior decision maker, a human resources representative, a nursing union representative and a representative from another discipline specific group as well as the Certification, Standards and Competency Standing Committee Members (See Appendix A – Expert Group Membership List & Area of Representation).

Using a facilitated process, the expert group reviewed, validated and expanded the preliminary draft set of discipline specific competencies by providing written feedback on each competency statement using the options of: accept; suggest edits or reject. This initial feedback was summarized and presented at a teleconference and webinar where further feedback was obtained. Using this expert group feedback, further edits were made and a second draft was circulated to the expert group offering them another opportunity for additional feedback.

This revised draft set of 66 competencies was used for the broader consultation that was done in Round 3.

Round 3 of the Delphi process involved administering a quantitative survey to a broad range of public health contacts through the use of national, regional and local networks.

The survey process was implemented using a modification of Dillman's (2000) principles of survey design. A call-out was used to advise practitioners of the upcoming survey (Appendix B Call Out!). Using a snowball sampling method, public health nurses and those who work in public health and/or support the work of public health nurses from across the country were invited to participate. The invitation was distributed via email to a contact list which included over 100 names that was developed by the expert group and the consultants; these contacts were encouraged to send the survey to other interested people. Participants were invited

to respond to the survey either online or using hard copy which they could return by mail, fax or email. (Appendix C, Survey Invitation). (It is worth noting that only 3 participants chose to submit a paper copy of the survey. All others were completed and submitted online).

Both electronic and paper versions of the survey were available in English and French. The survey was used to determine the level of agreement with the draft set of PHN competencies that was developed by the expert group. A five point Likert scale was used to rate the importance of each competency statement using the rating scales of: essential; important; somewhat important; not at all important to PHN practice; don't know.

Although the intention of the Round 3 Delphi was to be quantitative in nature the expert group requested that a qualitative "comments" section be included in the survey to allow participants the opportunity to provide general comments. The collated quantitative and qualitative outcomes of Round 3 can be found in the results section of this report.

Process Note:

A second online survey had been planned but was not needed since a high level agreement had already been achieved in Round 3. The intent of repeating the survey would be to provide the same quantitative survey with a record of the results obtained from Round 3. Had this step proceeded, participants would have been asked to once again rate each competency statement while considering their colleague's responses and their own opinion in hopes of achieving a higher level of agreement. Given that a high level of achievement had already been achieved, proceeding with a second online survey was deemed to be redundant.

Round 4 of the Delphi process involved a final review of the survey results by the expert group. This review offered the group an opportunity to provide final edits and recommendations for next steps. After reviewing the results, the expert group made a recommendation to amend competency statement 3(A) 4 to read as

“Advocate for the reduction of inequities in health through legislative and policy making activities” and to keep the remaining competency statements unchanged. The expert group’s final recommendation was to publish and distribute this final set of competency statements as Version 1.0.

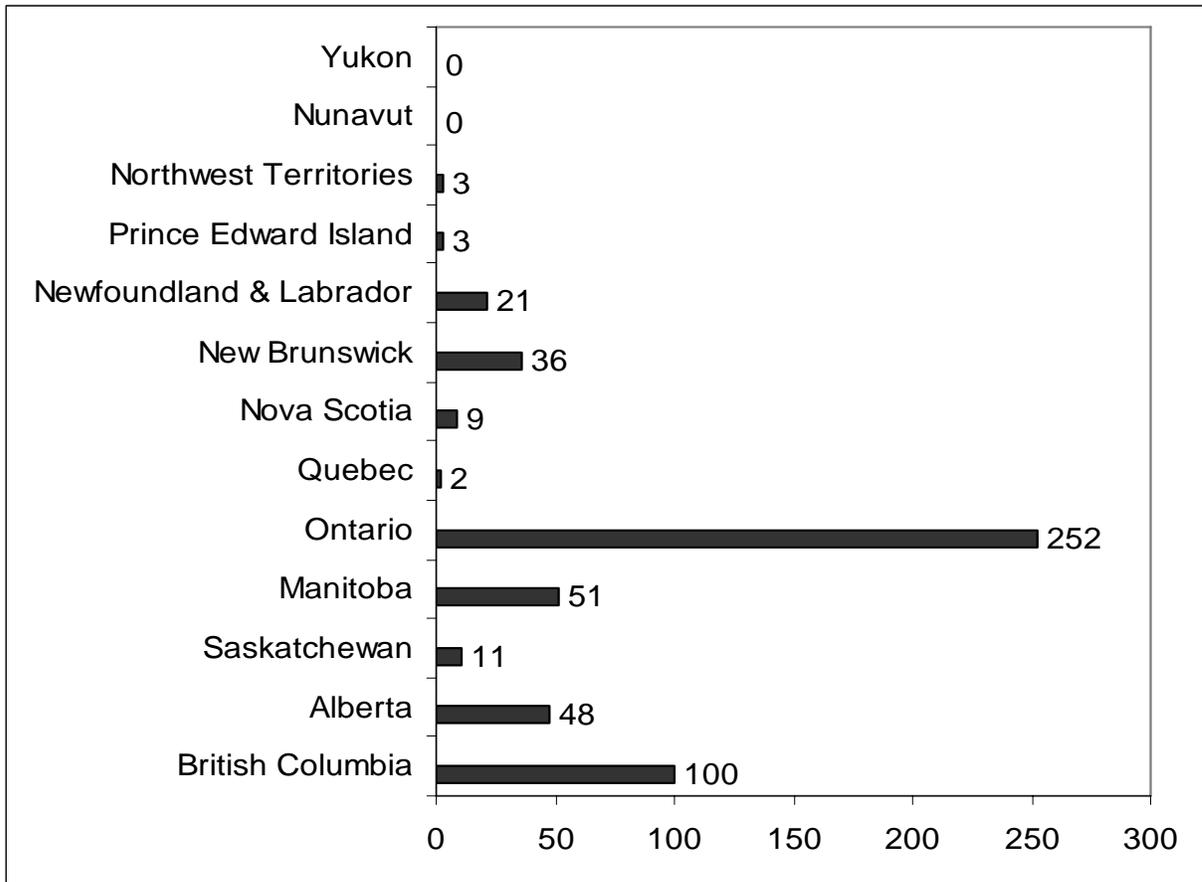
Results

Participants from across the country entered the electronic survey and responded in both French and English. 540 people entered the survey. 526 participants answered at least some questions in the demographic profile. Most of the questions were answered by 412 participants. The demographic data is based on the number who answered the specific question. The *n value* that was used to analyze the results was specific for each of the discipline specific competency statements and referenced the actual number of participants who responded.

1. Who responded?

The demographic profile of the survey respondents indicates that representation came from all provinces except Nunavut and the Yukon. Participants represented all geographic work settings (rural urban remote etc); a variety of practice areas; years of experience; and age categories. Participants were disproportionately female. The following tables and figures provide detailed information regarding survey participant demographics.

Figure 1: Participants by Province and Territory (n=536)



The description of the geographic distribution of the survey respondents reveals that Quebec is significantly under represented. Nova Scotia, Saskatchewan, Alberta, Yukon and the Northwest Territories & Nunavut are also under represented. Ontario, British Columbia and Manitoba are over represented. By region, the Atlantic and Prairie regions are somewhat over represented. The following figures provide pictorial or graphic representations of other demographic data of the survey participants including; geographic setting, area of practice, years of experience, age and gender.

Figure 2: Geographic Settings (530 respondents provided 640 responses)

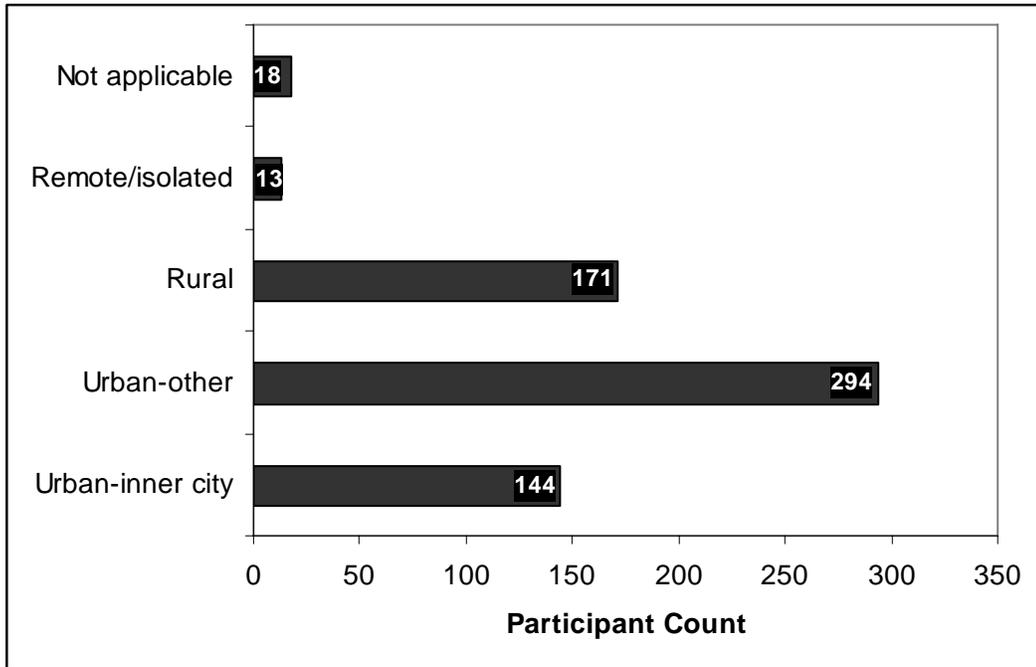


Figure 3: Participants' Area of Practice (n=524)

