



Community Health Nurses Speak Out!

**Key Findings from an Environmental Scan about the
Future of Community Health Nursing in Canada**

**Community Health Nurses of Canada
March 2010**

Acknowledgements

We sincerely appreciate the time, work and commitment of:

The almost 900 community health nurses who participated in the environmental scan.

Members of the Political Action and Advocacy Standing Committee of the Community Health Nurses of Canada who guided this project:

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Comment [JL1]: Change this to "past-chair" and indicate Laurie as chair? Any new members to add?

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Contents

Overview

About this document.....	1
Who we are	1
Why we did an environmental scan.....	2
How we did it.....	3
What community health nurses said.....	4
Key messages.....	22
What's next.....	23
Sources	27

Community Health Nurses Speak Out!

March 2010

Overview of an Environmental Scan about Community Health Nursing in Canada

The Community Health Nurses of Canada (CHNC) did an environmental scan to hear from community health nurses across Canada about trends affecting community health nursing and their own practice. As the national association – and voice – for community health nurses in Canada, we want to make sure CHNC reflects all of our voices as we move forward to reach our desired future for community health nursing.

Why we did an environmental scan

An environmental scan can help an organization get and turn information about external trends, challenges and opportunities into useful plans and decisions. It also can help an organization manage change and avoid mistakes. By doing an environmental scan, CHNC will be better able to respond to members' concerns and interests, and to critical and emerging issues affecting the community health nursing profession as a whole. We'll be using the results to determine plans, strategies and actions for CHNC, and to make our organization stronger, more relevant and sustainable. We'll also be using the results to raise the profile of community health nursing and CHNC – and to make sure community health nurses are heard.

How we did it

We developed a survey to explore trends, issues, threats and opportunities for community health nursing and CHNC, now and into the future. We wanted to reach both members and non-members of CHNC to get a fuller understanding of their working environments. The survey was available in paper and electronic forms, and in English and French. We distributed paper copies at targeted community health nursing conferences, then launched the e-survey. Almost 900 community health nurses from across Canada participated in the environmental scan from May 2008 through January 2009.

MACRO: global and Canada-wide trends
ASSOCIATION: trends affecting professional organizations like CHNC
OPERATING: trends shaping the speciality of community health nursing
PROFESSIONAL: trends shaping the profession of registered nursing, and so community health nursing
MEMBER: trends affecting members' daily practice

The most important trends and priorities identified for participants for community health nursing and CHNC are summarized in the table on the next page.

Key messages

Some common messages and directions emerged across the important trends, priorities and comments from participants in the environmental scan. They tell us CHNC should focus on:

- partnership, collaboration, coordination (across jurisdictions/sectors)
- advocacy
- primary health care
- education
- evidence-informed practice
- resources
- health care system changes
- global impacts



What community health nurses said

Participants rated trends and issues for their impact on community health nursing in the following five environments:

Next steps

CHNC has started working on these recommendations from the environmental scan:

- Use the results in strategic and organizational planning.
- Share the learnings.
- Engage champions and innovators for action on priority areas.
- Build environmental scanning into CHNC's strategic priorities.
- Develop a guidebook on environmental scanning for professional organizations.

Important Trends and Priorities for Community Health Nursing

ENVIRON- MENT	Trends				
MACRO	Environmen- tal Issues	First Nations, Métis & Inuit Health	Health Care Environment	Nursing & Health Human Resources Shortage	Population & Demographic Trends
	Prepare health care professionals to address environmental health issues	Improve access to services	Advance the principles of primary health care	Ethical recruitment of internationally educated professionals	Address the determinants of health
	Increase capacity to apply and transfer knowledge of environmental issues into community health nursing practice	Address population health issues	Ensure accessibility to health care services	Develop recruitment and retention initiatives for community health nursing	
		Promote healthy pregnancies and child development	Ensure safe, quality service provision		
			Manage the shift from acute to community care		
			Preserve publicly funded health care		
ASSOCIA- TION	CHNC's Present Roles & Respon- sibilities	CHNC's Future Roles & Respon- sibilities	Organizatio- nal & Operational Trends		
	Inter-jurisdictional/ inter-sectoral activity	Inter-jurisdictional/ inter-sectoral activity	Resources required		
	Global impacts	Certification	Inter-jurisdictional/ inter-sectoral activity		
	Certification	Advocacy	Certification		

OPERATING	Advocacy	Community Health Nursing Leadership	Community Health Nursing Practice
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Facilitate access and equity	Develop, maintain and enhance a unified voice for community health nurses across Canada	Advance the principles of primary health care
Participate in political action and public policy making		
Care for vulnerable populations		

