

An Evaluation of the Canadian Community Health Nursing
Standards Toolkit (2007)

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INTRODUCTION

The Community Health Nurses of Canada (CHNC) wanted to evaluate its Canadian Community Health Nursing Standards of Practice Toolkit (Toolkit; CHNC, 2007) with a view of determining its strengths and weaknesses so that it can be revised and updated. To do this, a review of the development process was undertaken, along with a survey and interviews of key players in the development and dissemination of the Toolkit.

BACKGROUND

The Toolkit was developed in 2007 by Drs. Elizabeth (Liz) Diem and Alwyn Moyer of the University of Ottawa for the Community Health Nurses Association of Canada, now called Community Health Nurses of Canada (CHNC), with support and funding from the Public Health Agency of Canada (PHAC). Its development was a collaborative and interactive process that involved nurses from across the country working in a variety of community settings. The Toolkit's purpose is to support the integration and utilization of the Canadian Community Health Nursing Standards (Standards; CHNC, 2003 & 2008) by organizations that employ community health nurses (CHNs) and by nursing education institutions. To best facilitate its use, the developers suggested that it be accessible and easy to use. Seen as a dynamic document that would be added to and adapted with each use by each user, it was hoped that it would be continuously improved.

The Standards define community health nursing practice; they aim to foster continuing competence in community health nursing so that care delivery is of high quality, safe and ethical. The Standards complement the provincial regulatory bodies for nursing by providing a discipline-specific perspective on community health nursing. Through the implementation of the Standards, organizations that employ community health nurses build on and adapt existing structures and practices to create an environment where community health nurses are encouraged and supported to attain and maintain continuing competence. The Toolkit presents a process, including tools and resources, for raising awareness of the Standards and a means for facilitating their use by integrating them into the policies, procedures and documents governing community health nursing practice. To be most effective, it is recommended the Toolkit be used as a whole to facilitate curriculum development, continuing education and reflective practice, administrative practices (e.g., recruiting, staffing, retaining personnel), orientation and mentoring, and performance appraisal.

The Toolkit is divided into two interlinked sections: the first describes a process for use by both employers and educators, and the second section contains a repository of examples of tools and resources for use. Providing an Action Workplan template to assist in working through the process, the Toolkit guides the reader through five steps:

Step 1: Getting started

Step 2: Assess organizational capacity

Step 3: Develop action plan

Step 4: Take action

Step 5: Evaluate success

A CD-Rom is attached to the print copy of the Toolkit. This disc contains the additional resources for the Standards: modifiable forms; Powerpoint™ presentations and workshops; and Canadian examples of policies and procedures.

According to the CHNC database approximately 200 Toolkits have been purchased in Canada by 72 people. The binder and CD-Rom set costs \$100 (<http://www.chnc.ca/Results.cfm>). A number of Toolkits have been distributed free of charge to CHNC Board members with support from the Public Health Agency of Canada (PHAC) (Y. Laforet-Fliesser, personal communication, 23 March 2010). The Toolkit has also been on the website and available for people to download since its inception Evelyn Butler, personal communication, 15 March 2010). We have no statistics available about how many have been accessed or downloaded via the website.

Four Standards Workshops were held across Canada in 2007 and 2008 to support the introduction of Community Health Nursing Standards and Competencies to practitioners, managers and educators. The Toolkit was introduced at one of these workshops and at the CHNC Annual Conferences (CHNC, 2007). The Workshops were evaluated and three key recommendations were forthcoming: enhance the Toolkit; ensure ongoing sustained action on the Standards; and continue to provide support and leadership.

The Toolkit has now been in place for three years, and action on the Standards has continued in many formats. The Canadian Nurses Association (CNA) has accepted community health nursing as a specialty area of practice and has offered a certification process since 2006. CHNC now needs to know if the Toolkit needs to be revised and updated and, if so, how.

The purpose of this evaluation research study is to:

1. Review the current questionnaire developed for Toolkit users;
2. Revise the questionnaire and use it to survey purchasers of the Toolkit;
3. Acquire narrative responses from a sample of Toolkit users; and
4. Make recommendations for improving the Toolkit.

METHODS

A utilization-focused evaluation approach (Patton, 1997) to the evaluation research study was used so the information generated could be used by the CHNC to make decisions about revising the Toolkit. The CHNC Education and Professional Development Standing Committee (the Committee) and its chairperson served as the evaluation research study's advisory committee. In this role they oversaw and approved all aspects of the evaluation research study. In addition, the committee chairperson served as the link between Toolkit purchasers/users and the evaluators. Prior to data collection, ethical approval was obtained from the Conjoint Health Research Ethics Board (CHREB) at the University of Calgary (Appendix A: Ethics ID: E-22734).

The first part of the evaluation consisted of surveying Toolkit purchasers. A questionnaire had been developed originally to collect feedback from attendees at the Community Health Nurses of Alberta's (CHNA) provincial workshop for nurses held in 2007 and included with the Toolkit to acquire feedback from Toolkit purchasers (only one of which was returned). The questions in this original questionnaire were designed in consultation with the CHNA workshop planning team, an evaluation assistant and the two University of Ottawa professors who developed the Toolkit, and incorporated questions used as part of a national evaluation of the Standards Workshops across participating provinces (Ontario, Alberta, British Columbia, and Nova Scotia). For the present evaluation, we used many of the demographic questions and response options from the original questionnaire as participants were already accustomed to this format; it would also allow comparison with previously collected information if so desired. Some adaptations were made to be consistent with the goals and objectives of this evaluation research study. The revised questionnaire was assessed for face validity and content validity; in a scheduled teleconferenced Committee meeting, Committee members examined each item and made judgements about its relevance and importance. The Committee approved the final version of the questionnaire prior to distribution. We did not pilot test the questionnaire due to lack of time and shortage of participants, however, based on data collected previously using a similar tool, we were able to accurately measure the time it would take for completion.

The questionnaire was distributed electronically to Toolkit purchasers with an invitation letter (Appendix B) requesting participation from the President of CHNC. An online survey tool (Survey Monkey™) was used for data collection. Consent was implied by the completion of the questionnaire. Purchaser contact information was provided by CHNC and consisted of key purchaser groups such as public health nurses, educators, home care and visiting nurses, and community health nurse managers. Two weeks after the questionnaire was distributed, an electronic reminder was sent to those whose surveys had not yet been returned. This process was repeated two more times at two week intervals. After the three reminders, data collection by questionnaire was considered complete. The Survey Monkey™ software provided statistical analysis of the questionnaire data. Simple statistics appropriate for categorical data were employed to assess the strengths and weaknesses of the Toolkit. The analysis of data for each item on the questionnaire involved a description of how responses were distributed among the categories (response options). A frequency table of counts and percentages was developed to display the results.

The second part of the evaluation consisted of acquiring narrative data specific to how the Toolkit was used (e.g., as a whole or in part); what strengths and shortcomings were experienced; and how any shortcomings were overcome. An invitation to participate letter was signed by CHNC President (Appendix C). A project information sheet that described the evaluation research study was developed (Appendix D), and a verbal consent form and interview guide was created for the use in interviews (Appendix E). Originally, it was planned to conduct teleconferenced focus groups with volunteers from the attendance lists from the National Workshops, but numbers were insufficient to make this feasible. Instead, individual interviews were substituted, with approval from the Office of Medical Bioethics.

Workshop leaders (from the four sites sponsored by CHNC in 2007) were directly invited to participate in the interviews as well as ask their respective workshop attendees to volunteer to be interviewed (Appendix C). Due to a low response rate, the Committee chairperson identified individuals for us to approach to elicit participants for interviews (e.g., CHNC Board members past and present who had received copies of the Toolkit). All communication was carried out via e-mail. The interviews followed the closing of data collection from the survey in order to probe most effectively and build on some key points that arose from the survey data. Oral consent was sought from all interviewees; interviews were audio-recorded with their permission. The interviews took approximately 20-30 minutes to complete. All who volunteered to participate were interviewed, for a total of nine interviews. With these interviews, data saturation was becoming evident and a moderately representative sample in terms of nursing practice areas and range of provinces achieved. No further volunteers were coming forward and the study timeline for data collection was coming to a conclusion, so qualitative data collection was closed.

As well as audio-recording the interviews, copious notes were taken. Full transcripts were deemed unnecessary due to the semi-structured nature of the interviews and time/budget constraints. However, each interview was reviewed prior to conducting the next. Analysis began with listening to the recorded interview and completing a table for each participant that consisted of the question asked and their response. Next, the data for each interview were combined for each of the questions separately and by participant as a new table. The responses of all participants were noted (both from the audio-recording and the interview notes); pertinent verbatim responses (quotes) were captured to present in the report. In general, analysis involved seeking key themes and commonalities and/or differences in the data. The analysis sought to uncover what was not being said (by using the analysis to inform the next interview) and what was contradictory.

SAMPLE DESCRIPTION

Seventy-two Toolkit purchasers were asked via email to complete the survey. Six requests were returned as having invalid addresses, and three replies opted out, leaving a potential responder group of 63. A total of 21 completed the evaluation survey, resulting in a response rate of 33%. Some respondents, however, failed to answer some questions leaving a lower response rate for several individual items.

Nine interviews were completed with individuals who had experience working with the Toolkit and the Standards. There were two interviewees from each of the provinces of Ontario, Newfoundland and Saskatchewan and three interviewees from Alberta. In terms of nursing practice areas, there were five public health nurses, three educators and one home care nurse. Interviewees described where they were employed and how they used the Toolkit when it was first released. Many are now otherwise employed.