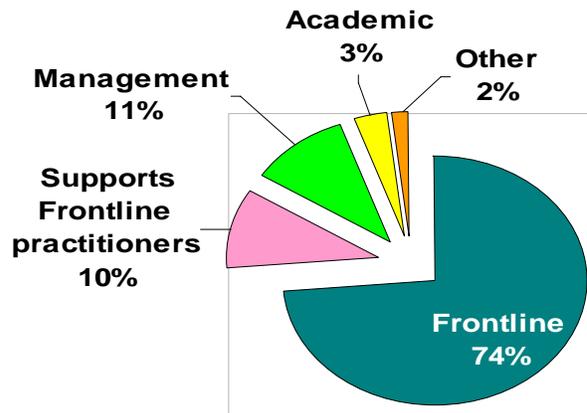


Figure 4: Years of Experience (in or associated with public Health) (n=521)

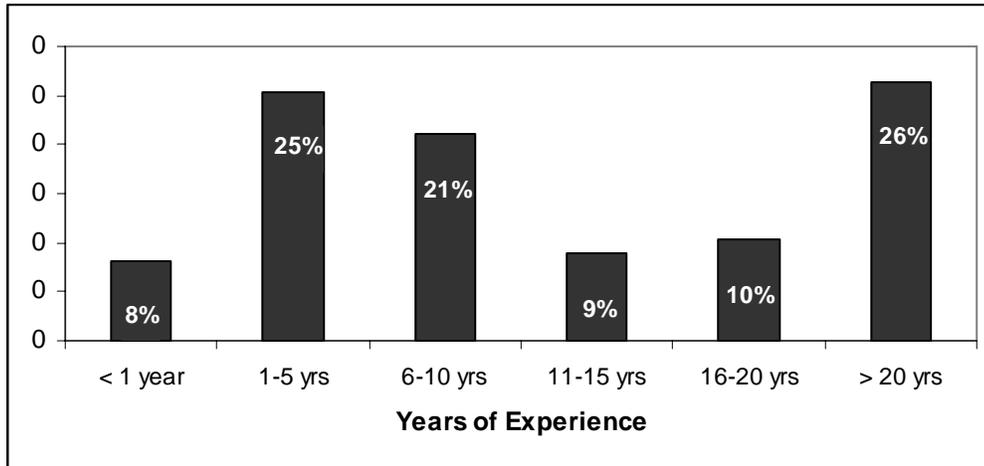


Figure 5: Age of Participants (n= 521)

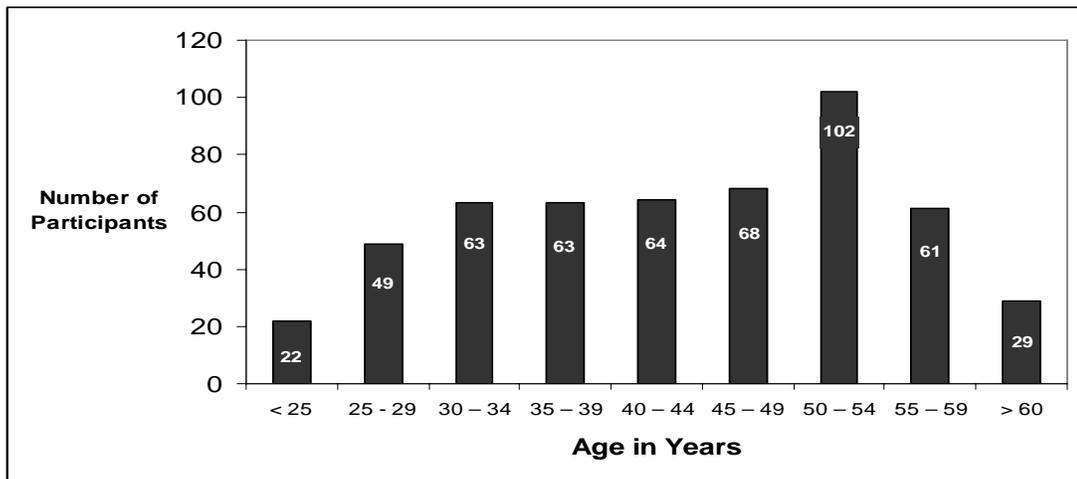
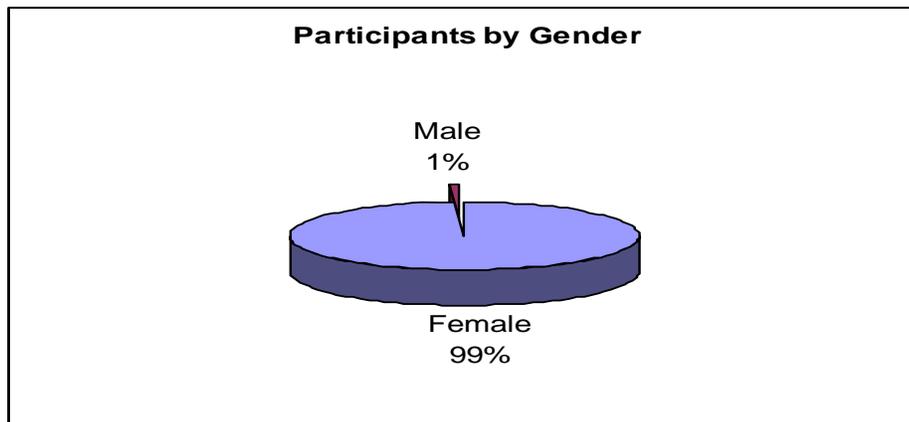


Figure 6: Participants by Gender (n=532)



2. How many agreed with the draft PHN discipline specific statements?

The results from Round 3 of the Delphi indicate strong agreement had been achieved with the draft set of discipline specific public health nursing competencies. Percentage agreement was based on the *n* value of participants who responded to each competency statement. Participants in the survey agreed that all of the competencies were either essential or important to public health nursing practice. The level of agreement with the competencies ranged from 74% to 99% agreement.

More specifically, there was;

- 90-100% agreement on 50 of the 66 competencies (76%)
- 80 - 89% agreement on 14 of the 66 competencies (21%)
- 74 - 79% agreement on 2 of the 66 competencies (3%)

See Appendix D for the level of agreement achieved for each of the individual competency statements.

3. What were respondents' comments?

Of the 540 respondents who started the survey, ninety-three (93) provided comments at the end. These comments provided qualitative feedback and were categorized into the following five broad themes:

- Organizational policies and goals:
- Specificity of Competency to Specific PHN Position/Role
- Specificity of Competency based on PHN Experience
- Teamwork as a Competency
- Need for Public Education on Role of PHN

Quotes from specific comments are reported within each section to capture the most common or intriguing ideas related to the theme.

Fifty-five (55) respondents questioned whether all Public Health Nurses would, could or should practice all of the discipline specific competencies at their organization or in their specific role. They cited five general factors that will influence a nurse's ability to employ the core competencies: the policies and goals of their specific organization, money/time/other resources, experience, the requirements of the role and teamwork with other professions.

➤ Organizational policies and goals:

Twenty-six (26) comments were made about organizational policies and goals and these were frequently combined with comments about money, time and other resources.

"I love my job in community health nursing, however, I am so limited by operational constraints that there is not time, nurse hours or funding to do most the competencies listed in this survey."

"Majority of the competencies are important however PHNs need the support and resources to implement."

"There are some key core competencies that are not really within our control ... most specifically those around policies, vision, mission of our organizations."

"Some of the biggest barriers to acting in the most professional manner are the policies and practices of my own work organization. Nurses have very little power or autonomy. Most of our managers are not nurses and do not understand the ideals or requirements of our college."

➤ Specificity of Competency to Specific PHN Position/Role

Sixteen (16) comments explained that the day-to-day demands of specific PHN roles would make some competencies more important than others for that PHN.

"Some public health nurse positions will require emphasis on different competencies. "

"I feel that some of the competencies come with experience and depend on the area that you are working. I have used some of the competencies more in one area that I have worked than another area which only requires me to come in

and do a specific task every day.”