PROFESSIONAL	Community Health Nursing Education	Ethical Community Health Nursing Practice	Evidence-informed Practice	Image of Community Health Nursing
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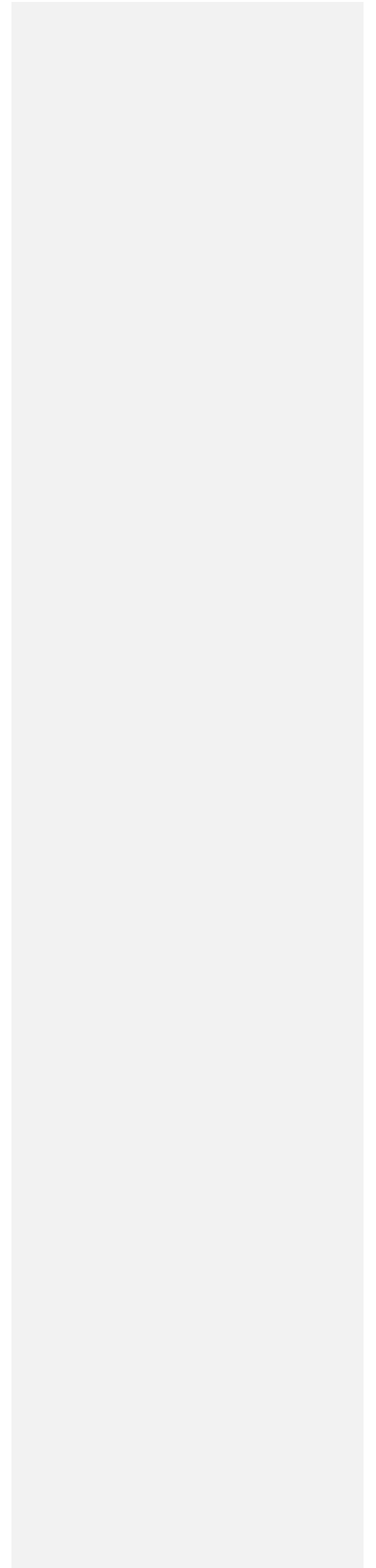
Increase community health nursing content and community practicum hours in undergraduate nursing programs	Identify barriers to ethical practice	Facilitate compliance with existing ethical standards	Implement evidence-based and best practice standards	Increase recognition of: <ul style="list-style-type: none"> - community health nursing as a speciality area of nursing practice - community health nurses' vital role – among the public and other health care professionals
	Address the shortage of community health nurse educators		Identify barriers and facilitators to evidence-based practice	

MEMBER	Daily Community Health Nursing Practice
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Resources required
Health

protection
/health
promotion
/prevention

Global impacts



Community Health Nurses Speak Out:

Key Findings from an Environmental Scan about the Future of Community Health Nursing in Canada

About this document

The Community Health Nurses of Canada conducted an environmental scan to hear from community health nurses across Canada about trends affecting community health nursing and their own practice. Almost 900 community health nurses took part in our survey in 2008/09. This document contains a summary of what we did, what we learned and what we need to do next. It focuses on the most important trends and priorities identified in the overall environmental scan results. We aimed to make this document helpful to community health nurses, their managers and organizations to recognize impacts on nurses and their roles, how they can be best supported in their practice, and how we can all work together to reach our desired future for community health nursing.

Who we are

The Community Health Nurses of Canada (CHNC) is a national association of community health nurses and provincial/territorial community health nursing interest groups. We provide a unified voice to represent and promote community health nursing and the health of communities. Our current membership is almost 2300 strong, and we're growing.



**The Voice of
Community
Health Nurses
In Canada**

The Community Health Nurses of Canada:

- provides a forum for community health nurses across Canada to share issues of mutual concern and to communicate through meetings and national publications
- monitors and responds to issues that affect all community health nurses across Canada
- represents the views of community health nurses to those outside the speciality of community health nursing
- is a leader in the development of standards of practice, discipline-specific competencies and a

certification process for community health nursing

Why we did an environmental scan

An environmental scan can help an organization identify current and emerging trends, situations, challenges and opportunities that could affect its future. It provides a way to get and turn information about external influences into useful plans and decisions. It can introduce new thinking into an organization and also help it manage change and avoid mistakes.

We did an environmental scan to connect with community health nurses (CHNC members and potential members) and get their views on trends, impacts and desired future for community health nursing. We wanted to learn about the things that affect their practice specifically and community health nursing in general. We also wanted to hear their ideas about activities, directions and opportunities for CHNC. Most importantly, as “the voice of community health nurses,” we want to be sure CHNC captures and reflects all of our voices.

The environmental scan findings will help CHNC:

- better respond to members’ concerns and interests, and support them in their practice
- identify and respond to critical and emerging issues affecting the community health nursing profession as a whole (at local, regional and national levels)
- assess the organization’s strengths and weaknesses in response to external threats and opportunities
- plan strategic directions and activities in the longer term and become a sustainable and forward-looking organization
- raise the profile of community health nursing and of CHNC—and ensure community health nurses are heard

We wanted to connect with community health nurses and learn about the things that affect their own practice and community health nursing in general.

How we did it

Our first step was to develop a strategy for doing an environmental scan of community health nurses in Canada. The strategy was outlined in a discussion paper with a brief review of scanning approaches and a sample scanning tool (*Informing Our Collective Voice*, 2007). Next, we did a literature review to develop the content for the survey tool and pilot tested it (*CHNAC Instrument Development and Pilot Phase*, 2008). After minor revisions, we finalized the tool and distributed the survey between May 2008 and January 2009.

We aimed to reach a broad sample of community health nurses for the survey, including both members and non-members of CHNC, to get a fuller understanding of their working environments. We also made the survey available in paper and electronic forms, in English and French, to make it more accessible and appealing to the broadest sample possible.