RESULTS

In this section, we will first present the results from the survey and then follow with the insights offered by those who were interviewed. Tables of results from the survey are reported in Appendix G. Please note for some of the multiple choice questions, some respondents failed to give an answer while others chose more than one answer for a particular question. This resulted in different numbers for each item as well as sums surpassing 100%.

BACKGROUND TO THE DEVELOPMENT OF THE TOOLKIT

We consulted one of the original developers of the Toolkit to better understand the Toolkit development and piloting processes, the context in which the Toolkit was originally conceived, designed and developed, and what dissemination had been done in addition to the National Workshops evaluated by Wall (2007). Dr. Diem's activities are described in Table 1.

Table 1: Action across Canada based on Toolkit: Dr. E. Diem¹

Date	Location	Components	Focus	Materials
Oct 26, 2006- March 2007	Cornwall; Provincial teleconferenc es*	4 hour workshop + 3 sets of 1 hour teleconferences over 5 months for support for action	Action team use of Toolkit	Draft of Toolkit material provided for each organization
February 3, 2007	Red Deer * workshop	1.5 hour presentation on Standards, followed by separate groups for general practice, managers, educators	Managers introduced to Toolkit. Educators introduced to education section	Presentation handout provided; Toolkit not available
March 20-21, 2007	Halifax*	2 days. Introduction to Standards, introduction to Toolkit.	Both Standards and Toolkit - Public Health only	Presentation handout provided; Toolkit not available
May 2007	Toronto conference	3.5 hour workshop: introduction to Toolkit	Participants from across Canada	Toolkit launched at this conference
October 23- 24, 2007	Moncton	2 days – workshop. Introduction to Standards, introduction to Toolkit	Both Standards and Toolkit- Public health, home health, FNIHB	Toolkit was available
February 28, 2008- September 2008	Saskatoon, provincial video- conference	5 hour- Introduction to Standards, 3 video- conferences to introduce Toolkit and provide support	Both Standards and Toolkit- Public health, home health, FNIHB	Toolkit was available
May 2008	Toronto conference	3.5 hour workshop: Introduction to Standards	Standards Participants from across Canada	Participants were told about the Toolkit

¹ The asterisks in Table 1 denote those Workshops evaluated by H. Wall in 2007. Dr. Diem was not in attendance at the BC (Vancouver Coastal) Workshop reported in the Wall report.

The Toolkit has had excellent promotion and marketing as a tool to integrate the Standards into practice, education, and administration of community health nursing.

RESPONSE RATE

It is important to attend to the low response rates and difficulties in obtaining volunteers for the interviews. Many potential interviewees did not volunteer to participate or were not available due to competing work commitments (e.g., H1N1 national mass vaccination campaign), or they were ineligible due to lack of experience with the Toolkit. The original sample was to comprise the 2007 Workshop attendees (n=741) described in the 2007 summary report (Wall, 2007).

Throughout the evaluation research study it became clear that many Workshops (from four different provinces) neither had the Toolkit available for distribution to participants nor used it during the Standards Workshops. In addition, either the Workshop leaders no longer had access to attendance lists, attendance lists were not created, or Workshop leaders were reluctant to send out request letters on our behalf (or provide us with contact information) because of concerns for privacy. As a result, the sample frame for participation in the interview part of the evaluation research study was significantly reduced. In order to have participants who were knowledgeable about, and experienced with, the Toolkit, we turned to workshop leaders and those more involved with the development and use of the Toolkit. This action resulted in a more selective and less representative sample.

It is also important to point out that more people self-identifying as public health versus home health participated in both parts of this study; this may well lead to bias in the results. The fact that more administrators responded, rather than front line nurses, is consistent with the audience for the Toolkit and is an expected result.

EXPERIENCE WITH THE TOOLKIT AND STANDARDS

The first five survey questions asked about various aspects of respondents' nursing practice in order for the evaluators to better understand the survey sample – those who had purchased the Toolkit. There was good representation of respondents from all of the Canadian provinces. Ontario had the most representation with 6/20 respondents. In terms of area of practice, the majority of respondents reported working in public health (79%). Other reported areas of practice included home care, teaching in a university or college, and community health centre nursing. When asked about the main focus of practice, the majority of respondents focused on administration (71%). The second most common focus of practice cited was direct (clinical, front line) (19%). A large majority of respondents reported that they have been working in community healthy nursing for 11 or more years (86%). No respondents reported working in nursing for less than 6 years. Finally, respondents were asked to report on the type of organization (in terms of structure and/or size) in which they practice. A slight majority worked in a regional health authority (53%), followed by local/district public health unit/department (32%), and home health/community health centre/nursing education (16%). One participant specified "other" as place of employment; since this is n=1 the employment site will not be disclosed for purposes of anonymity.

Respondents were asked how much work their organization or educational program had done on the Standards prior to receiving the Toolkit. Fifty-five percent of respondents reported that they “have done some work” as opposed to “just starting” (35%) and “done considerable work” (15%). Respondents were also able to describe the type of work that had been done. Responses included: integrated into orientation of new staff; guided the development of interview questions and position descriptions; integrated the Standards into policies and performance evaluation tools; promoted the certification process; promoted preliminary discussions with work team; guided teaching in the community; and planned CHN workshops/professional development on the Standards.

In order to get a better idea of how to communicate information about the Standards to CHNs, respondents were asked to report on the ways in which they prefer to be kept up to date about news related to the use of the Toolkit. Ninety percent reported that they prefer e-mail communication, while 50% reported wanting a special section on the CHNC website for information on the Toolkit and 25% prefer having a listserv available. Additional suggestions included: CHNC newsletter; mail-outs; national teleconference; and presentations at the annual national and regular provincial conferences.

Respondents were also asked to report on their attendance at Workshops related to the Standards. There were 4 answer choices related to varying degrees of participation in national Standards Workshops. The majority of respondents: attended a workshop that explained the Standards in terms of practice (72%); attended a workshop that explained how to use the Standards Toolkit (78%); and attended or organized a workshop on the Standards in their organization or area (61%). Only 11% of respondents were involved in a follow-up to a workshop on the Standards. Finally, when asked about how long they or their organization have had a copy of the Toolkit, 57% of respondents stated “two years”.

Interviewees reported using the Toolkit and Standards in various ways. One educator noted that the tools (from the Toolkit) did not apply much to her academic setting and were more practice oriented; however, she had experience with integrating the Standards into the curriculum. Interestingly, she had experiences also where students in community health nursing practica were better informed about the Standards than their preceptors! The Toolkit, unfortunately, was not necessary or useful for this interviewee in an education setting. Others reported on specific components of the Toolkit that were used and regarded as helpful. These components included the planning documents (for planning workshops); learning needs assessment; the action plans; the presentations; the workshop evaluation form; and the job descriptions.

Many interviewees spoke of using the Toolkit when it was first released to help plan and present workshops, with little follow-up or use afterwards. In fact, work on the Standards (2003) predated the Toolkit (2007), and in places where there was large commitment to the integration of the Standards into the organization, the Toolkit was an afterthought and added little value to the processes they already had in place. In fact, two interviewees found the Toolkit “complicated and cumbersome”; they needed to “flip back and forth to figure it out”. One interviewee stated that the process of integrating the Standards is much simpler than that put forth in the Toolkit and they were able to 1) orient their nurses to the Standards; 2) review job descriptions and postings for positions; and 3) encourage their nurses to

go through the certification process without the use of the Toolkit. Another interviewee said she was lucky that she had immediate buy-in from senior management and was able to ignore that part of the Toolkit. She referred to the Toolkit process as a “community development process” and reflected that community development took time and effort to build trust, awareness and move toward action; she felt fortunate that in her organization, the groundwork was already in place.

ASSESSMENT OF TOOLKIT: PRESENTATION

On the survey, respondents were asked to rate (scale of 1-5, 1=not well liked; 5=very well liked) various components of the Toolkit related to its presentation. For all four questions in this section (i.e., method of learning used (binder, CD-ROM), presentation/layout of information, ease of use, availability of Toolkit), the mode² rating was a “4”. However, for presentation/layout of information the ratings were equally split between “3” and “4”, with each of these numbers being selected by 7/19 respondents. Eleven respondents provided specific qualitative information on their likes and/or dislikes with respect to the Toolkit. Some components of the presentation that were well received include:

Good layout; user friendly in terms of varied tools and instructions; excellent progression of information

This Toolkit was fairly easy to use. The forms were very useful and the examples and policies etc. were also easy to use.

Respondents also noted areas for improvement, such as correcting the many typographical errors and increasing the font size. They also suggested that the Toolkit be broken down into smaller sections that could be more easily removed from the binder for specific use in facilitated discussions, meetings, presentations and the like. Time to use the Toolkit is at a premium whether in front line practice or education:

As educators we use information from our text books about the Standards to prepare our lectures. There seems to be an assumption in the Toolkit that there is a great deal of time to spend on the Standards ... there is not. On page 35 of the Toolkit it states that the introduction can be followed over several weeks ... not where I teach!!

In the introduction to the Toolkit, the authors indicate that the materials should be accessible and adaptable to local needs. One respondent reported:

I found that the French CD-ROM is not very helpful at all since the documents and Powerpoint™ presentations are all saved as .pdf. This does not allow us to adapt the content in our own practice for our own needs.