➤ Specificity of Competency based on PHN Experience

Nine (9) of the comments suggested that novice PHNs could not be expected to practice some of the core competencies. Experience and expertise should play a role and the expectations of competence.

“Need to distinguish and what point of practice (novice to expert) would a public health nurse be expected to meet these competencies. The next step would be to consider advanced public health nursing practice and what competencies would be reflected in that role.”

“After reviewing these competencies, I believe that many of the competencies are essential if not important – but I also recognize that a new graduate or a nurse new to public health may need time working in the field to fully understand and gain competence in their application.”

➤ Teamwork as a Competency

Five (5) comments called out that for some responsibilities PHNs must engage in teamwork with other PHNs and with other professionals. Therefore, they suggested teamwork be stressed as a core competency.

“PHNs work as part of a team, and not all of the competencies need to be the sole purview of the PHN...”

“Very rarely would a PHN act alone in implementing a policy, but rather in collaboration with others.”

➤ Need for Public Education on Role of PHN

In a related topic five (5) comments suggested that more effort be placed on educating the community about the role, outcomes and required resources of Public Health Nursing. Related to this, some felt that PHNs should educate the public about the issues that cause public health problems and advocate for resources and other changes to benefit the communities they serve.

“Public Health Nursing is an important role that is often misunderstood in the community at large. .. We see a lot of inequities (substandard housing, limited

income, limited education, etc.) that would benefit from more advocacy. This is not currently built into the PHN role. ... I feel it would be beneficial."

"The role of the PHN is often misunderstood by the general population as they see nursing as acute care. It is essential that PHN continue to be advocates for a healthy population even when that population does not recognize what we do."

➤ Other

There were several comments each made by only one or two participants. The topics include: the difficulty of evaluating competencies and the need for ongoing professional development. Fifteen participants specifically complimented the survey. Thirteen participants made suggestions they felt would improve the survey.

Limitations of this Delphi process

Some of the limitations included:

- Under representation from Quebec and the North
- Compressed time frames as the survey was only open for 7 days
- The "Don't Know" item on the Likert scale may have been confusing
- The denominator is unknown because the number of public health nurses practicing in Canada is not known
- Not all of the reminder emails were sent out in keeping with the Dillman process because the snow ball technique was used

Mapping the Discipline Specific Competencies to the Canadian Community Health Nursing Standards

When the Public Health Nursing Discipline Specific Competencies were developed, careful consideration was made to assure that all of the Community Health Nursing Standards of Practice were referenced. In pursuit of the development of a set of discipline specific competencies for public health there was a need to distinguish between 'competency' and 'standard'. Underwood (2007) states:

'Competency' refers to behavior; 'standard' refers to a level of service intervention or outcome. In other words, competency describes an activity that a public health professional engages in to meet a standard or standards. Both 'standards' and 'competencies' could refer to structure, process or outcomes.

Although the following discipline specific competencies could not be mapped to the Canadian Community Health Nursing Standards of Practice these competencies are expected for entry level registered nurses nationally throughout Canada (College of Nurses of Ontario, 2008):

Competency 1.4 – Critically appraise knowledge gathered from a variety of sources

Competency 3A .4 – Implement a policy

Competency 3C.3 – Demonstrate the ability to integrate relevant research and implement evidence informed practice.

Competency 7.1 – Describe the mission and priorities of the public health organization where one works, and apply them in practice

The results of the mapping exercise should be considered when revising the next version of the Community Health Nursing Standards of Practice.

Recommendations and Next Steps

1. Publish the Public Health Nursing Discipline Specific Competencies as Version 1.0 and use a variety of strategies to distribute it widely
 - Work with the Public Health Agency of Canada to disseminate the document
 - Present at the Canadian Public Health Association Conference
 - Present at the Community Health Nursing conference
2. Translate this report into French and post both English and French versions of the report on the CNAC website
3. Establish a concentrated effort to get Québec input and involvement
4. Provide a copy of the discipline specific competencies to the Canadian Association of Schools of Nursing (CASN) project committee as soon as possible
5. As leaders in developing these discipline specific competencies, CHNAC members who were involved should share their thoughts and experiences with others
6. Continue to build on this work by developing the home health discipline specific competencies as part of the 2009-2010 budget
7. Consider developing a discipline specific glossary of terms building on the glossary of terms that was developed for the Core Competencies for Public Health and the Community Health Nursing Standards of Practice
8. Ensure the most recent version of the Public Health Nursing Discipline Specific Competencies is reviewed the next time the Community Health Nursing Standards of Practice are updated to ensure complementarity of the two documents.

Conclusion

The identification of the required knowledge, skills and abilities is a vital contribution to the development of a strengthened public health nursing workforce.

These discipline specific competencies will hopefully guide undergraduate nursing curriculum planning and professional development activities in addition to providing a framework for public health nursing practice evaluation and feedback.

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Annex 1

The Public Health Nursing Discipline Specific Competencies Version 1.0.

Public Health Nursing Competencies are the integrated knowledge, skills, judgement and attributes required of a public health nurse to practice safely and ethically. Attributes include, but are not limited to attitudes, values and beliefs. (Canadian Nurses Association Code of Ethics, 2008)

1 - PUBLIC HEALTH and NURSING SCIENCES

This category includes key knowledge and critical thinking skills related to: the public health sciences (behavioural and social sciences, biostatistics, epidemiology, environmental public health, demography, workplace health, prevention of chronic diseases, infectious diseases, psychosocial problems and injuries) as well as nursing theory, change theory, economics, politics, public health administration, community assessment, management theory, program planning and evaluation, population health principles, community development theory, and the history of public health. Competency in this category requires the ability to apply knowledge in practice.

A public health nurse is able to...

- 1.1 Apply knowledge about the following concepts: the health status of populations; inequities in health; the determinants of health and illness; social justice; principles of primary health care; strategies for health promotion; disease and injury prevention; health protection, as well as the factors that influence the delivery and use of health services.
- 1.2 Apply knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.
- 1.3 Apply public health and nursing sciences to practice and synthesize knowledge from a broad range of theories, models and frameworks.
- 1.4 Critically appraise knowledge gathered from a variety of sources.
- 1.5 Use evidence and research to inform health policies, programs and practice:
 - contribute to the development and generation of evidence-based nursing
 - use available resources to systematically plan and evaluate public health nursing practice

1.6 Pursue lifelong learning opportunities in the field of public health that are consistent with: current public health nursing practice; new and emerging issues; the changing needs of individuals, families, groups and communities; emerging research and evolving information about the impact of the determinants of health.

1.7 Integrate multiple ways of knowing into practice.

2 - ASSESSMENT AND ANALYSIS

This category describes the core competencies needed to collect, assess, analyze and apply information (including data, facts, concepts and theories). These competencies are required to make evidence-based decisions, prepare budgets and reports, conduct investigations and make recommendations for policy and program development. Community members are involved in identifying and reinforcing those aspects of everyday life, culture and political activity that are conducive to health.

A public health nurse is able to...

2.1 Recognize that a health concern or issue exists:

- apply principles of epidemiology
- conduct comprehensive community assessments with individuals, families, groups and communities using quantitative and qualitative strategies
- recognize patterns and trends in epidemiological data and service delivery
- assess the impact of the broad social, cultural, political and economic determinants of health.

2.2 Identify relevant and appropriate sources of information, including community assets, resources and values in collaboration with individuals, families, groups, communities and stakeholders.

2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues.

2.4 Analyze information to determine appropriate implications, uses, gaps and limitations.

2.5 Assess impact of specific issues on health such as; political climate and will; values and culture; social and systemic structures; settings; as well as the individual, family, group, and community's readiness and capacity.

2.6 Assess the health status and functional competence of individuals, families, groups, communities or populations within the context of their environmental and social supports.

- 2.7 Determine the meaning of information, considering the ethical, political, scientific, socio-cultural and economic contexts:
- identify attitudes, beliefs, feelings and values about health and their effect on relationships and interventions
 - support individuals, families, groups and communities to identify risks to health and make informed choices about protective and preventive health measures
 - describe the role of power in relationships by giving voice to the vulnerable
 - demonstrate skill in dealing with diversity and high levels of ambiguity.
- 2.8 Recommend specific actions based on the analysis of information:
- identify a range of appropriate interventions including health promotion; health protection; disease and injury prevention and clinical care using a multi strategy and multi target approach.
 - identify short and long term goals
 - identify outcome indicators
 - identify research questions
- 2.9 Recognize opportunities to promote social justice.

3 – POLICY AND PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

This category describes the core competencies needed to effectively choose options, and to plan, implement and evaluate policies and/or programs in public health. This includes the management of incidents such as outbreaks and emergencies.

3(A) - POLICY DEVELOPMENT

A public health nurse is able to...

- 3A .1 Describe selected policy options to address a specific public health issue.
- 3A .2 Describe the implications of each policy option, especially as they apply to the determinants of health and recommend or decide on a course of action.
- 3A .3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.
- 3A .4 Implement a policy.
- 3A .5 Support community action to influence policy change.