We started by distributing the paper copies of the survey at targeted community health nursing conferences, then we rolled out the e-survey along with a series of emails and reminders. CHNC members kept working to find more links to potential participants, broaden representation in the survey, reach their networks and promote the scan.

Almost 900 community health nurses from across Canada participated in the environmental scan (856 English and 34 French participants). It took them just over 17 minutes on average to complete the survey. The data analysis and final report for the environmental scan were done in 2009, and this document focuses on some of the key findings.

We aimed to reach both CHNC members and non-members to better understand the environments community health nurses work in.

Almost 900 community health nurses across Canada took part in the environmental scan.

What community health nurses said

The survey organized impacts on community health nursing into five environments, moving from a “big picture” view down to the individual member level:

MACRO: global and Canada-wide trends

ASSOCIATION: trends affecting professional organizations like CHNC

OPERATING: trends shaping the speciality of community health nursing

PROFESSIONAL: trends shaping the profession of registered nursing, and so community health nursing

MEMBER: trends affecting members’ daily practice

Three environments in the survey (MACRO, OPERATING and PROFESSIONAL) contained lists of trends grouped into different categories. The trends were identified through the literature review in the tool development phase, and they included changes and forces that are shaping community health nursing now and into the future. The survey asked participants to rank trends by priority, and they also could suggest other trends and issues. They usually didn’t make their “other” trends their top priorities, which helps validate the trends identified in literature review and used in the survey. For the ASSOCIATION and MEMBER environments, participants identified and wrote in their own priorities.

The most important trends and priorities for community health nursing and CHNC, as identified by a majority of participants in the survey, are given below for each of the five environments. Examples of participants’ comments (there were over 1600 in the survey) reflect some other relevant trends and directions. While this document focuses only on the top priorities in the results, the environmental scan revealed other possible, emerging trends that we’ll also want to monitor for impact.

MACRO environment

Scope: The MACRO environment contains broad, global and Canada-wide trends that affect community health nursing, the profession of registered nursing and also other professions, organizations and sectors of society.

The survey identified specific trends in each of the following categories:

- Disaster Preparedness and Response
- Environmental Issues
- First Nations, Métis and Inuit Health
- Globalization
- Health Care Environment
- Nursing and Health Human Resources Shortage
- Population and Demographic Trends
- Technology

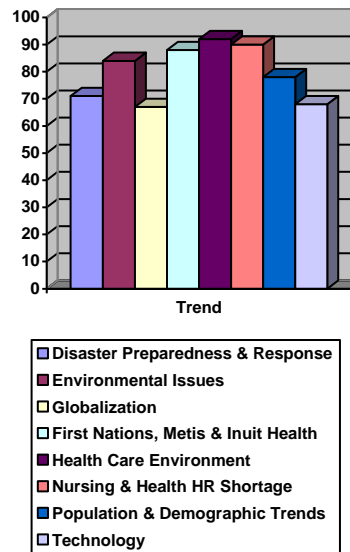
Participants considered the trends in each category and prioritized them based on their impact on community health nursing now and over the next five years. The survey also asked them to identify the importance of the overall categories in the MACRO environment—to further indicate what they felt were priorities for CHNC to address. The percentages of participants who indicated a category as “important” or “very important” are shown in the accompanying chart. The most important categories (where 75% of participants or more rated it as important/very important) are: Health Care Environment; Nursing and Health Human Resources Shortage; First Nations, Métis and Inuit Health; Environmental Issues; and Population and Demographic Trends. The top priorities are identified below for each of these five categories, along with comments reflecting other trends suggested by participants.

Environmental Issues

For the following survey items, participants gave high priority to preparing health care professionals and increasing capacity to apply knowledge to practice:

- Creation of partnerships with environmental

Important trends in the MACRO environment



Percent (%) of survey participants that rated a trend as “important” or “very important”

- health specialists
- Increasing capacity to apply and transfer knowledge of environmental issues into community health nursing practice (e.g., to assess, evaluate and manage risks in clients' homes)
- Preparation of health care professionals to recognize and address environmental health issues (e.g., development of formal education programs and competencies)
- Surveillance of environmental health issues (e.g., disruptive noise, waste, air quality, climate change)

They also identified resources, health promotion, collaboration and education as some of the other areas to look at. Their comments included:

Budget required for this area.

Develop a health promotion approach to environmental issues.

Establish key partnerships.

Development of supportive infrastructure so health and environmental experts work together by local, regional, provincial, national governments.

Understanding how environmental issues affect all other public health issues.

First Nations, Métis and Inuit Health

The survey listed these items as possible priorities for action:

- Addressing population health issues (e.g., increased prevalence of diabetes, heart disease)
- Addressing substance use and treatment of addictions
- Developing representative workforce initiatives
- Improving access to services
- Promoting culture, mental health and well-being
- Promoting healthy pregnancies, infant and child development

- Top Priorities -

Environmental Issues

Prepare health care professionals to address environmental health issues

Increase capacity to apply and transfer knowledge of environmental issues into community health nursing practice

- Top Priorities -

First Nations, Métis & Inuit Health

Improve access to services

Address population health issues

Promote healthy pregnancies and child development

Participants felt that improving access to services was a very high priority for community health nursing in Canada, as well as work on population health issues and healthy pregnancy and child development.

Their comments included suggestions for working more collaboratively with communities and addressing disparities:

Building relationships to support healthy environments.