One respondent offered a suggestion to make the Toolkit more user-friendly:

² The mode is the value that occurs the most frequently in a data set or a probability distribution.

There needs to be a training module – some sort of Powerpoint™ or on-line component – so we can become more familiar with the Toolkit and how to use it. A video may also help with practical examples.

There are also some misunderstandings about purchase options for the Toolkit:

It is unfortunate that people are required to pay \$100 for the Toolkit when we should be promoting this openly. I find that this is a barrier.

In fact, there are free downloads available on the CHNC website; the charge is for those who prefer the convenience of having the pages printed in colour and collated into a binder (Personal communication, Administrative Manager CHNC, 15 March 2010). At 107 pages printed 2-sided (214 pages total) plus the CD-Rom and the binder with labels, the cost is not totally unreasonable.

Interviewees were asked to comment on the current format of delivery of the Toolkit. One individual liked how all the information was together in one binder with presentations available electronically. Another respondent noted that some may not like the binder format but she did as she likes having it easily on hand and able to take off the shelf and look at the whole document. Almost all of the respondents mentioned wanting the Toolkit to be electronic (not in an un-modifiable format like PDF) so that they could edit sections (particularly the presentations) to fit their own purposes and make the Toolkit's resources more pertinent to their own organizations. The Toolkit is available on the CHNC website as a PDF document. There were other suggestions about creating an interactive site where facilitators "could click on an icon and have an audio-visual clip" as an aid to their own preparation and learning prior to meetings, presentations and discussions.

ASSESSMENT OF TOOLKIT: FUNCTIONALITY

Respondents were asked in the survey to rate on a scale of 1-5 (1=not well liked; 5=very well liked) various components of the Toolkit related to its function. The mode for each component includes a rating of "4" by 42% of respondents for the readability of the Toolkit; a rating of "4" by 37% of respondents for the usefulness of the Toolkit information; and a rating of "3" by 42% of respondents for the ability of the Toolkit to teach the Standards. Some respondents commented on how they would revise the Toolkit to make it more practical and therefore more useful:

I find that the Toolkit and the Standards are too theoretical and not easily adapted to practice ... Integrate CHN practice scenarios and case studies to help CHNs recognize the usefulness of the Standards in their practice ... Incorporate more successes of others to learn from.

It would be a good idea to outline the Standards comprehensively in the Toolkit so we do not have to jump between documents. The sections should be smaller with pull out parts for easy use.

One person reflected somewhat cynically:

I really wonder if people are using it or are just reading it once and then it sits on a shelf.

When questioned about the information contained in the Toolkit, the majority of interviewees reported that the information was both appropriate and useful. One interviewee noted that the Toolkit was very helpful in reflecting on how to move forward and was a great template for anyone trying to plan a project. Another interviewee noted that the Toolkit was self-explanatory and a good resource.

Some feedback for improvements included:

- Update the learning needs assessment;
- Replace old tools with new and validated tools;
- Include new examples of work with the Standards that has been done by others;
- Streamline the Toolkit by having more sections with an index at the back;
- Use simpler terminology (or explain terms that may be new to CHNs);
- Suggest ways to identify continuous learning activities;
- Assist with preparing for certification; and
- Include a focus on the link between the Standards and the public health core competencies.

There was some difference of opinion on the overall utility of the Toolkit. One interviewee noted that the Toolkit as a process and resource was a good tool to continue, but the content of the Standards needs a mechanism for regular updating to make it more meaningful and current. Another interviewee, however, recommended that the Toolkit not be republished and CHNC funds be focused elsewhere.

The materials we used to prepare for the certification exam – and the study group that we had – [were] way more helpful than the Toolkit in learning how the Standards applied to my practice.

ASSESSMENT OF TOOLKIT: KNOWLEDGE TRANSMISSION

Survey respondents were asked to rate on a scale of 1-5 (1=not well liked; 5=very well liked) various components of the Toolkit related to knowledge (i.e., transmission of information about the Standards). This section had the lowest overall ratings of the sections in the Toolkit. Specifically, when asked about the effectiveness of the Toolkit on *increasing awareness* of the Standards (i.e., knowledge acquisition), 39% (the largest category) gave effectiveness a score of “3”. Similarly, 44% of respondents (the largest category) rated effectiveness as “3” for the effect of the Toolkit on *learning about* the Standards (i.e., the process of gaining knowledge). Some comments specific to learning about the Standards included requesting more examples, more engaging materials, and more discussion of the various guidelines, competencies and standards that apply to registered nurses in each province/territory:

Need more real life examples; visual video; how to work with the Standards; practical examples specific to each area of community nursing. We need more examples of how to engage staff. Many staff felt that the Standards did not apply to them.

The PPT presentations are very dry. I would recommend integrating more case study and practical examples into the descriptions and application exercises.

Differentiate the Community Health Nursing Standards from the College of Nurses standards and from the Public Health Core Competencies. [Note Figure 1 on page 3 does just that!]

Six responders provided answers to the question “What have you learned from the Toolkit and how has it changed your views of the Standards?” Responses included:

The examples of the job description and the performance appraisal tool are helpful in incorporating the Standards in our area. We found some of the activities helpful (such as the survey or questionnaire for nurses).

I have increased my awareness about how to incorporate Standards into practice. I learned how what we do every day fits into the Standards. Also, once you think about it, it becomes easier to integrate the Standards into your work.

I liked the variety of tools and forms that can be adapted as needed. I have used items from sample job descriptions and the environmental scan work sheet. These tools have enhanced my understanding of the Standards through the process of using the tools in several organizations.

Interviewees were asked to comment on how well the Toolkit addressed or promoted the Standards. Six individuals answered this question. Four felt that the Toolkit did a good job of addressing the Standards and provided useful tools on how to incorporate the Standards into organizations. One said the Toolkit did “fairly well” at addressing and promoting the Standards, but unless an organization is actively looking and motivated (and view it as a priority) to learn and integrate the Standards, the Toolkit may not work well. Finally, one noted that the Toolkit was more of an introduction to the Standards and you would have to go beyond the Toolkit (find additional resources) in order to really promote the Standards.

Interviewees were also asked if the Toolkit provided enough information for one to be able to learn about or teach the Standards. Again, four of six interviewees felt there was enough information – if there was already some awareness that the Standards existed. One of the CHNs interviewed mentioned that in her organization they did not use the Toolkit to learn the Standards but rather to integrate them into ongoing activities; the Toolkit was useful for that purpose. Two interviewees said the Toolkit alone was not robust enough to feel prepared to learn or teach the Standards. One interviewee noted that in her workplace they required more in-depth discussion about the Standards from small group work to fully grasp them and understand their importance. Another interviewee noted that if the Toolkit were combined with the Community Health Nursing Standards of Practice (2003, 2008), then there would be enough information to support personal learning and the ability to teach the Standards to others. There was also a call for the Toolkit to be more “engaging” for CHNs: more real-life examples that would grasp their attention; more topics relevant to front-line practice that could be used to generate discussion; and more “grab and go” resources (e.g., slide presentations, pamphlets) to use in small groups to get dialogue started.

ORGANIZATIONAL STRUCTURES AND BARRIERS

In order to obtain a better picture of the environment in which the Standards are introduced, it was important to find out if there were individuals within organizations who work to promote the Standards. In addition, it is valuable to identify any barriers to using the Toolkit. Fifty-five percent of survey respondents reported that there were no champions/change agents in their organizations; champions and change agents are those who are trying to move the Standards forward. On a more positive note, however, 45% did state that such a champion/change agent was present in their work settings.

When asked to report on barriers to Toolkit use, survey respondents reported that the growing expectations of CHNs as a result of the recent work on Standards, competencies and the seeming difficulties in rationalizing the two created stress. They also suggested that time, competing priorities, and the lack of access to what other groups are doing place barriers on the uptake of the Standards. They felt the Toolkit should have resources for training and keeping tools updated and a forum for sharing experiences; they called on CHNC to exercise leadership in these efforts.

There are many expectations of public health nurses such as the new Community Health [Nursing] Standards of Practice as part of the Accreditation process, the PHAC Core Competencies for Public Health ... all of this adds pressure to PHNs and creates confusion. Many nurses just lift their arms in despair and decide to focus on what can help them directly in their practice and where they can get quick results. It would be nice to try to help nurses understand how these Standards, competencies and expectations all fit together as opposed to working in silos. It would be helpful to have some training modules or staff coming out to engage nurses to become familiar with the binder and topic areas.

The other barrier is TIME to interpret the theoretical information in the Standards of Practice and Toolkit and share it in a common language that most nurses will be able to understand and use. We need time to review and implement. Time! And priorities ... and conflicting opinion on practice priorities and focus. Other urgent health program priorities and budget restraint issues are delaying and postponing further integration plans of the CHNC Standards.

We haven't done anything simply due to time factors and lack of human resources; nothing to do with the Toolkit per se.

Another barrier is the lack of sharing of the work that is done. It would be nice if the CHNC website would be a type of clearinghouse where the various provinces, universities and regions could share resources that have been created with the Standards and Toolkit.

A certain amount of frustration was evident in certain comments that point the finger at CHNs themselves, "blaming" them for their lack of interest in the Standards.

The barriers are coming from the nurses themselves – they do not seem to be interested in the Standards. Some nurses do not see the value because they find the information hard to apply.

In light of the previous comments, perhaps it is as much factors external to front line nurses (e.g., time, priorities, resources) as it is lack of interest or lack of an internal champion.