3A.6 Build community capacity to improve health and address health inequities.

3A .7 Advocate for healthy public policy and services that promote and protect the health and well-being of individuals, families groups and communities.

3A .8 Advocate for the reduction of inequities in health through legislative and policy making activities.

3(B) - PROGRAM PLANNING

A public health nurse is able to...

3B.1 Describe selected program options to address a specific public health issue.

3B.2 Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.

3B.3 Develop a plan in collaboration with individuals, families, groups and communities to implement a course of action that is responsive to needs taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.

3(C) - IMPLEMENTATION AND INTERVENTION

A public health nurse is able to...

3C.1 Take action, across multiple levels, to address specific public health issues by using a comprehensive mix of public health strategies to address unique needs and to build individual, family, group and community capacity.

3C.2 Facilitate planned change with individuals, families, groups, communities, systems or population(s) by applying the Population Health Promotion Model, primary health care principles and appropriate change theory.

3C.3 Demonstrate the ability to integrate relevant research and implement evidence informed practice.

3C.4 Participate in collaborative, interdisciplinary and intersectoral partnerships to enhance the health of individuals, families, groups, communities and populations.

3C.5 Maximize the capacity of the individual, family, group or community to take responsibility for and to manage their health needs according to resources available and personal skills.

3C.6 Set and follow priorities and maximize outcomes based on available resources.

3C.7 Fulfill functional roles in response to a public health emergency.

3C.8 Facilitate access to services in the health sector and other sectors.

3C.9 Adapt practice in response to the changing health needs of the individual, family, group and community and in response to the unique characteristics of the setting.

3C.10 Take action to protect individuals, families, groups and communities from unsafe or unethical circumstances.

3C.11 Advocate in collaboration with, and on behalf of, and with individuals, families, groups and communities on social justice related issues

3(D) - EVALUATION

A public health nurse is able to...

3D.1 Evaluate an action, policy or program in a systematic and continuous manner by measuring its effect on individuals, families, groups or communities.

3D.2 Evaluate programs in relation to determinants of health and health outcomes.

3D.3 Evaluate programs in partnership with individuals, families, groups, communities and other stakeholders.

4 – PARTNERSHIPS, COLLABORATION AND ADVOCACY

This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. This includes the concepts of: social justice, which is the fair distribution of society's benefits and responsibilities and their consequences (Canadian Nurses Association, Code of Ethics, 2008); partnership and collaboration which is to optimize performance through shared resources and responsibilities; advocacy which is to speak, write or act in favour of a particular cause, policy or group of people and aims to reduce inequities in health status or access to health services.

A public health nurse is able to...

- 4.1 Advocate for societal change in support of health for all:
 - collaborate with partners to address public health issues and service gaps in order to achieve improved health outcomes
 - build coalitions, intersectoral partnerships and networks
 - facilitate the change process to impact the determinants of health and improve health outcomes.
- 4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships and to support group development.
- 4.3 Mediate between differing interests in the pursuit of health and well-being, and advocate for appropriate resource allocation and equitable access to resources.
- 4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.
- 4.5 Involve individuals, families, groups and communities as active partners to identify assets, strengths and available resources and to take action to address health inequities, needs, deficits and gaps.

5 - DIVERSITY AND INCLUSIVENESS

This category identifies the competencies required to interact effectively with diverse individuals, families, groups and communities in relation to others in society as well to recognize the root causes of disparities and what can be done to eliminate them (Canadian Nurses Association, Code of Ethics, 2008). It is the embodiment of attitudes and actions that result in inclusive behaviours, practices, programs and policies.

A public health nurse is able to...

- 5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.
- 5.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.
- 5.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

6 – COMMUNICATION

Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including internal and external exchanges; written, verbal, non-verbal and listening skills; computer literacy; providing appropriate information to different audiences; working with the media and social marketing techniques.

A public health nurse is able to...

- 6.1 Communicate effectively with individuals, families, groups, communities and colleagues:
 - use verbal, non verbal and written or graphic communication skills
 - speak and write in plain language
 - use multi-sensory forms of communication to address unique communication styles
 - use culturally relevant communication when building relationships.
- 6.2 Interpret information for professional, non professional and community audiences.
- 6.3 Mobilize individuals, families, groups and communities by using appropriate media, community resources and social marketing techniques.
- 6.4 Use current technology to communicate effectively.

7 – LEADERSHIP

This category focuses on leadership competencies that build capacity, improve performance and enhance the quality of the working environment. They also enable organizations and communities to create, communicate and apply shared visions, missions and values.

A public health nurse is able to...

- 7.1 Describe the mission and priorities of the public health organization where one works, and apply them in practice.
- 7.2 Contribute to developing key values and a shared vision to assess, plan and implement public health programs and policies in the community by actively working with health professionals and in partnership with community partners to build capacity.

- 7.3 Use public health and nursing ethics to manage self, others, information and resources and practice in accordance with all relevant legislation, regulating body standards and codes (e.g. provincial health legislation, child welfare legislation, privacy legislation, Canadian Nurses Association Code of Ethics for registered nurses).
- 7.4 Contribute to team and organizational learning in order to advance public health goals.
- 7.5 Contribute to the maintenance of organizational performance standards.
- 7.6 Demonstrate an ability to build capacity by sharing knowledge, tools, expertise and experience:
- participate in professional development and practice development activities
 - mentor students and orient new staff
 - participate in research and quality assurance initiatives.

8 – Professional Responsibility and Accountability

This category addresses a number of dimensions including the recognition that nurses are accountable for their actions and are responsible for making sure they have the required knowledge and skills needed to ensure the delivery of safe, compassionate, competent and ethical care. It includes the competencies required to maintain quality work environments and relationships needed in a professional practice. Public Health nurses are responsible for initiating strategies that will address the determinants of health and generate a positive impact on people and systems. They are accountable to a variety of authorities and stakeholders as well as to the individual and community they serve. This range of accountabilities places them in a variety of situations with unique ethical dilemmas.

A public health nurse is able to...

- 8.1 Demonstrate professionalism in independent practice in multiple settings with multiple stakeholders.
- 8.2 Apply ethical standards and principles taking into consideration appropriate public health and nursing ethics.
- 8.3 Consult as needed to determine the best course of action in response to: ethical dilemmas, safety issues, risks to human rights and freedoms, new situations and new knowledge.

- 8.4 Use reflective practice to continually assess and improve practice:
- examine practice in relation to personal and individual, family, group or community attributes, existing knowledge and context
 - adapt public health nursing techniques, approaches and procedures to the challenges in a particular community situation or setting.
- 8.5 Advocate for effective, efficient and responsible use of resources.
- 8.6 Act upon legal and professional obligations, and practices in accordance with relevant legislation.
- 8.7 Contribute to the quality of public health nursing work environments by identifying needs, issues, solutions and mobilizing colleagues by actively participating in team and organizational structures and mechanisms.

Annex 2

**Compétences des soins infirmiers de santé publique
Version 1.0**

Les compétences sont « la combinaison des connaissances théoriques et pratiques, du jugement et des caractéristiques personnelles qu'une infirmière doit avoir pour pratiquer de manière sécuritaire et conforme à l'éthique dans un rôle et un milieu donnés. (Les caractéristiques personnelles comprennent – sans s'y limiter – les attitudes, les valeurs et les croyances.) » (Association des infirmières et infirmiers du Canada, Code de déontologie des infirmières et infirmiers, 2008, p. 23) Cette définition s'applique aux compétences en soins infirmiers de santé publique.

1 – SANTÉ PUBLIQUE et SCIENCES INFIRMIÈRES

Cette catégorie comprend les connaissances essentielles et les compétences de pensée critique associées à la santé publique et aux sciences infirmières : les sciences pertinentes à la santé publique (sciences sociales et l'étude du comportement, la biostatistique, l'épidémiologie, la santé environnementale, la démographie, la santé en milieu de travail, la prévention des maladies chroniques, des maladies infectieuses, des blessures et des troubles de santé mentale) ainsi que la théorie des soins infirmiers, la théorie du changement, les sciences économique et politique, l'administration de la santé publique, l'évaluation de la communauté, la théorie de la gestion, la planification et l'évaluation des programmes, les principes de la santé de la population, la théorie du développement communautaire et l'histoire de la santé publique. La compétence dans cette catégorie demande la capacité d'appliquer les connaissances à la pratique

Une infirmière de santé publique est capable de...

- 1.1 Appliquer ses connaissances au sujet des concepts suivants : l'état de santé des populations, les inégalités en matière de santé, les déterminants de la santé et de la maladie, la justice sociale, les principes des soins de santé primaires, Les stratégies de promotion de la santé, la prévention des maladies et des blessures et la protection de la santé, ainsi que les facteurs qui influent sur la prestation et l'utilisation des services de santé.
- 1.2 Appliquer ses connaissances au sujet de l'histoire, des structures et des interactions de la santé publique et des services de santé, à l'échelle locale, provinciale-territoriale, nationale et internationale.