It appears to me that all of the items listed on this page represent “doing to” rather than “working with” the Aboriginal people as they engage in identifying issues and finding solutions.

Determinants of health, poverty, housing, water quality, education, etc. must be considered.

Reducing health disparities for all Canadians.

Health Care Environment

Almost all of these survey items were considered priorities by participants (only a business model of health care was a low priority):

- Advancing the principles of primary health care
- Ensuring accessibility to health care services (e.g., diagnostics, surgical)
- Ensuring safe and quality service provision
- Managing the shift from acute to community care
- Preserving publicly funded, not-for-profit health care
- Responding to the development of a business model of health care

Participants' other suggestions included:

Many of the individuals and families that I work with do not have a primary care doctor. Health care providers are often not aware or able to provide comprehensive health-related and/or determinants of health services and resources.

Providing safe work environments for community nurses.

- Top Priorities -

Health Care Environment

Advance the principles of primary health care

Ensure accessibility to health care services

Ensure safe, quality service provision

Manage the shift from acute to community care

Preserve publicly funded health care

Allying ourselves with those who can help advance our cause – political savvy.

Shifting health care to population health focus and seeing social determinants as important components of achieving health.

Nursing and Health Human Resources Shortage

All three survey items were ranked as high priority by participants:

- Ethical recruitment of internationally educated community health care professionals
- Development of community health nursing recruitment initiatives
- Development of community health nursing retention initiatives

Their comments reflected the need for more resources, education and leadership:

Nursing, especially in rural areas, need incentives; increased wages as recruitment and retention.

Recruitment and retention – maintaining an adequate number of Canadian health care professors and educators – funding for degrees necessary for health care professors/educators.

Achieving parity of nursing salaries and benefits across all environments – community nursing must be valued equally with acute...nursing.

Training for retention.

Reorienting nursing educational programs to increase focus and emphasis on community health practice principles and to give students a broader perspective on health early on in their education.

Developing mentoring program in community will assist with retention.

Succession planning and developing leadership skills in [community health nurses].

- Top Priorities -

Nursing & Health Human Resources Shortage

Ethical recruitment of internationally educated professionals

Develop recruitment and retention initiatives for community health nursing

Population and Demographic Trends

The majority of participants chose addressing the determinants of health as a strong priority among these survey items:

- Addressing specific health issues (e.g., chronic diseases, sexually transmitted infections)
- Addressing specific health risk factors for injury/disease (e.g., smoking, nutritional habits)
- Addressing the determinants of health (e.g., income and social status; gender; culture; education and literacy; social environments)
- Advocating for special/vulnerable populations (e.g., aging, Aboriginal, homeless, newcomers)

They also referred to resources and evidence-informed practice in the comments, including:

At this time there remains a strong focus on “traditional lifestyle” issues and behaviours...despite research evidence that points to the limitations in terms of improving population health outcomes.

Health risk factors are an outcome of coping with decreased income and social environment.

ASSOCIATION environment

Scope: This environment reflects changing expectations people have of associations like CHNC. It includes regional, sectoral and inter-sectoral trends that shape the operations and organization of CHNC, of similar associations that promote professional excellence and protection of the public, and of the speciality of community health nursing.

The survey asked participants to describe and prioritize:

- CHNC's major present roles and responsibilities
- CHNC's major future roles and responsibilities
- Organizational and operational trends affecting CHNC

- Top Priorities -

**Population &
Demographic Trends**

**Address the determinants
of health**

Participants' responses point to the overall mandate and activities for CHNC. They consistently said that inter-jurisdictional/inter-sectoral activities and certification are key priorities for CHNC to focus on now and in the future, and that these will have considerable impact on the organization and its operations. Resources (that need to be advocated for, secured or developed) also are very important—they came up most often as participants' first, second and third priorities for organizational and operational impacts. Significantly, participants identified resources most often as their second and third priorities for CHNC's roles and responsibilities (present and future). While resources are an essential element, they are not identified as CHNC's primary focus.

CHNC's Major Roles and Responsibilities – Present

The survey asked participants to identify what CHNC's major roles and responsibilities are now, and they could write in and rank up to three priorities. Over 220 participants named at least one priority. Their comments for the "number 1" priority fell into several general themes, with the most frequent themes relating to inter-jurisdictional/ inter-sectoral activities, global impacts and certification.

The above themes also occurred among the second and third priorities identified by participants. Additional subjects came up across all three priorities, although less often, including education, evidence-informed practice, advocacy and (responding to) overall trends and changes in the health care system. As well, participants most often identified needed resources (human, financial and organizational) as their second or third priority.

Participants' comments on CHNC's current roles and responsibilities included:

Assessing trends in community health in each province.

Leaders internationally on a variety of WHO goals, partnerships, increase knowledge and resources around the world.

- Top Priorities -

Current Roles & Responsibilities for CHNC

Inter-jurisdictional / inter-sectoral activity

Global impacts

Certification

Promote the certification of public health nurses.

Providing an environment for community health nurses to learn, share and excel in their field.

To seek input from its members and draw information from relevant research. To organize this knowledge and use it to promote community health nurses' concerns and priorities to keep our practice relevant and research-based.

Advocating for the recognition of community health nurses' knowledge, skills and expertise, and the vital role we play in the provision of primary health care.