Interviewees were asked specifically about the presence or absence of champions or change agents within their organizations. Three of the nine individuals that were interviewed said that they themselves were the champions in their organization; they had worked in the past or were working at present to move the Standards forward. Four interviewees named managers, senior nurse leaders, CHNC board members, or small groups of nurses dedicated to this cause as their organizations' champions or change agents. Interviewees noted that senior management support was necessary for implementing the Standards. One individual commented that she did not know anyone else who would otherwise take the initiative of using the Toolkit to implement the Standards if she stopped doing it. Having a champion and leadership support was deemed critical for promoting the Toolkit and the Standards.

Many interviewees discussed barriers to use of the Toolkit to implement the Standards, including:

- Some CHNs were not aware of the Standards;
- Some CHNs do not see the Standards as relevant to their work;
- Lack of follow-up after the workshop (lost momentum);
- Lack of time;
- Lack of funding to allow nurses to become part of promoting the Standards and learning more about them (e.g., attending conferences);
- Lack of individual within an organization to take the lead on promoting the Standards; and
- Competing program priorities (e.g., "due to H1N1 our work on the Standards was put on the back burner").

Interviewees also offered potential solutions to some of these barriers, including:

- Engage/involve CHN staff early in the process to make them more accepting;
- Plan and carry through with follow-up at the time of planning workshops (determine where the follow-up will be and who is going to be responsible for that piece of work);
- Do more throughout the year to promote the Standards and the Toolkit and get people excited about them and interested ("the more you talk about the Standards and the Toolkit and bring them to the forefront, the more it's on people's minds - need more than just the introduction of the Toolkit"); and
- Train new nurses in organizations to be aware of the Standards and how to implement them by using the Toolkit and its resources.

ORGANIZATIONAL ACCOMPLISHMENTS WITH THE TOOLKIT AND STANDARDS

The interview questions expanded on the survey data to inquire about organizational accomplishments in relation to the Standards. Responses included:

- Integration of the Standards into a University nursing course;
- Use of the Standards in nursing students' reflective journals;
- Increased awareness of the Standards by staff and managers as well as students and instructors;
- Regular [planned] discussions about the Standards;

- Regular e-mails giving practice examples for each of the Standards in different areas of work;
- Local workshops on the Standards;
- Improved ability to articulate one's practice by using the language that is in the Standards;
- Posters and mouse pads with the Standards logo in the workplace;
- Integration of the Standards into job descriptions and evaluation tools;
- Beginning to work on relationship building and communication; and
- Uptake of CCHN(C) certification.

It should be noted that such accomplishments appear to have more to do with the Standards in general than the Toolkit itself; however, the Toolkit was reported to be a useful background resource (among other resources) for the above achievements.

Interviewees were asked to comment on what helped them the most in accomplishing their goals for integrating the Standards into their organizations. Many individuals mentioned having managerial support and buy-in. Two interviewees reported that their own knowledge of and commitment to the Standards and their value to CHN practice helped them to integrate the Standards into their workplace in meaningful ways. In addition, educating nurses on the Standards helped them understand what best community health nursing practice is – and to find ways to capture that quality, excellence, safety, and future vision with others in their workplaces and the wider profession. The following quote captures an interviewee's opinion on the utility of the Toolkit for achieving their organizational goals:

The Toolkit is a valuable tool when planning Standards workshops and preparing for certification. It was helpful to have everything prepared and organised for them, including relevant references, Powerpoints™, and tools. Having the Toolkit at our disposal was an easy way to educate people quickly.

SUMMARY

Overall, the sample of Toolkit purchasers that participated in the survey and those that were interviewed were experienced nurses in terms of years worked. The majority of survey respondents reported learning about the Standards and how to use the Toolkit from attending workshops. When asked about various components of the Toolkit, overall the presentation and functionality were well liked. There seems to be more room for improvement on the knowledge aspects of the Toolkit, specifically on how the Toolkit addresses knowledge acquisition and the process of learning about the Standards. Key suggestions for improvement called for the Toolkit to:

- Be more applicable to a wider variety of nursing roles beyond public health;
- Include a training component on the use of the Toolkit;
- Have smaller sections that can be easily printed;
- Include more practical examples; and
- Better identify how the Standards relate to the Public Health Competencies and provincial Nursing Standards.

Some barriers to use of the Toolkit and integration of the Standards into community health nursing practice included:

- Lack of champion/change agent in one's organization;
- Lack of time;
- Other health priorities;
- Nurses' lack of interest in/perceived value of the Standards; and
- Lack of understanding of the link between the Standards and the Public Health Competencies and the College of Nursing Standards

The survey was distributed in the midst of the national H1N1 mass vaccination program and likely generated a lower response rate than otherwise would be expected. Many purchasers were unable to respond to the survey due to the large time commitment and priority created by this public health crisis. Given these circumstances, we lengthened the timeline for survey distribution to allow for more purchasers to be able to find the time to complete this survey. Interviews were less impacted by H1N1 and more by issues previously noted: lack of attendance lists and privacy concerns in locating volunteers to interview.

A large number of purchasers working in administration responded to the survey; this was not unexpected given that the Toolkit was aimed primarily at this group. Although it is not possible to determine how the findings may have differed had we had a larger sample; perhaps without the competing priority of N1N1, more Toolkit users from a broader range of areas of community nursing (e.g., home and community care) would have been able to respond. In other aspects (e.g., province, type of organization), purchasers that responded seemed to represent the nursing community well. In addition, as can be seen with the qualitative feedback, respondents seemed to be well aware of the Toolkit and provided useful suggestions.

Overall, although the quantity of results may have been less than desired, the quality of the responses describes well the strengths and weaknesses of the Toolkit and should be considered in recommended revisions to the Toolkit.

There were many specific components of the Toolkit that were identified as being useful and well-liked; however, the Toolkit as a whole does not seem to be used as often as originally planned or to be a necessary tool to understand or integrate the Standards into one's workplace. Nevertheless, many organizations are aware of the Standards and have integrated them into their workplace regardless of whether or not they use the Toolkit in a deliberate way. It appears that organizations have taken a few sections from the Toolkit to plan initial workshops or give presentations, but have rarely used the Toolkit since. There was unanimous support of the value of the Standards and many advocated for continued work towards their promotion and further integration. With ongoing senior managerial support and commitment, this goal will be achieved. Having senior level staff act as champions or change agents within organizations appears to be a crucial factor in moving the Standards forward.

DISCUSSION

We were able to access only the 72 purchasers of the Toolkit for the survey; we reached out to CHNC Board members, the national Workshop facilitators, and some Workshop participants for interviews. We were not able to access those who downloaded the Toolkit from the CHNC website. There are most likely many more Toolkit users than we were able to contact for the purposes of this study. Although the response rate is disappointing, the comments and recommendations made by participants are diverse and cover a broad range of opinions and experiences. Participants came from a variety of organizations that have used the Toolkit in different ways (e.g., in an academic setting, a public health nursing organization, home care). Their feedback and recommendations need be taken into consideration when making decisions regarding the Toolkit.

It seems organizations and CHNs are able to integrate the Standards without using the Toolkit. In 2007 a series of workshops were delivered across Canada by CHNC with support from PHAC; at these workshops 741 CHNs were exposed to the Standards and the Toolkit was tested and used by workshop facilitators to introduce and discuss the Standards. At that time, there was considerable momentum and excitement surrounding the Standards and the Toolkit, and with CNA certification available for CHNs, action about learning the Standards and how to incorporate them into practice, policies, and procedures was front and centre. Since 2007 the Standards have been discussed in workshops at the CHNC Annual Conferences, informing even more people about them and providing opportunity to share experiences and resources among attendees. Examples of presentations can be found at the following links:

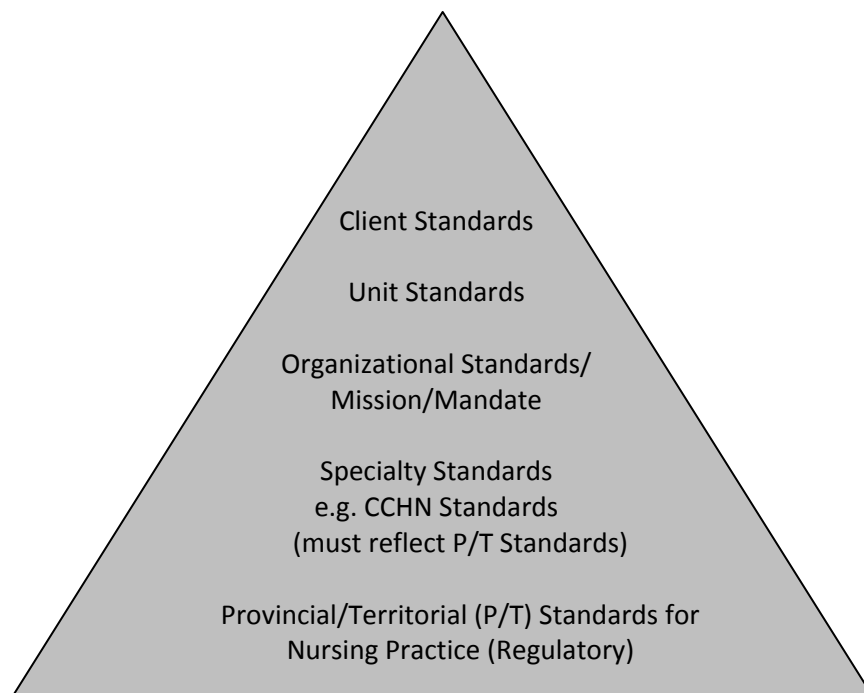
- 2008: [http://www.chnc.ca/documents/2008_conference/A1 - Lovett-Carle.pdf](http://www.chnc.ca/documents/2008_conference/A1_Lovett-Carle.pdf)
- 2009: [http://www.chnc.ca/documents/2009_conference/2009 - D6 - Lovett.pdf](http://www.chnc.ca/documents/2009_conference/2009_D6_Lovett.pdf)