- 1.3 Appliquer les sciences des soins infirmiers et de la santé publique à sa pratique et de synthétiser sa connaissance d'une grande gamme de théories, modèles et cadres conceptuels.
- 1.4 Évaluer de façon critique les connaissances recueillies de différentes sources.
- 1.5 Utiliser des données probantes et les résultats de recherches pour élaborer des politiques, des programmes et la pratique en matière de santé :
 - Contribuer au développement et à la création de soins infirmiers fondés sur des données probantes
 - Utiliser les ressources disponibles pour planifier et évaluer systématiquement la pratique des soins infirmiers dans le domaine de la santé publique
- 1.6 Profiter des occasions de formation continue dans le domaine de la santé publique qui sont pertinentes à la pratique actuelle des soins infirmiers, aux nouveaux enjeux, aux besoins changeants des personnes, des familles, des groupes et des communautés; la recherche actuelle et la nouvelle information sur l'impact des déterminants de la santé.
- 1.7 Intégrer les nombreux moyens d'acquisition du savoir à la pratique.

2 – DÉTERMINATION ET ANALYSE DE LA SITUATION

Cette catégorie réfère aux compétences requises pour recueillir, examiner, analyser et appliquer l'information sur la santé (y compris les données, les faits, les concepts et les théories). Ces compétences sont nécessaires dans la prise de décision fondée sur des données probantes, la préparation de budgets et la rédaction de rapports, la réalisation d'enquêtes et la formulation de recommandations pour l'élaboration de politiques et programmes. Les membres de la communauté participent à l'identification et au renforcement des aspects de la vie de tous les jours, de la culture et de l'activité politique qui favorisent la santé.

Une infirmière de santé publique est capable de...

- 2.1 Reconnaître l'existence d'un enjeu ou d'un problème en matière de santé :
 - Appliquer les principes de l'épidémiologie
 - Déterminer les besoins communautaires de façon détaillée et holistique avec les personnes, les familles, les groupes et les communautés à l'aide de stratégies quantitatives et qualitatives
 - Reconnaître les profils et tendances des données épidémiologiques et de la prestation des services
 - Estimer l'impact des déterminants sociaux, culturels, politiques et économiques de la santé dans leur ensemble

- 2.2 Recenser les sources d'information pertinentes et appropriées, y compris les atouts, ressources et valeurs communautaires en collaboration avec les personnes, les familles, les groupes, les communautés et les parties prenantes.
- 2.3 Recueillir, conserver, récupérer et utiliser de l'information exacte et appropriée sur les enjeux de la santé publique.
- 2.4 Analyser l'information pour en déterminer ses répercussions, son utilisation, ses lacunes et ses limites.
- 2.5 Évaluer l'impact sur la santé de questions spécifiques, telles que le climat et la volonté politiques, les valeurs et la culture, les structures sociales et systémiques, la situation particulière, ainsi que l'état de préparation et la capacité de la personne, de la famille, du groupe et de la communauté.
- 3.6 Évaluer l'état de santé et la compétence fonctionnelle des personnes, familles, groupes et communautés ou des populations dans le contexte de leurs soutiens environnementaux et sociaux.
- 2.7 Interpréter l'information en tenant compte du contexte éthique, politique, scientifique, socioculturel et économique.
 - Identifier les attitudes, croyances, sentiments et valeurs au sujet de la santé et de leurs effets sur les relations et les interventions.
 - Soutenir les personnes, familles, groupes et communautés pour détecter les risques pour la santé, faire des choix informés concernant les mesures préventives et de protection de la santé.
 - Reconnaître le rôle du pouvoir dans les relations en donnant la parole aux personnes vulnérables.
 - Faire preuve de compétence pour aborder la diversité et l'ambiguïté.
- 2.8 Recommander des mesures spécifiques à prendre en fonction de l'analyse de l'information.
 - Identifier un choix d'interventions appropriées, y compris la promotion de la santé; la protection de la santé; la prévention des maladies et des blessures et les soins cliniques en ayant recours à une approche multistratégique et à cibles multiples.
 - Définir les objectifs à court terme et à long terme
 - Établir les indicateurs de résultat
 - Identifier les questions devant faire l'objet d'une recherche
- 2.9 Reconnaître les occasions qui se présentent pour promouvoir la justice sociale.

4 – PLANIFICATION, MISE EN ŒUVRE ET EVALUATION DES POLITIQUES ET DES PROGRAMMES

Cette catégorie décrit les compétences requises pour choisir judicieusement les options, et planifier, mettre en œuvre et évaluer les politiques et les programmes de santé publique. Celles-ci comprennent la gestion des incidents tels que les épidémies et les situations d'urgences.

3(A) – ÉLABORATION DES POLITIQUES

Une infirmière de santé publique est capable de...

3A.1 Expliquer les options politiques choisies pour contrer un problème de santé publique spécifique

3A.2 Décrire les implications des choix en matière de politiques et programmes, notamment ceux qui s'adressent aux déterminants de la santé et recommander ou choisir un plan d'action.

3A.3 Planifier la mise en œuvre en tenant compte des données pertinentes, de la législation, des procédures de gestion des urgences, des règlements et des politiques.

3A.4 Mettre en œuvre une politique.

3A.5 Soutenir l'action communautaire pour revendiquer un changement aux politiques.

3A.6 Renforcer la capacité communautaire d'améliorer la santé et de remédier aux inégalités en matière de santé.

3A.7 Préconiser des politiques et des services publics de santé qui favorisent et protègent la santé et le bien-être des personnes, des familles, des groupes et des communautés.

3A8 Préconiser la réduction des inégalités en matière de santé par des activités législatives et d'élaboration de politiques.

3(B) – PLANIFICATION DES PROGRAMMES

Une infirmière de santé publique est capable de...

- 3B.1 Expliquer les options de programmes pour faire face à un problème de santé publique spécifique.
- 3B.2 Décrire les implications de chaque option, notamment leur application aux déterminants de la santé, et recommander ou choisir un plan d'action.
- 3B.3 Élaborer un plan en collaboration avec les personnes, les familles, les groupes et les communautés pour mettre en œuvre un plan d'action qui réponde aux besoins en tenant compte de données pertinentes, de la législation, des procédures de planification pour les situations d'urgence, des règlements et des politiques.

3 (C) - MISE EN ŒUVRE ET INTERVENTION

Une infirmière de santé publique est capable de...

- 3C.1 Agir à différents niveaux pour faire face à un problème de santé spécifique en ayant recours à une combinaison exhaustive de stratégies de santé publique pour répondre aux besoins et renforcer la capacité des personnes, des familles, des groupes et des communautés.
- 3C.2 Faciliter les changements prévus avec les personnes, les familles, les groupes, les communautés, les systèmes et les populations en appliquant le modèle de promotion de la santé de la population, les principes des soins de santé primaires et la théorie du changement appropriée.
- 3C.3 Démontrer la capacité d'intégrer la recherche pertinente et de mettre en œuvre ses résultats dans une pratique informée.
- 3C.4 Participer à des partenariats de collaboration, interdisciplinaires et intersectoriels pour améliorer la santé des personnes, des familles, des groupes, des communautés et des populations.
- 3C.5 Maximiser la capacité de la personne, la famille, le groupe et la communauté à assumer la responsabilité de ses besoins en matière de santé et de les gérer en fonction des ressources disponibles et de leurs compétences personnelles.

- 3C.6 Établir et respecter les priorités et optimiser les résultats selon les ressources disponibles.
- 3C.7 Assumer les rôles infirmiers fonctionnels dans les situations d'urgence menaçant la santé publique.
- 3C.8 Faciliter l'accès aux services dans les secteurs de la santé et autres.
- 3C.9 Adapter la pratique en fonction des besoins changeants en matière de santé des personnes, des familles, des groupes et des communautés et en fonction du caractère particulier de la situation.
- 3C.10 Prendre des mesures pour protéger les personnes, les familles, les groupes et les communautés contre des circonstances non sécuritaires ou contraires à l'éthique.
- 3C.11 Défendre la cause avec les personnes, les familles, les groupes et les communautés et en leur nom en ce qui concerne les questions associées à la justice sociale.

3(D) - ÉVALUATION

Une infirmière de santé publique est capable de...

- 3D.1 Évaluer une mesure, une politique ou un programme de façon systématique et continue en mesurant ses répercussions sur les personnes, les familles, les groupes, les communautés ou les systèmes.
- 3D.2 Évaluer les programmes par rapport aux déterminants de la santé et aux résultats en matière de santé.
- 3D.3 Évaluer les programmes en partenariat avec les personnes, les familles, les groupes, les communautés et les autres intervenants.