To ensure that community health nurses have their "fingers on the pulse" of community health trends and issues.

CHNC's Major Roles and Responsibilities – Future

Participants then were asked to describe what they saw as CHNC's major roles and responsibilities in the future. Again, they could identify up to three priorities, and over 200 participants gave at least one priority. The most frequent themes that emerged as their top priority for CHNC's future directions were inter-jurisdictional/inter-sectoral activities, certification and advocacy.

These three themes also occurred among the second and third priorities, and responding to and managing changes in nursing and health care occurred across all priorities. Notably, participants again identified resources most often as their second or third priority.

Some of the things participants suggested CHNC should undertake in the future:

Working with federal government (legislation) to address social determinants of health.

Sustain partnerships with traditional and non-traditional sectors to enhance scope and range of influence and to create opportunities for

- Top Priorities -

Future Roles & Responsibilities for CHNC

**Inter-jurisdictional/
inter-sectoral activity**

Certification

Advocacy

“outside of the box” thinking and solution generating.

Continue incorporating recognition of community health nursing specialty – certification.

Maintaining the humanity of our profession in the face of increasing technologies.

Identify new roles and trends so we respond to the increasing shift from acute care to community – we need to increase our capacity to be a strong voice for planning and attaining the structure and processes required to keep us strong as we grow, i.e., we don't just want to be putting out fires.

Association which is seen by all types/kinds of [community health nurses] as their association which is informed by this participation...seen by the public and other health professions as the strong voice for [community health nursing].

Organizational and Operational Trends

To further explore expectations people have of CHNC, the survey asked participants to identify trends in how associations are organized and operated that will affect CHNC (e.g., financial accountability, transparency). They could name up to three priorities; 140 participants identified at least one. Four themes came out of the “number 1” priorities—the three most frequent were resources required, inter-jurisdictional/inter-sectoral activities and certification. Significantly, resources also emerged as the most frequent theme for the second and third priorities. The fourth theme, trends and changes in health care and nursing, also occurred across all priority rankings. These two themes in particular suggest that participants value sustainability and relevance for CHNC.

Their comments on the trends affecting CHNC included:

Having enough human resources to accomplish the work.

- Top Priorities -

Organizational & Operational Trends

Resources required

Inter-jurisdictional/
inter-sectoral activity

Certification

Focus on increased communication between sectors.

Am concerned about ... not feeling supported in my public health nursing role by our college re: changes to certification designation.

Political influences whether it be funding or political "sway" or trends.

Trends in governance to watch – financial, resource issues, support from management and policy makers.

Current financial environments are likely to influence [CHNC's] functioning and decision making. The organization will be pressured to demonstrate "sound fiscal practice" which may actually, over time, decrease the effectiveness of the organization. This reinforces the need to become less dependent upon government funding.

Community health nursing has become less connected to the community and to population health with the trends to more "acute care" health care provision in the community setting.

OPERATING environment

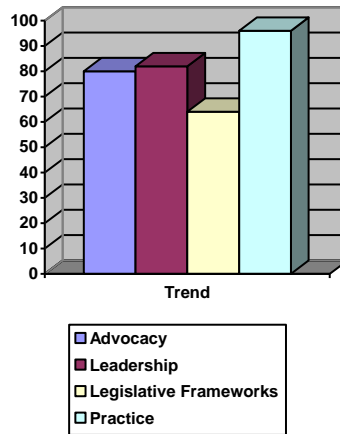
Scope: Core, internal trends that shape the specialty of community health nursing make up its OPERATING environment. These trends specifically affect community health nursing education, practice, research, leadership, policy and more.

The survey asked participants to prioritize trends for their impact on community health nursing now and over the next five years in the following categories:

- Advocacy
- Community Health Nursing Leadership
- Community Health Nursing Legislative Frameworks
- Community Health Nursing Practice

Important trends in the OPERATING environment

Participants also rated the importance of these overall categories of trends in the OPERATING environment (as shown in the accompanying chart). Community Health Nursing Practice was rated by over 90% of participants as important/very important, reflecting the ongoing pressures and situations facing community health nurses at the practice level. Leadership and Advocacy also were rated as important by more than 75% of participants. The top priorities for these three categories are listed below, with some comments on other trends suggested by participants.



Percent (%) of survey participants that rated a trend as "important" or "very important"

Advocacy

Participants felt all three survey items related to advocacy were high priorities:

- o Caring for vulnerable populations
- o Facilitating access and equity
- o Participation in political action and having a voice in public policy making

They raised additional points in their comments, such as:

Support of community health care providers to prevent burn out and encourage innovation.

Promoting health and preventing disease to improve the overall population health.

Some provinces/territories do not have structure in place regarding advocacy for children and elders.

- Top Priorities -

Advocacy

Facilitate access and equity

Participate in political action and public policy making

Care for vulnerable populations

Community Health Nursing Leadership

Of the following survey items, the only high priority was a unified voice for community health nurses:

- Developing, maintaining and enhancing a unified voice for community health nurses across Canada (i.e., a Centre of Excellence or Collaborating Centre)
- Increasing opportunities to provide and/or receive mentorship in community health nursing
- Increasing professional autonomy in the community environment
- Increasing participation in organizational decision-making
- Increasing the number of community health nurses in positions of organizational leadership
- Integrating CHNC Standards of Practice into organizational values and culture
- Organizing and delivering forums to share and discuss potential resolutions to common issues in community health nursing
- Raising the profile and understanding of community health nursing through social marketing strategies

Participants added comments about education and evidence-informed practice, including:

Increase support for educational institutions and colleges to increase content and quality of community health nursing in undergrad and graduate nursing programs.