At the time that the Toolkit was released, the CHNC was very actively promoting the Standards, had recently partnered with CNA in developing the certification exam and process, was actively promoting certification among its members, and working with the PHAC in the development of the Core Competencies for Public Health in Canada (Release 1.0). Hence, the confusion evident in some of the interviewees about “what was happening back then and in what order” and “what informed what” and “what was available where” is understandable. So, when reference was made to “materials used to study for certification as a better means than the Toolkit of learning about how to apply the Standards to the work setting”, it was not clear to what materials the interviewee was referring. On the members-only site on the CHNC website a series of certification exam study guides can be accessed; these were co-developed by a health unit and community visiting agency for their community health nurses to use to study for certification. Other resources to which the interviewee might have been referring is the Skills On-Line module presented by the PHAC three times a year. In this instance, the point being made is that with so many activities going on at the same time, it was difficult to parse out those that implicated only the Toolkit.

In May 2009, a new document has been released, *Public Health Nursing Discipline Specific Competencies Version 1.0* (CHCN, 2009), that has raised questions about how the various CHN-relevant documents link together and which should have supremacy in community health nursing practice. The

Toolkit describes the responsibility for safe and ethical practice as shared by individual nurses, professional and regulatory nursing organizations, nursing education institutions and educators, employers, and governments. A Standards Pyramid (see Figure 1) was used to illustrate these various levels of responsibility.

Figure 1: The Standards Pyramid



Adapted from the College of Registered Nurses of Nova Scotia (2003)

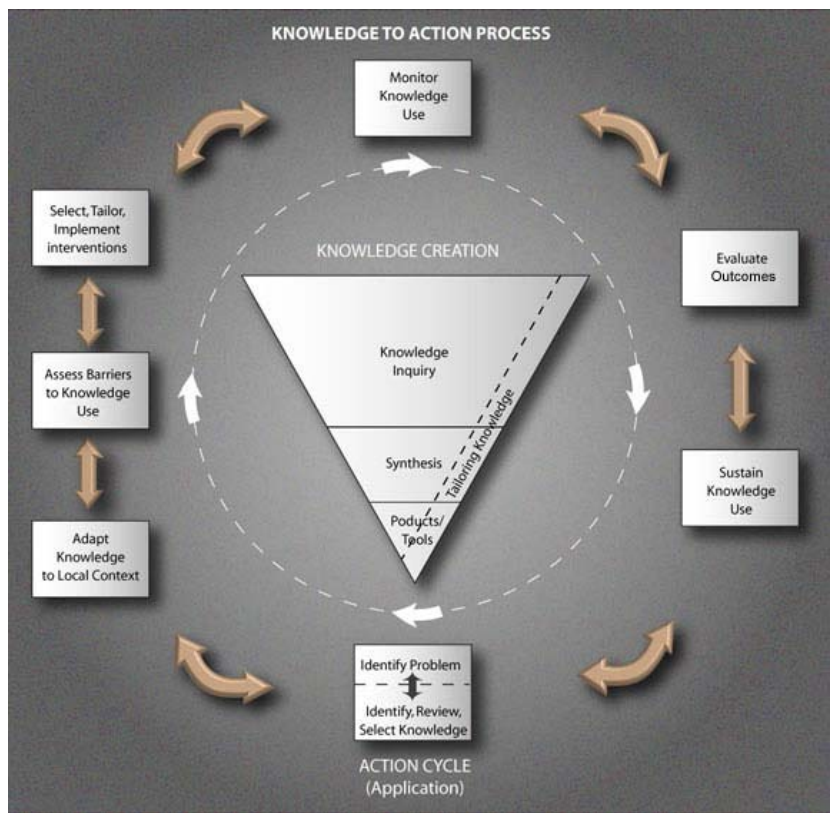
Nurses are first registered with provincial/territorial regulatory bodies, denoting the generalist nature of their educational preparation. If nurses work in the community (e.g., public health, visiting, community care, other community-based nursing), their nursing practice is further informed by the Canadian Community Health Nursing Standards of Practice (CHNC, 2008), which define the scope of community health nursing practice and the expectations of acceptable (i.e., safe, ethical) community health nursing practice, and provide a framework for nursing education and practice in this specialty area of nursing.

If CHNs work in the public health field, their work is further informed by the Core Competencies for Public Health in Canada (Release 1.0) (PHAC, 2007), which reflect the generic competencies for public health workers (i.e., the knowledge, skills and attitudes necessary for the practice of public health), regardless of discipline. In 2009, discipline-specific competencies for public health nursing (CHNC, 2009) were released as part of a national effort to drill down the knowledge, skills, and attitudes required by the various disciplines in public health. It is these multiple documents that frame public health nursing, a subset of community health nursing, that have created some confusion. Similar confusion may well be on the horizon with the anticipated release in June 2010 of the home health nursing competencies.

Underwood (2007) describes the Standards as “the level of service intervention or outcome,” that is, the bar that is set for quality of care, or the specific set of basic requirements for quality, safe and ethical practice. The competencies, according to Underwood, are defined as “behaviours” or activity in which a professional must engage to meet a standard or set of standards. Both terms can refer to structure, process or outcomes. Underwood has mapped the interconnections among the Standards (scope of practice) and Competencies (knowledge, attitudes, skills, and behaviours) for public health nursing; this document map is located on the CHNC website. However, much work remains to translate these Competencies and Standards into practice, policies and procedures that public health nurses can comprehend.

CIHR defines knowledge translation (KT) as “a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the health care system. This process takes place within a complex system of interactions between researchers and knowledge users which may vary in intensity, complexity and level of engagement depending on the nature of the research and the findings as well as the needs of the particular knowledge user.” (CIHR, 2009)

Figure 2: The Knowledge to Action Process



[Source CIHR (2009). Retrieved from <http://www.cihr-irsc.gc.ca/e/39033.html>]

The Knowledge to Action Process (CIHR), depicted in Figure 2, conceptualizes the relationship between knowledge creation and action, with each concept composed of ideal phases or categories. A knowledge creation "funnel" conveys the idea that knowledge needs to be increasingly distilled before it is ready for application. The action part of the process can be thought of as a cycle leading to implementation or application of knowledge. In contrast to the knowledge funnel, the action cycle represents the activities that may be needed for knowledge application.

The Toolkit also presents an action cycle for the implementation and integration of the Standards into CHN practice, education and administration. It is notable that the figure of the Knowledge to Action Process depicts the iterative and two-way nature of each of the steps. The process proposed in the Toolkit is called the CCHN Standards Integration Process (Section One, page 8). Part A presents the integration of standards in employing agencies, and Part B presents how to integrate the Standards into an undergraduate BN program. Resources to support each of the steps are located in Section 2.

- Getting started;
 - Public health
 - Home health
- Assessing organizational capacity;
 - Identifying and engaging stakeholders
 - Assessing the organizational environment
 - Assessing capacity in public health
 - Assessing capacity in home health
- Developing the action plan;
 - Developing the action plan for public health
 - Designing the plan for home health
- Taking action;
 - Staff education and development
 - Organizational policies and practices
 - Taking action in public health
 - Taking action in home health
- Evaluating success
 - Public health
 - Home health

Interestingly, the arrow in the CCHN Standards Integration Process moves in a forward direction only. With the separation of the Process and the Resources into two sections, participants found themselves flipping back and forth to locate the relevant pieces for the stage on which they were working. This disconnection was frustrating to several users, and it could be addressed by doing some reorganization of the Toolkit to make it more streamlined and accessible to users.

One interviewee referred to the process as a "community development process"; another claimed the process was a good framework not only for introducing the Standards, but also for planning other

projects. In that regard, the Toolkit has provided a good planning resource for CHNs, with examples included and blank (and modifiable) templates available on the CD enclosed with the binder. In the interviews, these resources were appreciated and utilised by the self-acknowledged “champions” as they worked in their organizations to make more people aware of the Standards and moved to better integrate the Standards into the policies and procedures affecting CHN practice. Almost universally, participants wanted the two large sections of the Toolkit divided into smaller sections, with dividers and all templates and reference lists relevant to each topic contained within that smaller section. They found that using the Toolkit “as a whole” to be daunting and a disincentive to getting started. Perhaps if the Logic Model (located on Toolkit page 30) were closer to the front of the Toolkit, it would provide a logical roadmap for users and make sense of each of the steps in the process and the purposes of each of the forms/templates/activities suggested.