4- PARTENARIATS, COLLABORATION ET PROMOTION

Cette catégorie porte sur les compétences requises pour influencer et travailler avec d'autres à l'atteinte d'un but commun. Celui-ci comporte les concepts de : la justice sociale, qui est la répartition équitable des avantages et des responsabilités de la société et de leurs conséquences (Association des infirmières et infirmiers du Canada, Code de déontologie des infirmières et infirmiers, 2008); le partenariat et la collaboration qui optimisent le rendement par le partage des ressources et des responsabilités; l'action politique, le fait de défendre, écrire ou agir en faveur d'une cause particulière, d'une politique ou d'un groupe de personnes et qui a pour objectif la réduction des inégalités en matière de santé ou d'accès aux services de santé.

Une infirmière de santé publique est capable de...

- 4.1 Revendiquer un changement sociétal en faveur de la santé pour tous :
 - Collaborer avec des partenaires pour faire face aux problèmes de santé publique et combler les lacunes des services afin d'atteindre de meilleurs résultats en matière de santé.
 - Établir des coalitions, des partenariats et des réseaux intersectoriels
 - Faciliter le processus de changement pour influencer sur les déterminants de la santé et améliorer les résultats en matière de santé
- 4.2 Utiliser des compétences telles que celles de constitutions d'équipes, de négociation, de gestion des conflits et de l'animation de groupes pour établir des partenariats et soutenir le développement des groupes.
- 4.3 Concilier les différents intérêts dans la poursuite de la santé et du bien-être et promouvoir l'attribution appropriée des ressources et l'accès équitable aux ressources.
- 4.4 Défendre les politiques et les services de santé publique qui favorisent et protègent la santé et le bien-être des personnes, des familles, des groupes et des communautés.
- 4.5 Engager la participation active des personnes, des familles, des groupes et des communautés pour recenser les atouts et les forces, les besoins et les ressources disponibles et prendre des mesures pour remédier aux inégalités en matière de santé, répondre aux besoins, combler les lacunes et renforcer la capacité.

5 – DIVERSITÉ ET INCLUSIVITÉ

Cette catégorie porte les compétences requises pour interagir efficacement avec une diversité de personnes, familles, groupes et communautés « par rapport à d'autres au sein de la société, ainsi que pour reconnaître les causes profondes des disparités et sur ce qui peut être fait pour les éliminer. » (Association des infirmières et infirmiers du Canada, Code de déontologie des infirmières et infirmiers, 2008). Elle regroupe les attitudes et les pratiques qui favorisent l'inclusivité au niveau des comportements, des pratiques, des programmes et des politiques.

Une infirmière de santé publique est capable de...

Reconnaître la façon dont les déterminants de la santé (biologiques, sociaux et environnementaux) influent sur la santé et le bien-être de groupes spécifiques et de divers milieux.

5.2 Tenir compte de la diversité de la population et des situations dans la planification, la mise en œuvre, l'adaptation et l'évaluation de programmes et de politiques de santé publique.

5.3 Appliquer des approches interculturelles et appropriées en collaboration avec des membres de groupes issus de différents milieux culturels, niveaux socioéconomiques et niveaux de scolarité et avec des personnes de tous les âges, des deux sexes quels que soient leur état de santé, leur orientation sexuelle ou leur capacité physique.

6 – COMMUNICATION

La communication est un échange d'idées, d'opinions et d'informations. La communication comprend les échanges internes et externes; la communication écrite, verbale et non verbale ainsi que l'aptitude à écouter; les connaissances en informatique; la fourniture d'informations appropriées à différentes clientèles; l'utilisation des techniques de communication avec les médias et de marketing social.

Une infirmière de santé publique est capable de...

- 6.1 Communiquer efficacement avec des personnes, des familles, des groupes, des communautés et des collègues.
- Utiliser les techniques de communication verbale, non verbale et écrite ou graphique
 - Parler et écrire en langage clair et simple
 - Utiliser des formes de communication multisensorielles pour répondre à des styles de communication particuliers.
 - Utiliser une forme de communication pertinente sur le plan culturel durant l'établissement de relations
- 6.2 Adapter l'information aux différents publics professionnels, non professionnels et communautaires.
- 6.3 Mobiliser les personnes, les familles, les groupes et les communautés en utilisant les médias, les ressources communautaires et les techniques de marketing social appropriées.
- 6.4 Utiliser la technologie actuelle pour communiquer efficacement.

7 – LEADERSHIP

Cette catégorie porte sur les compétences de leadership qui favorisent le développement des capacités, améliorent le rendement et rehaussent la qualité du milieu de travail. Elles permettent aux organisations et aux communautés d'établir, de communiquer et d'actualiser une vision, une mission et des valeurs communes.

Une infirmière de santé publique est capable de...

- 7.1 Expliquer la mission et les priorités de son organisation de santé publique et les appliquer dans sa pratique.
- 7.2 Contribuer à l'élaboration de valeurs essentielles et d'une vision commune pour la planification et la mise en œuvre de programmes et de politiques de santé publique dans la communauté en travaillant activement avec les professionnels de la santé et en collaboration avec les partenaires communautaires pour renforcer leur capacité.
- 7.3 Respecter les principes éthiques de la santé publique et des soins infirmiers pour gérer les autres, l'information, les ressources et soi-même et observer dans sa pratique toutes les lois pertinentes et les règlements et codes des organes réglementaires (p. ex., les lois provinciales relatives à la santé, les lois relatives au bien-être des enfants, les lois relatives à la protection de la vie privée, le Code de déontologie des infirmières et infirmiers de l'Association des infirmières et infirmiers du Canada).

7.4 Contribuer au développement des équipes et des connaissances organisationnelles pour favoriser l'atteinte des objectifs de santé publique.

7.5 Contribuer au maintien des normes de rendement de l'organisation.

7.6 Faire preuve de son habileté à renforcer les capacités en partageant ses connaissances, ses outils, son expertise et son expérience.

- Participer aux activités de développement professionnel et de perfectionnement de la pratique
- Être mentor des étudiants et orienter les nouveaux employés
- Participer aux initiatives de recherche et d'assurance de la qualité

8 - RESPONSABILITÉ ET OBLIGATIONS PROFESSIONNELLES

Cette catégorie porte sur plusieurs dimensions, dont la reconnaissance que les infirmières sont responsables de leurs actions et de s'assurer qu'elles possèdent les connaissances et les compétences requises pour garantir une pratique et une prestation de soins sécuritaires, compatissantes, compétentes et conformes à l'éthique. Elles comprennent les compétences requises pour maintenir un environnement de travail de qualité et des relations nécessaires à une pratique professionnelle. Les infirmières de santé publique ont la responsabilité de mettre en œuvre des stratégies qui tiennent compte des déterminants de la santé et ont un impact positif sur les personnes et les systèmes. Elles relèvent de diverses autorités et parties prenantes ainsi que des personnes et des communautés qu'elles servent. Cette gamme de responsabilités les placent dans différentes situations qui comportent des dilemmes éthiques particuliers.

Une infirmière de santé publique est capable de...

8.1 Faire preuve de professionnalisme dans une pratique indépendante en divers milieux et avec de multiples intervenants.

8.2 Appliquer les normes et principes d'éthique en tenant compte des normes d'éthique appropriées de la santé publique et des soins infirmiers.

8.3 Consulter au besoin d'autres personnes pour déterminer le meilleur plan d'action face à des dilemmes éthiques, des problèmes de sécurité, des risques aux droits et libertés de la personne, de nouvelles situations et de nouvelles connaissances.

- 8.4 Avoir une pratique réflexive : continuellement examiner et améliorer sa pratique :
- Examiner la pratique par rapport aux caractéristiques personnelles, aux connaissances et au contexte de la personne, de la famille, du groupe ou de la communauté
 - Adapter les techniques, approches et procédures des soins infirmiers de santé publique aux défis que présente une situation ou un milieu communautaire particulier en se fondant sur des données probantes
- 8.5 Promouvoir l'usage effectif, efficace et responsable des ressources.
- 8.6 Exercer sa profession en respectant la législation pertinente et en tenant compte des obligations juridiques et professionnelles.
- 8.7 Contribuer à la qualité de l'environnement de la prestation des soins infirmiers de santé publique en déterminant les besoins, les problèmes et les solutions, et en mobilisant les collègues en participant activement au travail d'équipe et aux structures et mécanismes organisationnels.