Promoting of theory and education re: model primary health care to ensure we all have the same goals to the end. Practicing without theory is practicing in the dark.

- Top Priorities -

Community Health Nursing Leadership

Develop, maintain and enhance a unified voice for community health nurses across Canada

Community Health Nursing Practice

Only advancement of primary health care principles was chosen by a majority of participants as a high priority from these survey items:

- Advancing an understanding of frameworks for public health ethics
- Advancing caring community health nursing practice, including socio-political caring
- Advancing the principles of primary health care
- Developing, maintaining and strengthening individual and community partnerships and capacity
- Integration of CHNC Standards of Practice into daily practice
- Promoting empowerment
- Recognizing, utilizing and integrating multiple ways of knowing (e.g., aesthetic, empirical, personal, ethical, socio-political)

Participants' other suggestions included:

Knowledge management – advancing understanding and support effects re: nursing research in community health as well as knowledge translation efforts.

If we are talking about what trends in [community health nursing] practice will most affect practice, I would say primary health care as a political force is operating as a force of change.

Currently [public health nurses] and [home health nurses] are being replaced by less qualified practitioners, i.e., licensed practical nurses or continuing care assistants or community home visitors. This is justified by management for economic reasons and/or a “task orientation” to the job under consideration. Increasingly these decisions are being made by non-nurses and in some instances non-health educated management who don't understand the nurse's scope of practice or client situation.

- Top Priorities -

Community Health Nursing Practice

Advance the principles of primary health care

PROFESSIONAL environment

Scope: This environment consists of core, internal trends that shape the profession of registered nursing—including education, practice, research, leadership and policy—and that subsequently impact the specialty of community health nursing.

Participants identified priorities among trends affecting community health nursing practice now and over the next five years in the following categories in the survey:

- Community Health Nursing Education
- Community Health Nursing Member Demographics
- Ethical Community Health Nursing Practice
- Evidence-based Practice
- Image of Community Health Nurses
- Occupational Health and Safety
- Political Nature of Community Health Nursing

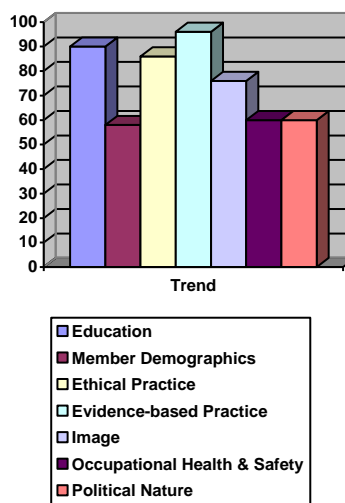
The accompanying chart shows the overall importance ratings participants gave to each of these categories. Over 90% of participants rated Evidence-based Practice as important, reflecting a commitment to best practices and current knowledge in their profession. Education, Ethical Practice and Image of Community Health Nurses also were rated as important/very important by over 75% of participants. The top priorities for these four categories are given below, plus participants' suggestions for other trends and issues to consider.

Community Health Nursing Education

The survey identified seven items related to education:

- Addressing the shortage of community health nurse educators
- Increasing the availability of and enrolment in advanced practice and nurse practitioner programs for community health nursing
- Increasing community health nursing content and practicum hours in community settings in undergraduate nursing education programs
- Increasing enrolment in Master and PhD

Important trends in the PROFESSIONAL environment



Percent (%) of survey participants that rated a trend as "important" or "very important"

- Top Priorities -

Community Health Nursing Education

Increase community health nursing content and community practicum hours in undergraduate nursing programs

Address the shortage of community health nurse educators

- programs (e.g., non-practice based)
- Increasing number of community health nurses participating in certification programs
- Increasing number of students with one or more prior degrees (e.g., community health nursing as a second career choice)
- Integration of CHNC Standards of Practice into education programs

Two of these—increasing the number of community health nurse educators and increasing community health nursing content in undergraduate education—were considered high priorities by participants.

Their comments elaborated on education and evidence-informed practice, for example:

We need research in [community health nursing] and therefore masters and PhD prepared but with a focus on community health.

Need for education of existing community health care providers. Increasing exposure of new nurses to community health is a great idea assuming the preceptors have a good broad knowledge and skill level themselves.

Precepting with a nurse with limited knowledge and skills may contribute to limiting the new nurse's vision.

Increase knowledge in practice.

Ethical Community Health Nursing Practice

Identifying barriers to ethical practice was a clear priority among these survey items, followed by compliance with existing standards:

- Developing frameworks for ethical community health nursing practice
- Facilitating compliance with existing community health ethical standards
- Identifying barriers to ethical community health nursing practice

- Top Priorities -

Ethical Community Health Nursing Practice

Identify barriers to ethical practice

Facilitate compliance with existing ethical standards

Participants also commented on resources, education and advocacy:

Ethical funding.

Education about ethics available to all regardless of location, especially graduate.