Several comments about the launch of the Toolkit and the lack of follow-up arose from interviews. Apparently some organizations did not embrace the Standards and therefore did not put a process in place to get personnel engaged in implementation or to sustain interest in the Standards. As a result, the motivation to initiate the Toolkit process “fizzled”. Where follow-up did happen, it appears that it was because some individual or small group of CHNs, most likely in fairly senior positions, played the role of champion and advocated within the organization to acquire the resources for action. For those without internal support, CHNC was the organization to which they looked for external advice, examples, contacts, and moral support. Even though the Toolkit developers suggested that a forum of some type would be needed to keep the process moving, the CHNC devoted its attention to the annual conference opportunity for achieving this goal. This was not enough; once the national Workshops were complete, and the Ontario experiment with teleconference follow-up was finished, the Standards began to take a back seat to other developments (e.g., core competencies).

Several of the suggestions for improvement of the Toolkit were consistent with what Wall (2007) learned from Workshop participants and key informant interviews after the series of Workshops were conducted across Canada during the launch of the Standards and Toolkit. In particular, calls for training options for facilitators who used the Toolkit in their workplaces were reported by Wall and we heard similar suggestions. As use of the internet and availability of computers has expanded, the appeal of on-line webcasts, webinars, and electronic opportunities to share and compare (e.g., real-time VOIP meetings, teleconferences, and video conferencing) is growing.

Interestingly, several of our participants wanted more information from CHNC and called for downloadable files, including the Toolkit and Standards, rather than having to incur the costs of purchasing them. The Toolkit and Standards, along with several other relevant documents, are available for download from the CHNC free of charge to both members and non-members. CNA provides support for those preparing for certification, and there are several other web-based resources listed in the Toolkit and modules for those who want to be current as far as the Standards and Competencies are concerned.

The imperative to keep the Toolkit dynamic – in the words of the developers “a living working source that includes feedback loops and continuous improvement components” – was a strong message

from our participants. Indeed, Wall (2007) reported similar suggestions. The reality of community health nursing practice today is that it is time-challenged and neither nurses nor facilitators have much time at their command to prepare original materials for presentations or discussions. Small packaged components that can be readily used (either as presentations, handouts, or CDs for listening and learning while on the road) are most desired. At present, our participants said the Toolkit is cumbersome because of the two large sections instead of smaller components.

The Standards enjoy a dominant presence at every recent CHNC conference. As such, this vehicle could be used to update the Toolkit on an annual basis, and serve to collect and collate locally-developed materials from attendees. At a minimum, this should be considered if the Toolkit is to be retained by CHNC. Better still, if learning assessments were carried out, the conference workshops could be tailored to the needs of attendees: novices, public health front line nurses, home care front line nurses, managers, clinical practice educators, college and university nurse educators, and others as appropriate. The more homogenous groups could share their experiences and resources with each other, and a plenary session could be conducted to share higher level insights. Results could be rolled up into an audio CD that could be shared with those who could not attend the conference; this could meet the needs of those nurses who would like to listen and learn while driving to and from clients.

The Standards form the basis of CNA certification for community health nursing. This is the fastest-growing of the 19 certified specialties in Canada (CNA, 2009), and by far the most engaged specialty in terms of creating modules and promoting certification. With the numbers increasing annually, there is no doubt the Toolkit played a role in making the wider CHN community aware of the Standards and of certification (Robinson Vollman & Martin-Misener, 2010). To bring the Toolkit to a close prematurely could have a deleterious effect on the rate of uptake of certification.

What we did not hear was a suggestion to find a way to modify the Toolkit for use with non-nursing and interdisciplinary community health teams. Wall (2007) recommended considering this action after the 2007 national Workshops. Wall also recommended providing some direction to organizations about how to include Licensed Practical Nurses (LPNs) and Registered Psychiatric Nurses (RPNs) in the Standards. Indeed, with the staffing mix changing in several jurisdictions and programs expanding to include professionals from other disciplines, the fact that we did not hear such comments was surprising. On the other hand, as the PHAC continues to develop discipline-specific competencies, perhaps the suggestion to modify CHN Standards to accommodate other disciplines is becoming moot.

RECOMMENDATIONS

The recommendations below are proposed for consideration, recognising that personnel and budget implications will be considered in making going-forward decisions. Based on the assumption that the Standards are a critical component of quality community health nursing practice, we recommend the following:

1. To support the work of current champions in the use and integration of the CHN Standards of Practice, and to garner additional support from new champions, the CHNC should consider:
 - 1.1. Investing in on-line learning opportunities about the Standards for champions and potential champions to use and share – webinars, teleconferences, and the like;
 - 1.2. Adding space on the CHNC website to create a forum or clearinghouse of Standards materials to facilitate timely sharing of resources from a variety of organizations and CHN roles across Canada;
 - 1.3. Using the CHNC annual conference more deliberately to collect and collate Standards-relevant materials from users; and
 - 1.4. Marketing and promoting the Standards and the Toolkit as essential components not only of organizational change but also of quality personal professional practice.
2. The CHNC should retain the Toolkit in electronic format, and consider:
 - 2.1. Instituting a process for updating the contents on an annual basis;
 - 2.2. Using a Plain Language approach to the contents to improve readability and clarity;
 - 2.3. Enhancing the Toolkit by separating the various sections into more user-friendly, self-standing components that users can “grab and go” to meetings, classes, presentations, and the like;
 - 2.4. Including a section in the Toolkit that maps the CHN Standards of Practice (2008) to the Core Competencies for Public Health in Canada; Release 1.0 (2007); the Public Health Nursing Discipline Specific Competencies Version 1.0 (2009) ; and the anticipated home health nursing competencies (2010);
 - 2.5. Using the Toolkit as a vehicle for communicating the Standards to community health nurses considering certification; and
 - 2.6. Including new examples from all types of community health nursing practice to make the tools contained in the Toolkit more useful for diverse nursing practices.
3. To support ongoing quality and uptake of the Toolkit as a means of communicating about the Standards, CHNC should consider:
 - 3.1. Instituting a policy to track uptake of the Toolkit and its ancillary products (if developed);
 - 3.2. Instituting a process for collecting and collating work done by others on the Standards and Toolkit; and
 - 3.3. Conducting follow-up evaluations of the Standards use and the Toolkit on a regular basis, using comparisons to denote trends and patterns so that evidence-informed updates and changes can be incorporated. (Note: the present Survey Monkey™ questionnaire can be retained for this purpose).

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APPENDICES

APPENDIX A: ETHICS CERTIFICATE



FACULTY OF UNIVERSITY OF
MEDICINE | CALGARY

2009-10-12

Dr. Ardene R. Vollman
Department of Community Health Sciences
HMB G029
Calgary, AB

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Dear Dr. Vollman:

RE: Evaluation of the Canadian Community Health Nursing Standard Toolkit (2007)

Ethics ID: E-22734

The above-named research, including the Research Proposal, Questionnaire (Questionnaire for Purchasers), Information Letter, Consent Form (Verbal Consent Script; Oral Consent Process for Teleconferenced Group Discussion), Letter of Invitation, Form (Contract Excerpt), Interview Guide, Card (Reminder Postcard), Funding Confirmation Letter (Community Health Nurses, September 18, 2009) has been granted ethical approval by the Conjoint Health Research Ethics Board of the Faculties of Medicine, Nursing and Kinesiology, University of Calgary, and the Affiliated Teaching Institutions. The Board conforms to the Tri-Council Guidelines, ICH Guidelines and amendments to regulations of the Food and Drugs Act re clinical trials, including membership and requirements for a quorum.

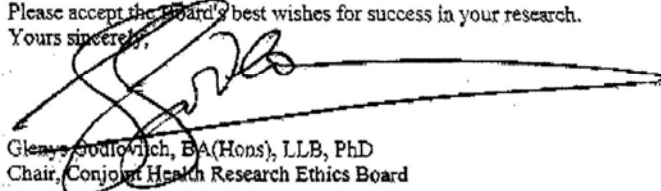
You and your co-investigators are not members of the CHREB and did not participate in review or voting on this study.

Please note that this approval is subject to the following conditions:

- (1) appropriate procedures for consent for access to identified health information have been approved;
- (2) a copy of the informed consent form must have been given to each research subject, if required for this study;
- (3) a Progress Report must be submitted by **October 12, 2010**, containing the following information:
 - i) the number of subjects recruited;
 - ii) a description of any protocol modification;
 - iii) any unusual and/or severe complications, adverse events or unanticipated problems involving risks to subjects or others, withdrawal of subjects from the research, or complaints about the research;
 - iv) a summary of any recent literature, finding, or other relevant information, especially information about risks associated with the research;
 - v) a copy of the current informed consent form;
 - vi) the expected date of termination of this project.
- 4) a Final Report must be submitted at the termination of the project.

Please accept the Board's best wishes for success in your research.

Yours sincerely,


Gladys Glowacki, BA(Hons), LLB, PhD
Chair, Conjoint Health Research Ethics Board

GG/emcg

c.c. Ms. Gladys Glowacki (Health Records) Ms. Donna McDonald (RTA) Dr. T. Noseworthy (information) Research
Services Jordana Linder (Co-Investigator)
Office of Information & Privacy

APPENDIX B: INVITATION TO PARTICIPATE: SURVEY

[CHNC LETTERHEAD]

Dear purchaser of the Nursing Standards Toolkit,

The Community Health Nurses of Canada (CHNC) want to evaluate its Standards Toolkit. To do so, they have hired Robinson Vollman Inc. to design and carry out the evaluation in order to provide feedback for Toolkit updates and revisions.

We hope that you can help us by completing a short survey we are conducting among Toolkit purchasers in Canada. The survey is aimed at gathering information about perceptions of the strengths and weakness of the Toolkit, how it was used in your organization, and what suggestions you have for improvement.