Appendix A - Expert Group Membership & Area of Representation

Name	Area of Representation	Represents
1. Benita Cohen*	Education	Manitoba
2. Bluma Levine*	PHN (Union rep)	Manitoba
3. Brenda Carle*	Consultant	New Brunswick
4. Carol Yandreski*	PHN	Ontario
5. Cheryl Martin*	Human Resources Expertise	British Columbia
6. Claire Betker*	CHNAC	Manitoba
7. Horst Backe*	Manager	Manitoba
8. Joyce Fox*	PH Director	Ontario
9. Judy Deroose*	PHN	Saskatchewan
10. Kate Dilworth*	Program Consultant	Ontario
11. Kavine Thangaraj*	PH Director	Ontario
12. Lisa Ashley*	Canadian Nurses Association	Canada
13. Mary Martin-Smith*	Government	Saskatchewan
14. Michelle Hogan*	CHNAC (Education)	Ontario
15. Rosemarie	CHNAC	Newfoundland
16. Ruth Schofield*	CHNAC (education)	Ontario
17. Suzanne Sunnel	Other Discipline, Dental	British Columbia
18. Terry Creagh*	Program Consultant	Nunavut

* Background in Public Health Nursing

Appendix B Call Out to Public Health Nurses

Call Out!



**To nurses who
work in public health**

The Community Health Nurses Association
of Canada wants your feedback

**We need your help to define
public health nursing specific
competencies**

Watch for the survey coming to you
by email the week of January 18, 2009.

1. Please complete the survey when it comes
2. Spread the word...please forward the message on to other nurses so they can provide input too*.

* Our apologies if you get it more than once!



Contact Info: xxxxxxxxxxx@xxxxx.xxx (xxx) xxx-xxxx

Appendix C – Invitation to Participate in Survey

Dear Nurses working in Public Health.

**Chers praticiennes et praticiens des services infirmiers de santé publique.
(Voir message en français ci-après)**

The Community Health Nurses Association of Canada wants your feedback to help define the public health nursing competencies in Canada

Please forward this notice to your public health nursing networks and other nurses working in public health who might be interested in providing feedback on the public health nursing discipline specific competencies.

The more participants the more successful the end product will be.

You may be a frontline nurse, a manager, a program planner, a clinical nurse specialist, clinical educator or a researcher. You may be a nurse educator in a diploma, undergraduate or graduate level program.

The Community Health Nurses Association of Canada (CHNAC), using a consultative process has developed a draft set of Pan Canadian public health nursing discipline specific competencies. These competencies have been linked to the Core Competencies for Public Health in Canada (2007) and the Canadian Community Health Nursing Standards of Practice (2003).

Competencies are defined as "the integrated knowledge, skills, judgement and attributes required of a registered nurse to practice safely and ethically in a designated role or setting. (Attributes include, but are not limited to attitudes, values and beliefs)". (Canadian Nurses Association, Code of Ethics for Registered Nurses, 2008, p.23).

We anticipate that it will take approximately 30 - 45 minutes to complete the survey

For more background information about the public health nursing core competencies and to open the survey please click on the following link;

Link to: PHN Discipline Specific Competencies Survey

Appendix D: Level of Agreement Achieved for Each of the Individual Competency Statements, Results of Delphi Round 3

Draft Public Health Nursing Competencies

Public Health Nursing Competencies are the integrated knowledge, skills, judgement and attributes required of a public health nurse to practice safely and ethically. Attributes include, but are not limited to attitudes, values and beliefs. (Canadian Nurses Association Code of Ethics, 2008)

1 - PUBLIC HEALTH and NURSING SCIENCES

This category includes key knowledge and critical thinking skills related to: the public health sciences (behavioural and social sciences, biostatistics, epidemiology, environmental public health, demography, workplace health, prevention of chronic diseases, infectious diseases, psychosocial problems and injuries) as well as nursing theory, change theory, economics, politics, public health administration, community assessment, management theory, program planning and evaluation, population health principles, community development theory, and the history of public health. Competency in this category requires the ability to apply knowledge in practice.

A public health nurse is able to...

1.1 Apply knowledge about the following concepts: the health status of populations; inequities in health; the determinants of health and illness; social justice; principles of primary health care; strategies for health promotion; disease and injury prevention; health protection, as well as the factors that influence the delivery and use of health services.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
85%	14%	1%	0%	0%

Note: Percentage agreement was based on the n value of participants who responded to each of the competency statement.

A public health nurse is able to...

1.2 Apply knowledge about the history, structure and interaction of public health and health care services at local, provincial/territorial, national, and international levels.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
22%	53%	24%	1%	1%

1.3 Apply public health and nursing sciences to practice and synthesize knowledge from a broad range of theories, models and frameworks.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
43%	45%	11%	1%	0%

1.4 Critically appraise knowledge gathered from a variety of sources.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
72%	26%	2%	0%	0%

1.5 Use evidence and research to inform health policies, programs and practice:

- contribute to the development and generation of evidence-based nursing
- use available resources to systematically plan and evaluate public health nursing practice

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
62%	33%	5%	0%	0%

A public health nurse is able to...

1.6 Pursue lifelong learning opportunities in the field of public health that are consistent with: current public health nursing practice; new and emerging issues; the changing needs of individuals, families, groups and communities; emerging research and evolving information about the impact of the determinants of health.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
73%	25%	2%	0%	0%

1.7 Integrate multiple ways of knowing into practice.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
57%	38%	2%	0%	2%

2 - ASSESSMENT AND ANALYSIS

This category describes the core competencies needed to collect, assess, analyze and apply information (including data, facts, concepts and theories). These competencies are required to make evidence-based decisions, prepare budgets and reports, conduct investigations and make recommendations for policy and program development. Community members are involved in identifying and reinforcing those aspects of everyday life, culture and political activity that are conducive to health.

A public health nurse is able to...

2.1 Recognize that a health concern or issue exists:

- apply principles of epidemiology
- conduct comprehensive community assessments with individuals, families, groups and communities using quantitative and qualitative strategies
- recognize patterns and trends in epidemiological data and service delivery
- assess the impact of the broad social, cultural, political and economic determinants of health.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
50%	42%	8%	0%	0%

2.2 Identify relevant and appropriate sources of information, including community assets, resources and values in collaboration with individuals, families, groups, communities and stakeholders.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
66%	31%	3%	0%	0%

2.3 Collect, store, retrieve and use accurate and appropriate information on public health issues.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
56%	40%	4%	0%	0%

2.4 Analyze information to determine appropriate implications, uses, gaps and limitations.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
44%	47%	9%	0%	0%

A public health nurse is able to...

2.5 Assess impact of specific issues on health such as; political climate and will; values and culture; social and systemic structures; settings; as well as the individual, family, group, and community's readiness and capacity.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
50%	42%	7%	0%	0%

4.6 Assess the health status and functional competence of individuals, families, groups, communities or populations within the context of their environmental and social supports.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
70%	27%	3%	0%	0%

2.7 Determine the meaning of information, considering the ethical, political, scientific, socio-cultural and economic contexts:

- identify attitudes, beliefs, feelings and values about health and their effect on relationships and interventions
- support individuals, families, groups and communities to identify risks to health and make informed choices about protective and preventive health measures
- describe the role of power in relationships by giving voice to the vulnerable
- demonstrate skill in dealing with diversity and high levels of ambiguity.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
70%	28%	2%	0%	0%

A public health nurse is able to...

2.8 Recommend specific actions based on the analysis of information:

- identify a range of appropriate interventions including health promotion; health protection; disease and injury prevention and clinical care using a multi strategy and multi target approach.
- identify short and long term goals
- identify outcome indicators
- identify research questions

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
57%	37%	6%	0%	0%

2.9 Recognize opportunities to promote social justice.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
30%	53%	17%	0%	0%

5 – POLICY AND PROGRAM PLANNING, IMPLEMENTATION AND EVALUATION

This category describes the core competencies needed to effectively choose options, and to plan, implement and evaluate policies and/or programs in public health. This includes the management of incidents such as outbreaks and emergencies.

3(A) - POLICY DEVELOPMENT

A public health nurse is able to...

3A .1 Describe selected policy options to address a specific public health issue.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
26%	54%	18%	1%	1%

A public health nurse is able to...

3A .2 Describe the implications of each policy option, especially as they apply to the determinants of health and recommend or decide on a course of action.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
27%	52%	19%	1%	0%

3A .3 Develop a plan to implement a course of action taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
34%	48%	16%	1%	1%

3A .4 Implement a policy.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
42%	41%	14%	1%	2%

3A .5 Support community action to influence policy change.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
39%	49%	11%	0%	1%

3A. 6 Build community capacity to improve health and address health inequities.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
53%	41%	4%	1%	0%

A public health nurse is able to...

3A .7 Advocate for healthy public policy and services that promote and protect the health and well-being of individuals, families groups and communities.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
57%	39%	4%	0%	0%

3A .8 Advocate for the reduction of inequities in health by participating in legislative and policy making activities.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
23%	51%	25%	1%	1%

3(B) - PROGRAM PLANNING

A public health nurse is able to...

3B.1 Describe selected program options to address a specific public health issue.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
40%	50%	9%	0%	1%

3B.2 Describe the implications of each option, especially as they apply to the determinants of health and recommend or decide on a course of action.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
36%	53%	10%	0%	1%

A public health nurse is able to...