Advocating for the client is crucial – we are the voice.

Evidence-informed Practice

Participants identified standards, barriers and facilitators for evidence-based practice as key priorities among the survey items:

- Applying conceptual models and implementing methods that support evidence-based practice*
- Identifying barriers and facilitators to evidence-based practice
- Implementing evidence-based and best practice standards

Their comments reflected the need for more resources and research in community health nursing, such as:

No access to technology and need for more money and time to actually let evidence-based practice become reality.

There is need for more research regarding the role of the [community health nursing] and health outcomes.

Ensuring that our understanding of evidence-based practice is holistic and representative of [community health nursing] context (e.g., populations' preference, local context).

Recognition of the limited available evidence for [community health nursing] practice and the challenges of creating [best practice guidelines] that are meaningful to all [community health nursing] practitioners.

* The survey used “evidence-based practice” as the more familiar term for participants. “Evidence-informed practice” encompasses the same principles of identifying and using the best available evidence in decision-making, and it provides flexibility for nurses to apply evidence to their own practice and the different environments they work in.

- Top Priorities -

Evidence-informed Practice

Implement evidence-based and best practice standards

Identify barriers and facilitators to evidence-based practice

Image of Community Health Nursing

Recognition of community health nursing emerged as the key priority in the survey items—in terms of both specialty area and community health nurses' role:

- Identification by name, professional status and community health specialty
- Increasing recognition of community health nurses' vital role amongst other health care professionals
- Increasing recognition of community health nurses' vital role amongst the public
- Increasing visibility and recognition of community health nursing as a specialty area of nursing practice
- Projecting professional appearances and behaviours

Participants added comments about certification and education, including:

[Canadian Nurses Association] certification will increase visibility and recognition of [community health nursing] as specialty.

Selling [community health nursing] practice to other nurses, including nurse educators, is necessary as not all understand [community health nursing] practice or consider it on the same par as other "clinical" specialties.

MEMBER environment

Scope: The MEMBER environment includes trends that shape the daily roles, routines and responsibilities of community health nurses in their workplace settings.

In this part of the survey, participants described the trends that most affect their daily practice now and will continue to for the next five years. They had room to identify up to three priorities. Over 200 people gave at least one priority. The most frequent themes that emerged for the "number 1" priority were issues around resources, health protection/ health

- Top Priorities -

Image of Community Health Nursing

Increase visibility and recognition of community health nursing as a speciality area of nursing practice

Increase recognition of community health nurses' vital role – among the public and among other health care professionals

- Top Priorities -

Daily Community Health Nursing Practice

Resources required

Health protection/health promotion/prevention

Global impacts

promotion/prevention and global impacts.

Significantly, resources also came up as the most frequent theme for participants' second and third priorities. Other important themes across all priorities included education and overall changes in nursing and the health care system.

Participants' comments on trends affecting their daily practice included:

Inadequate staffing in comparison to amount of work to be done. E.g., so busy immunizing that there is no time to be able to address health promotion or specific population health issues.

Move from acute care to community focus without working on the present community system to make the changes needed to support the change in focus. The movement of resources does not balance with the much greater workload transfer.

Growing costs of health care and challenges of advocating for appropriate and sufficient human resources to meet program standards and requirements. Community health nurses as a small voice within a regional health system that has not made the cultural shift towards a health promotion and prevention approach.

More newcomers – we need to know more about international practice.

Need for continuous preceptorship, orientation and mentoring as less experienced nurses assume roles as community health nurses.

We need more ongoing education to keep ourselves up to date. It seems education is the first to go in our regional budgets unfortunately.

There seems to be a major trend toward direction from non-medical supervision, increase of workload, lack of understanding that nurses are part of a team, but they are the staff with the education and ability to truly comprehend, access and apply the determinants of health to the public health process and the client needs. Older nurses are leaving to retire because they are tired of the

disrespectful system, and new nurses are losing the opportunity to learn from the experience of these nurses. We are being financially driven, with very little motivation to meet the real needs of the consumer...

Increased workload contributes to decreased ability to attend to "hidden" aspects of professional practice (including working with students) and contributes to the focus on "medical" care as a priority.

Key messages

While the emphasis may vary by environment, common messages and directions emerged across the important trends, priorities and comments in the environmental scan. These areas of focus for CHNC include:

Partnership, collaboration, coordination (across jurisdictions/sectors): e.g., partnering with other organizations, professions and sectors, including non-traditional partners; relationship building; working with governments at all levels; different structures, standards, legislation in provinces/territories; policy development; communication

Advocacy: e.g., unified voice for community health nursing; recognition of community health nurses' important role; recognition of the specialty of community health nursing, as a distinct and separate part of health care; raising the profile of community health nursing; political awareness and advocacy

Primary health care: e.g., promoting primary health care principles/initiatives in the health care system; focus on the determinants of health, population health, health promotion, health protection and prevention approaches; focus on the community; reducing disparities (health, socio-economic); accessibility of services

Education: e.g., more focus on community health nursing in undergraduate and graduate education; professional development opportunities and support; learning with other professions and sectors; support

Key messages for CHNC

Focus on:

Partnership, collaboration, coordination

Advocacy

Primary health care

Education

Evidence-informed practice

Resources

Health care system changes

Global impacts

for developing nurse educators; experienced preceptors and mentors in community health nursing