The survey should take no longer than 15 minutes to complete. Please fill in and submit your answers electronically by just clicking on the following survey link and following the instructions. <https://www.surveymonkey.com/s.aspx>

All responses are confidential and no responses will be individually identified. The survey results will be incorporated in to a report for the CHNC in order for them to make decisions about the Toolkit.

If you have any questions concerning this data collection please contact Dr. Ardene Robinson Vollman at 403-239-3180 or avollman@shaw.ca

If you would prefer to have the survey sent to you in hard copy, please send an email to the above address with this request. If you do not want to be contacted again about this survey please click on the remove link <https://www.surveymonkey.com/optout.aspx>

Thank you in advance for your participation.

Sincerely,



Kate Thompson, President
Community Health Nurses of Canada

This evaluation research study has been approved by the Conjoint Health Research Ethics Board, University of Calgary

APPENDIX C: INVITATION TO PARTICIPATE: FOCUS GROUP INTERVIEWS



Dear Nursing Standards Toolkit workshop leader/attendee:

The Community Health Nurses of Canada (CHNC) wants to evaluate its Standards Toolkit by asking attendees at workshops held across Canada to provide feedback. Robinson Vollman Inc. has been contracted to collect information on behalf of CHNC.

They are conducting two group discussions by teleconference with attendees at the Toolkit Workshops in order to acquire specific information on how the Toolkit was used, what strengths and shortcomings were experienced, and what improvements you suggest.

If you are interested in participating in this discussion by teleconference, please complete the following information and return it by e-mail to the sender:

1. In what province do you practice?
2. What is your main area of practice (e.g., public health, home care, education, government, other)?
3. How many years have you been practising as a community health nurse?
4. In what capacity have you used the Toolkit?
5. Do you agree to the discussion being digitally recorded?

You will then be contacted with further information regarding the time for the discussion and how to connect with the teleconference.

If you have any questions concerning this data collection please contact Dr. Ardene Robinson Vollman at 403-239 3180 or avollman@shaw.ca

Your participation is greatly appreciated.

Sincerely,

[signed]

Kate Thompson, President
Community Health Nurses of Canada

This evaluation research study has been approved by the Conjoint Health Research Ethics Board, University of Calgary.

APPENDIX D: PROJECT INFORMATION SHEET



FACULTY OF MEDICINE | UNIVERSITY OF CALGARY

PROJECT TITLE: Evaluation of the Canadian Community Health Nursing Standards Toolkit (2007).

SPONSOR: Community Health Nurses Association of Canada.

INVESTIGATORS: **Dr. Ardene Robinson Vollman (Principal Investigator)**
Jordana Linder (Co-investigator)

BACKGROUND

The Community Health Nurses of Canada (CHNC) want to evaluate its Standards Toolkit. To do so, they have hired Robinson Vollman Inc. to design and carry out the evaluation in order to provide feedback for Toolkit updates and revisions. In order to better understand how people perceive the Toolkit, we must hear from Toolkit users first hand. In addition to the group discussion, this project also has a survey component for purchasers of the Toolkit.

WHAT IS THE PURPOSE OF THE STUDY?

The purpose of the study is to acquire specific information on how the Toolkit was used and what strengths and shortcomings were experienced. Group discussion and interview information will be an important addition to the survey data and will provide us with a more detailed and complete picture of user perceptions.

WHAT WOULD I HAVE TO DO?

Through a group discussion by teleconference you and other members of the group will be asked:

- To describe use of the Toolkit;
- To identify likes and dislikes of the Toolkit;
- To propose any revisions of the Toolkit; and
- To describe if and/or how the Toolkit addressed the Standards.

We will digitally record this discussion with your permission.

WHAT ARE THE RISKS?

Confidentiality cannot be guaranteed in group settings and participants may feel constrained or inhibited from openly sharing their views. The time period may be insufficient for participants to feel that they have adequately presented their views.

WILL I BENEFIT IF I TAKE PART?

If you agree to participate in this study there may or may not be a direct benefit to you. The information we get from this study may help CHNC to revise and update the Toolkit for future use.

DO I HAVE TO PARTICIPATE?

No, you can decide not to participate in the teleconference. If you choose to participate you are able to withdraw from participation at any time before or during the teleconference.

WHAT ELSE DOES MY PARTICIPATION INVOLVE?

Nothing else.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

No.

WILL MY RECORDS BE KEPT PRIVATE?

All efforts to ensure anonymity have been taken and you will not be identified by name. Each participant has been provided with a code number that will be used in the teleconference. These codes are linked to your contact information in a database accessible only to the evaluators; the database file is password-protected, and the file is stored on a password protected computer in a secure location. You will be addressed throughout the discussion by number rather than by name. We expect that what is stated in this group discussion will remain in confidence among all participants.

If you have any questions concerning your rights as a possible participant in this evaluation, please contact the Director of the Office of Medical Bioethics, 403-220-7990.

Further information can also be received from Dr. Ardene Robinson Vollman whose number is 403-239 3180 and email address is avollman@shaw.ca

APPENDIX E: VERBAL CONSENT AND INTERVIEW GUIDE

VERBAL CONSENT SCRIPT

My name is Jordana Linder and I am part of the evaluation team examining the strengths and weaknesses of the Standards Toolkit. Thank you for participating in the group discussion.

The University of Calgary Conjoint Health Research Ethics Board has approved this evaluation study. I am seeking your verbal consent to continue. I will first go over details of the group discussion process and what we are seeking of you, including any risks, benefits, and the like. Feel free to ask questions as I proceed or at the end.

The full title of the project is: Evaluation of the Canadian Community Health Nursing Standards Toolkit (2007).

SPONSOR: Community Health Nurses Association of Canada.

INVESTIGATORS: **Dr. Ardene Robinson Vollman (Principal Investigator)**
Jordana Linder (co-investigator)

BACKGROUND

The Community Health Nurses of Canada (CHNC) want to evaluate its Standards Toolkit. To do so, they have hired Robinson Vollman Inc. to design and carry out the evaluation in order to provide feedback for Toolkit updates and revisions. In order to better understand how people perceive the Toolkit, we must hear from Toolkit users first hand. In addition to the group discussion and/or interviews, this project also has a survey component for purchasers of the Toolkit.

WHAT IS THE PURPOSE OF THE GROUP DISCUSSION/INTERVIEW?

The purpose of the group discussion is to acquire specific information on how the Toolkit was used and what strengths and shortcomings were experienced. This information will be an important addition to the survey data and will provide us with a more detailed and complete picture of user perceptions.

WHAT WOULD I HAVE TO DO?

Through a group discussion or interview by teleconference you and other members of the group will be asked:

- To describe use of the Toolkit;
- To identify likes and dislikes of the Toolkit;
- To propose any revisions of the Toolkit; and
- To describe if and/or how the Toolkit addressed the Standards.

We remind you that we are digitally recording this discussion with your prior permission.

WHAT ARE THE RISKS?

Confidentiality cannot be guaranteed in group settings and participants may feel constrained or inhibited from openly sharing their views. The time period may be insufficient for participants to feel that they have adequately presented their views.

WILL I BENEFIT IF I TAKE PART?

If you agree to participate in this study there may or may not be a direct benefit to you. The information we get from this study may help CHNC to revise and update the Toolkit for future use.

DO I HAVE TO PARTICIPATE?

No, you can decide not to participate in the teleconference. If you choose to participate you are able to withdraw from participation at any time before or during the teleconference.

WHAT ELSE DOES MY PARTICIPATION INVOLVE?

Nothing else.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

No.

WILL MY RECORDS BE KEPT PRIVATE?

All efforts to ensure anonymity have been taken and you will not be identified by name. Each participant has been provided with a code number that will be used in the teleconference. These codes are linked to your contact information in a database accessible only to the evaluators; the database file is password-protected, and the file is stored on a password protected computer in a secure location. You will be addressed throughout the discussion by number rather than by name. We expect that what is stated in this group discussion will remain in confidence among all participants.

If you have any questions concerning your rights as a possible participant in this evaluation, please contact the Director of the Office of Medical Bioethics, 403-220-7990.

Further information can also be received from Dr. Ardene Robinson Vollman whose telephone number is 403-239-3180 and email address is avollman@shaw.ca

Are there any questions?

Do you consent to proceed?

INTERVIEW GUIDE

Thank you very much for participating in this group discussion/interview. The purpose is to better understand the use, strengths, and shortcomings of the CCHNC Standards Toolkit and to get your suggestions for revisions or updates. Your participation is completely voluntary and you may choose to stop participating at any time. All effort to ensure your anonymity has been taken – you will not be identified by name; each of you has been provided with a code that will be used in conversations. You will be addressed throughout the discussion by this code.

We expect that what is discussed in this conversation will remain in confidence among all participants.

Do you agree? [Wait for response – if any negative responses, that person(s) will be excused from the call].

I am digitally recording this call with your permission.

Do you agree? [Wait for response – if any negative responses, that person(s) will be excused from the call].

Under these conditions do you agree to participate in this group discussion/interview?

The way this discussion/interview will work is that I will pose some broad questions to you and then the topic will be open for discussion. Once each participant has expressed what he/she wanted about the topic we will move on. At any time feel free to ask questions or bring up concerns or comments.