3B.3 Develop a plan in collaboration with individuals, families, groups and communities to implement a course of action that is responsive to needs taking into account relevant evidence, legislation, emergency planning procedures, regulations and policies.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
51%	41%	8%	0%	0%

3(C) - IMPLEMENTATION AND INTERVENTION

A public health nurse is able to...

3C.1 Take action, across multiple levels, to address specific public health issues by using a comprehensive mix of public health strategies to address unique needs and to build individual, family, group and community capacity.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
45%	44%	10%	1%	0%

3C.2 Facilitate planned change with individuals, families, groups, communities, systems or population(s) by applying the Population Health Promotion Model, primary health care principles and appropriate change theory.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
53%	38%	8%	0%	1%

3C.3 Demonstrate the ability to integrate relevant research and implement evidence informed practice.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
56%	38%	5%	0%	0%

A public health nurse is able to...

3C.4 Participate in collaborative, interdisciplinary and intersectoral partnerships to enhance the health of individuals, families, groups, communities and populations.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
66%	31%	3%	0%	0%

3C.5 Maximize the capacity of the individual, family, group or community to take responsibility for and to manage their health needs according to resources available and personal skills.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
68%	31%	1%	0%	0%

3C.6 Set and follow priorities and maximize outcomes based on available resources.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
58%	40%	3%	0%	0%

3C.7 Fulfill functional roles in response to a public health emergency.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
71%	26%	3%	0%	0%

3C.8 Facilitate access to services in the health sector and other sectors.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
55%	39%	6%	0%	0%

A public health nurse is able to...

3C.9 Adapt practice in response to the changing health needs of the individual, family, group and community and in response to the unique characteristics of the setting.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
76%	23%	1%	0%	0%

3C.10 Take action to protect individuals, families, groups and communities from unsafe or unethical circumstances.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
68%	29%	3%	0%	0%

3C.11 Advocate in collaboration with, and on behalf of, and with individuals, families, groups and communities on social justice related issues

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
40%	46%	13%	0%	1%

3(D) - EVALUATION

A public health nurse is able to...

3D.1 Evaluate an action, policy or program in a systematic and continuous manner by measuring its effect on individuals, families, groups or communities.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
35%	50%	13%	1%	1%

A public health nurse is able to...

3D.2 Evaluate programs in relation to determinants of health and health outcomes.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
44%	46%	10%	0%	0%

3D.3 Evaluate programs in partnership with individuals, families, groups, communities and other stakeholders.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
45%	46%	8%	0%	1%

4 – PARTNERSHIPS, COLLABORATION AND ADVOCACY

This category captures the competencies required to influence and work with others to improve the health and well-being of the public through the pursuit of a common goal. This includes the concepts of: social justice, which is the fair distribution of society's benefits and responsibilities and their consequences (Canadian Nurses Association, Code of Ethics, 2008); partnership and collaboration which is to optimize performance through shared resources and responsibilities; advocacy which is to speak, write or act in favour of a particular cause, policy or group of people and aims to reduce inequities in health status or access to health services.

A public health nurse is able to...

4.1 Advocate for societal change in support of health for all:

- collaborate with partners to address public health issues and service gaps in order to achieve improved health outcomes
- build coalitions, intersectoral partnerships and networks
- facilitate the change process to impact the determinants of health and improve health outcomes.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
47%	45%	7%	0%	0%

A public health nurse is able to...

4.2 Use skills such as team building, negotiation, conflict management and group facilitation to build partnerships and to support group development.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
62%	34%	4%	0%	0%

4.3 Mediate between differing interests in the pursuit of health and well-being, and advocate for appropriate resource allocation and equitable access to resources.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
36%	47%	17%	1%	0%

4.4 Advocate for healthy public policies and services that promote and protect the health and well-being of individuals and communities.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
46%	47%	7%	0%	0%

4.5 Involve individuals, families, groups and communities as active partners to identify assets, strengths and available resources and to take action to address health inequities, needs, deficits and gaps.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
59%	34%	6%	0%	0%

5 - DIVERSITY AND INCLUSIVENESS

This category identifies the competencies required to interact effectively with diverse individuals, families, groups and communities in relation to others in society as well to recognize the root causes of disparities and what can be done to

eliminate them (Canadian Nurses Association, Code of Ethics, 2008). It is the embodiment of attitudes and actions that result in inclusive behaviours, practices, programs and policies.

A public health nurse is able to...

5.1 Recognize how the determinants of health (biological, social, cultural, economic and physical) influence the health and well-being of specific population groups.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
77%	21%	2%	0%	0%

5.2 Address population diversity when planning, implementing, adapting and evaluating public health programs and policies.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
60%	35%	4%	0%	0%

5.3 Apply culturally-relevant and appropriate approaches with people from diverse cultural, socioeconomic and educational backgrounds, and persons of all ages, genders, health status, sexual orientations and abilities.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
72%	26%	2%	0%	0%

6 – COMMUNICATION

Communication involves an interchange of ideas, opinions and information. This category addresses numerous dimensions of communication including internal and external exchanges; written, verbal, non-verbal and listening skills; computer literacy; providing appropriate information to different audiences; working with the media and social marketing techniques.

A public health nurse is able to...

6.1 Communicate effectively with individuals, families, groups, communities and colleagues:

- use verbal, non verbal and written or graphic communication skills
- speak and write in plain language
- use multi-sensory forms of communication to address unique communication styles
- use culturally relevant communication when building relationships.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
89%	10%	1%	0%	0%

6.2 Interpret information for professional, non professional and community audiences.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
63%	33%	3%	0%	0%

6.3 Mobilize individuals, families, groups and communities by using appropriate media, community resources and social marketing techniques.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
40%	49%	10%	1%	0%

6.4 Use current technology to communicate effectively.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
54%	41%	5%	0%	0%

7 – LEADERSHIP

This category focuses on leadership competencies that build capacity, improve performance and enhance the quality of the working environment. They also enable organizations and communities to create, communicate and apply shared visions, missions and values.

A public health nurse is able to...

7.1 Describe the mission and priorities of the public health organization where one works, and apply them in practice.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
47%	44%	8%	0%	1%

7.2 Contribute to developing key values and a shared vision to assess, plan and implement public health programs and policies in the community by actively working with health professionals and in partnership with community partners to build capacity.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
41%	51%	7%	0%	0%

7.3 Use public health and nursing ethics to manage self, others, information and resources and practice in accordance with all relevant legislation, regulating body standards and codes (e.g. provincial health legislation, child welfare legislation, privacy legislation, Canadian Nurses Association Code of Ethics for registered nurses).

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
69%	29%	2%	0%	0%

A public health nurse is able to...

7.4 Contribute to team and organizational learning in order to advance public health goals.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
53%	42%	5%	0%	0%

7.5 Contribute to the maintenance of organizational performance standards.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
39%	50%	10%	0%	0%

7.6 Demonstrate an ability to build capacity by sharing knowledge, tools, expertise and experience:

- participate in professional development and practice development activities
- mentor students and orient new staff
- participate in research and quality assurance initiatives.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
65%	33%	2%	0%	0%

8 – Professional Responsibility and Accountability

This category addresses a number of dimensions including the recognition that nurses are accountable for their actions and are responsible for making sure they have the required knowledge and skills needed to ensure the delivery of safe, compassionate, competent and ethical care. It includes the competencies required to maintain quality work environments and relationships needed in a professional practice. Public Health nurses are responsible for initiating strategies that will address the determinants of health and generate a positive impact on people and systems. They are accountable to a variety of authorities and stakeholders as well as to the individual and community they serve. This range of accountabilities places them in a variety of situations with unique ethical dilemmas.

A public health nurse is able to...

8.1 Demonstrate professionalism in independent practice in multiple settings with multiple stakeholders.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
83%	14%	1%	0%	1%

8.2 Apply ethical standards and principles taking into consideration appropriate public health and nursing ethics.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
81%	18%	1%	0%	0%

8.3 Consult as needed to determine the best course of action in response to: ethical dilemmas, safety issues, risks to human rights and freedoms, new situations and new knowledge.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
75%	22%	2%	0%	0%

8.4 Use reflective practice to continually assess and improve practice:

- examine practice in relation to personal and individual, family, group or community attributes, existing knowledge and context
- adapt public health nursing techniques, approaches and procedures to the challenges in a particular community situation or setting.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
67%	30%	2%	0%	0%

A public health nurse is able to...

8.5 Advocate for effective, efficient and responsible use of resources.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
49%	45%	5%	0%	0%

8.6 Act upon legal and professional obligations, and practices in accordance with relevant legislation.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
77%	20%	2%	0%	1%

8.7 Contribute to the quality of public health nursing work environments by identifying needs, issues, solutions and mobilizing colleagues by actively participating in team and organizational structures and mechanisms.

Essential to PHN Practice	Important for PHN Practice	Somewhat important for PHN Practice	Not at all important for PHN Practice	Don't know
49%	45%	6%	0%	0%