Evidence-informed practice: e.g., developing, accessing and using research/evidence in community health nursing; more research on the contribution of community health nursing and health outcomes; best practices; using research in decision making and policies; knowledge management and translation; enhancing community health nurses' ability to be knowledge workers

Resources: e.g., adequate funding; human resources/ staffing; workload issues; parity in wages and benefits, recruitment and retention strategies; technology and support to access and use it effectively

Health care system changes: e.g., shift from acute to community care; preserving publicly funded health care; acute care vs. community health funding; impacts on nursing practice (increased/competing demands, more task-focused, less community work, less autonomy)

Global impacts: e.g., looking at health in a global context; leading/contributing to community health nursing globally and reaching WHO goals; accessing information from other countries and other community health nursing associations throughout the world; political shifts and impacts on social and health programs

What's next

We really appreciate the contributions of community health nurses across Canada in this environmental scan. Their rich, varied, thoughtful and practical insights will help CHNC move forward on the things that matter most to nurses working in and with the community. The environmental scan identified directions and next steps for CHNC, and we have accepted and started working on the following recommendations:

Use the results in strategic and organizational planning

The environmental scan identified key directions and focus for CHNC on the important trends, challenges and opportunities that emerged across practice areas and provinces/territories. In addition to helping us set priorities and strategies, we'll also be able to use the results to develop an evaluation template for assessing CHNC's initiatives and projects (and potentially share it with other community health nursing organizations).

This document reflects a preliminary analysis of the survey data. Further analysis of participants' responses will help identify and confirm priority areas and themes, specific approaches and concrete actions, and partners to involve in achieving our desired future for community health nursing.

Share the learnings

We need to share what we learned with participants, other nurses, partners and stakeholders, as well as across jurisdictions and sectors. The results point to real and potential impacts for CHNC and community health nursing, and also for other professions that want to consider the results in their own context.

Engage champions and innovators for action on priority areas

Our environmental scan results and process provide opportunities to connect with others to bring about change. CHNC should engage champions and innovators—individuals and organizations inside and outside of nursing—and use advocacy approaches to take action on the identified priorities.

Build environmental scanning into CHNC's strategic priorities

We should continue to do environmental scanning to stay on top of current issues, needs and strategic opportunities. CHNC can increase its visibility, recognition and responsiveness through regular scanning. It also can improve its effectiveness, relevance and support for its members. Environmental scanning should be a designated role of a standing

Recommendations for CHNC

Use the results in strategic and organizational planning

Share the learnings

Engage champions and innovators for action on priority areas

Build environmental scanning into CHNC's strategic priorities

Develop a guidebook on environmental scanning for professional organizations

committee in CHNC to establish its important role in the organization's planning and activities.

The survey tool used for this environmental scan can be revised for new trends and redone on a regular basis (e.g., every three years). The tool also can be expanded to collect more information from participants on their work settings (e.g., rural, urban), area of practice (e.g., public health, home health) and other demographic information (e.g., years of employment, education level).

CHNC also should look at other kinds of scanning, such as:

- annual membership scan for hot topics
- higher level scan for global and national influences (e.g., every five years)
- evaluation scan to measure members' satisfaction and CHNC's effectiveness
- regular face-to-face meetings structured to get information from participants
- polling to obtain opinions of members, stakeholders and also the public

Develop a guidebook on environmental scanning for professional organizations

We learned a lot in doing this scan, and we can share our experiences, survey tool and methods with other groups as promising practices for environmental scanning.

This environmental scan fits in with several other initiatives and projects to make CHNC a stronger, more effective and sustainable organization for community health nurses. The scan results will feed into and support our:

- ongoing strategic planning and visioning, which includes increasing CHNC's visibility, influence and voice
- current strategic directions for improving organizational systems, building capacity of community health nurses and increasing CHNC's profile and engagement with

- stakeholders
- sustainability planning, which includes focusing on membership (e.g., benefits and services; increasing member numbers and diversity of community health nursing roles in CHNC) and demonstrating our effectiveness through evaluation
- work on Community Health Nursing Vision 2020, and aligning with its recommendations for developing an aggressive plan to shift the direction of health care to a primary health care system; a social marketing strategy to raise the profile and understanding of community health nursing; education programs (baccalaureate and graduate) in community health nursing; and more capacity in community health nursing research
- ongoing efforts to connect, communicate and share knowledge with CHNC members (e.g., website upgrade, communications and marketing strategy, knowledge transfer projects)
- activities related to learning needs assessments, continuing professional development and communities of practice for community health nurses
- processes and tools for certification, implementation of the Standards of Practice, and evaluation of the Standards of Practice and the Canadian Community Health Nursing Practice Model
- political action and advocacy for the role and activities of CHNC and community health nurses

“[CHNC] should not be afraid to be change agents, engaging in political activism. Nurses should be involved in educating the public, policy makers, politicians and other decision makers about the socio-ecological determinants of health so we can be effective in promoting the health of populations. We should speak out about what we know.”

We'll leave the last word to one of our survey participants:

[CHNC] should not be afraid to be change agents, engaging in political activism. Nurses should be involved in educating the public, policy makers, politicians and other decision makers about the socio-ecological determinants of health so we can be effective in promoting the health of populations. We should speak out about what we know.

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