1. First, please tell me a little bit about how you have used the Toolkit.
 - In what capacity?
 - Did you use it yourself? Did you give it to someone else to use?
2. What did you like most about the Toolkit?
 - Can you elaborate a little?
 - On what are you basing this?
 - Does anyone else have a comment?
 - What worked well in the Toolkit
 - What components/features did you find useful?
 - Was the information appropriate? Useful?
 - What was the best part?
3. Is there anything that you would change about the Toolkit?
 - Any other information you think would be useful?
 - Any other types of formats you would have liked to see used?
 - Overall user friendliness?
 - What didn't work for you? Why?
4. How would you improve the Toolkit? [Elicit specific responses]

5. How well did the Toolkit address/promote the Standards?

- Which Standards were addressed well?
- Which Standards weren't addressed well?
- List the Standards in turn if needed to elicit comment.

6. Do you feel the Toolkit provided enough information to learn/teach the Standards?

- Review all 5 Standards and get comments about how well they were uptaken and how they can/will be applied based on the Toolkit information

7. Is there a champion or change agent in your organization?

- Someone trying to move this forward? Is this someone "you"?
- Have you run into any barriers? What are they? Where are they coming from?
- What more do you need to help you be successful in promoting the use of the Standards and/or Toolkit?

APPENDIX F: SURVEY INSTRUMENT

Evaluation of the Community Health Nursing Standards Toolkit

1. Standards Toolkit Survey

In which province(s) do you practice?

What is your MAIN area of practice? Please select one:

a) Public health

b) Home care

c) Teaching in university or college

d) Parish nursing

e) Occupational health nursing

f) Community health centre nursing

g) Prison nursing

h) Elementary/high school nursing

i) Family practice nursing

Other (please specify)

What is the MAIN focus of your practice? Please select one.

a) Direct (clinical, front line)

b) Administration

c) Professional development or staff education

d) University or college education and/or research

How many years have you been working in community health nursing (direct practice, administration, staff education and teaching/research)? Please select one.

a) Less than 1 year

b) 1 to 2 years

c) 3 to 5 years

d) 6 to 10 years

e) 11 or more years

Evaluation of the Community Health Nursing Standards Toolkit

In what type of organization (i.e., structure/size) do you practice? Please select one.

- a) Local/district public health unit/dept
- b) Regional health authority
- c) Provincial/Territorial government agency
- d) Public health association or society
- e) Home health/community health centre/nursing education

Other (please specify)

How much work on the Canadian Community Health Nursing Standards has your organization or educational program done before receiving the Toolkit? Please select one.

- a) We are just starting
- b) We have done some work
- c) We have done considerable work

What sort of work?

How would you like to be kept up to date about news related to the use of the Standards Toolkit? Please select ALL that would be useful to you.

- a) Special section for information on the Toolkit on the CHNC website
- b) E-mail notice
- c) List serve

Other (please describe)

Have you attended a workshop related to the Canadian Community Health Nursing Standards? Please check ALL that apply.

- a) I have attended a regional/provincial/national workshop that explained the Standards in terms of practice
- b) I have attended a regional/provincial/national workshop that explained how to use the Standards Toolkit
- c) I have attended one or more regional/provincial/national teleconferences or videoconferences that were a follow-up to a workshop on the Standards
- d) I have attended or organized a workshop on the Standards in my organization or area

Evaluation of the Community Health Nursing Standards Toolkit

How long have you or your organization had a copy of the Toolkit?

- a) 1 year or less
- b) two years
- c) three years
- d) 4 or more years
- e) We do not have a copy of the Toolkit

2. Evaluation of Toolkit

PRESENTATION:

Please select ONE rating for each of the following components of the Toolkit:

(1=not well liked; 5=very well liked)

	1	2	3	4	5	N/A
a) Method of learning used (i.e., binder, CD-ROM)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Presentation/layout of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Ease of use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Availability of Toolkit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide SPECIFIC information on your likes and/or dislikes of the Toolkit.

FUNCTION:

Please select ONE rating for each of the following components of the Toolkit:

(1=not very well; 5=very well)

	1	2	3	4	5	N/A
a) Readability of Toolkit information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Usefulness of Toolkit information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Ability of Toolkit to teach Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Evaluation of the Community Health Nursing Standards Toolkit

Please provide SPECIFIC suggestions on how you would revise the Toolkit to make it more useful to you.

KNOWLEDGE:

Please select ONE rating for each of the following components of the Toolkit:

(1=not at all; 5=very much)

	1	2	3	4	5	N/A
a) Effect of Toolkit on increasing awareness of Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Effect of Toolkit on learning about the Standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide SPECIFIC suggestions as to how you would revise the Toolkit to provide the most knowledge and understanding about the Standards

Please provide SPECIFIC examples of what you learned from the Toolkit. How has the Toolkit changed your views about, or use of, the Standards?

ORGANIZATIONAL STRUCTURE:

Is there a champion/change agent in your organization who is trying to move the Standards forward? Please select one.

- a) Yes
- b) No

Are you/they experiencing any barriers to using the Standards Toolkit? If so, please comment on where the barriers are coming from (e.g., HR, other nurses) and what would make the use of the Toolkit more effective?

APPENDIX G: RESULTS TABLES FROM THE ELECTRONIC SURVEY

What is your MAIN area of practice?

(19 responses, missing 2)

	Response Count	Response Percent
Public health	15	78.9%
Home care	3	15.8%
Teaching in university or college	1	5.3%
Parish nursing	0	0.0%
Occupational health nursing	0	0.0%
Community health nursing	1	5.3%
Prison nursing	0	0.0%
Elementary/high school nursing	0	0.0%
Family practice nursing	0	0.0%

What is the MAIN focus of your practice?

(21 responses, missing 0)

	Response Count	Response Percent
Direct (clinical, front line)	4	19.0%
Administration	15	71.4%
Professional development or staff education	1	4.8%
University or college education and/or research	2	9.5%

How many years have you been working in community health nursing (direct, administration, staff education, and teaching/research)?

(21 responses, missing 0)

	Response Count	Response Percent
Less than 1 year	0	0.0%
1 to 2 years	0	0.0%
3 to 5 years	0	0.0%
6 to 10 years	3	14.3%
11 or more years	18	85.7%

In what type of organization (structure/size) do you practice?

(19 responses, missing 2)

	Response Count	Response Percent
Local/district public health unit/dept	6	31.6%
Regional health authority	10	52.6%
Provincial/territorial government agency	1	5.3%
Public health association or society	0	0.0%
Home health/ community health centre/ nursing education	3	15.8%

How much work on the Canadian Community Health Nursing Standards has your organization or educational program done before receiving the Toolkit?

(20 responses, missing 1)

	Response Count	Response Percent
We are just starting.	7	35.0%
We have done some work.	11	55.0%
We have done considerable work.	3	15.0%

How would you like to be kept up to date about news related to the use of the Standards Toolkit?

(20 responses, missing 1)

	Response Count	Response Percent
Special section for information on the Toolkit on the CHNC website	10	50.0%
E-mail notice	18	90.0%
List serve	5	25.0%

Have you attended a workshop related to the Canadian Community Health nursing Standards?

(18 responses, missing 3)

	Response Count	Response Percent
I have attended a regional/provincial/national workshop that explained the Standards in terms of practice.	13	72.2%
I have attended a regional/provincial/national workshop that explained how to use the Standards Toolkit.	14	77.8%
I have attended a regional/provincial/national teleconferences or videoconferences that were a follow-up to a workshop on the Standards.	2	11.1%
I have attended or organized a workshop on the Standards in my organization or area.	11	61.1%

How long have you or your organization had a copy of the Toolkit?

(21 responses, missing 0)

	Response Count	Response Percent
1 year or less	4	19.0%
Two years	12	57.1%
Three years	2	9.5%
4 or more years	3	14.3%
We do not have a copy of the Toolkit.	0	0.0%

PRESENTATION: Please select ONE rating for each of the following components of the Toolkit.

(1=not well liked; 5=very well liked)

(21 responses, missing 0)

	1	2	3	4	5	N/A
Method of learning (CD-ROM, binder)	5.3%	5.3%	26.3%	47.4%	15.8%	0.0%
Presentation/layout of information	0.0%	5.3%	36.8%	36.8%	21.1%	0.0%
Ease of use	0.0%	5.9%	29.4%	41.2%	23.5%	0.0%
Availability of Toolkit	0.0%	11.1%	11.1%	55.6%	16.7%	0.0%

FUNCTION: Please select ONE rating for each of the following components of the Toolkit.

(1=not well liked; 5=very well liked)

(21 responses, missing 0)

	1	2	3	4	5	N/A
Readability of Toolkit information	0.0%	10.5%	31.6%	42.1%	15.8%	0.0%
Usefulness of Toolkit information	5.3%	10.5%	21.2%	36.8%	26.3%	0.0%
Ability of Toolkit to teach Standards	5.3%	10.5%	42.1%	21.1%	21.1%	0.0%

KNOWLEDGE: Please select ONE rating for each of the following components of the Toolkit.

(1=not well liked; 5=very well liked)

(21 responses, missing 0)

	1	2	3	4	5	N/A
Effect of Toolkit on increasing awareness of Standards	0.0%	5.6%	38.9%	33.3%	22.2%	0.0%
Effect of Toolkit on learning about the Standards	0.0%	5.6%	44.4%	38.9%	11.1%	0.0%

ORGANIZATIONAL STRUCTURE: Is there a champion/change agent in your organization who is trying to move the Standards forward?

(20 responses, missing 1)

	Response Count	Response Percent
Yes	9	45.0%
No	11	55.0%