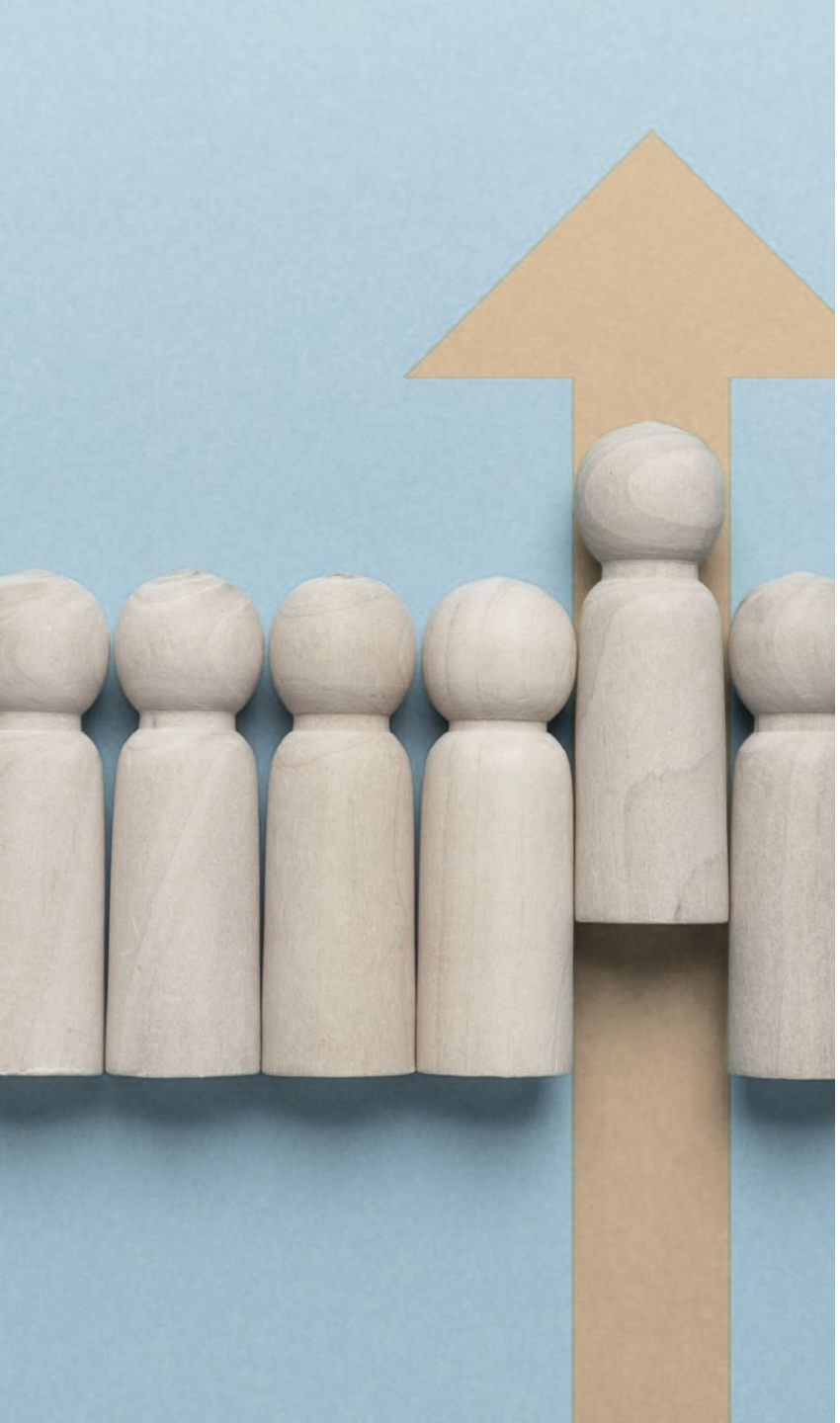
# **Public Health Nurses-** Career Pathways and Employment Experiences

**Paula Kett**, UW
**Betty Bekemeier**, UW
**Katie Eilers**, DOH
**Yolanda Fong**, Kitsap Public Health District



The Consortium for WORKFORCE RESEARCH IN PUBLIC HEALTH

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# Background  Why this study?

**Critical skills for public health work**

- Partnership-building
- Inclusive in their approach
- Address social determinants of health
- Ability to apply evidence-based information

**Important role in promoting and protecting population health**

- Lower Black-white mortality disparities in counties with nurse-trained LHD director
- More competent workforce

**Limited understanding of the broader PHN workforce**

- Most PHN research limited to PHNs in health departments
- Use of national data  “setting” only often used, lacks consistent measurement approaches

**More information to support workforce planning**

- Better understanding of PHN career pathways and employment experiences
- How this compared to other nurses

# Methods and Approach

- 2008, 2018, 2022 National Sample Survey of Registered Nurses (NSSRN)  RN sample

- Identified PHNs via combination of:
  - Setting AND
    - Specialty OR
    - Level of Care (if specialty was missing)

- Descriptive analysis

- Regression analysis  adjusted for RN education, demographics, HHS region
  - Calculated predicted probabilities



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# Measurement algorithm

## Settings

- Public health or community health agency
- Local, State, or Federal governmental agency
- University or college academic department
- Correctional facility
- School health service (K-12 or post-secondary)

## Specialties (Levels of care were similar)

- Community or public health
- Infectious disease
- Labor and Delivery/Obstetrics
- Occupational health
- Psychiatric or mental health
- School health service
- Substance use disorder
- Ambulatory care
- Other specialty

# Results  PHN Workforce Size

| | **2022**<br>Total Sample N = 3,065,868 | **2018**<br>Total Sample N= 2,899,043 | **2008**<br>Total Sample N=2,387,724 |
|---|---|---|---|
| | **N= 142,857** | **N=116,710** | **N=111,384** |
| Proportion of RN Workforce | 4.7% | 4.0% | 4.7% |
| **Employment Setting** | | | |
| School Health Service | 56.3% | 59.0% | 40.1% |
| Local, State, or Federal Agency | 15.4% | 12.4% | 40.8% |
| Public Health/Community Health | 18.3% | 25.8% | 10.2% |
| University/College | 1.4% | 0.2% | 1.7% |
| Correctional Facility | 8.6% | 2.6% | 7.2% |

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# Results □ Demographics

Over time, **racial diversity** among PHNs **has slightly increased**. However, the % of **PHNs identifying as white remains consistently higher** than among non-PHNs.

| | PHNs | | Non-PHNs | |
|---|---|---|---|---|
| | **2008** | **2022** | **2008** | **2022** |
| **Black or African American** | 5.9% | **11.4%** | 5.7% | **11.7%** |
| **White** | 88.9% | 78.1% | 85.3% | 72.2% |
| **Asian** | 2.5% | 5.2% | 6.4% | 10.2% |
| **Multi-race or Other** | 2.8% | 5.2% | 2.7% | 5.9% |

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On average, PHNs tend to be older than non-PHNs – 50.5y versus 45.4y

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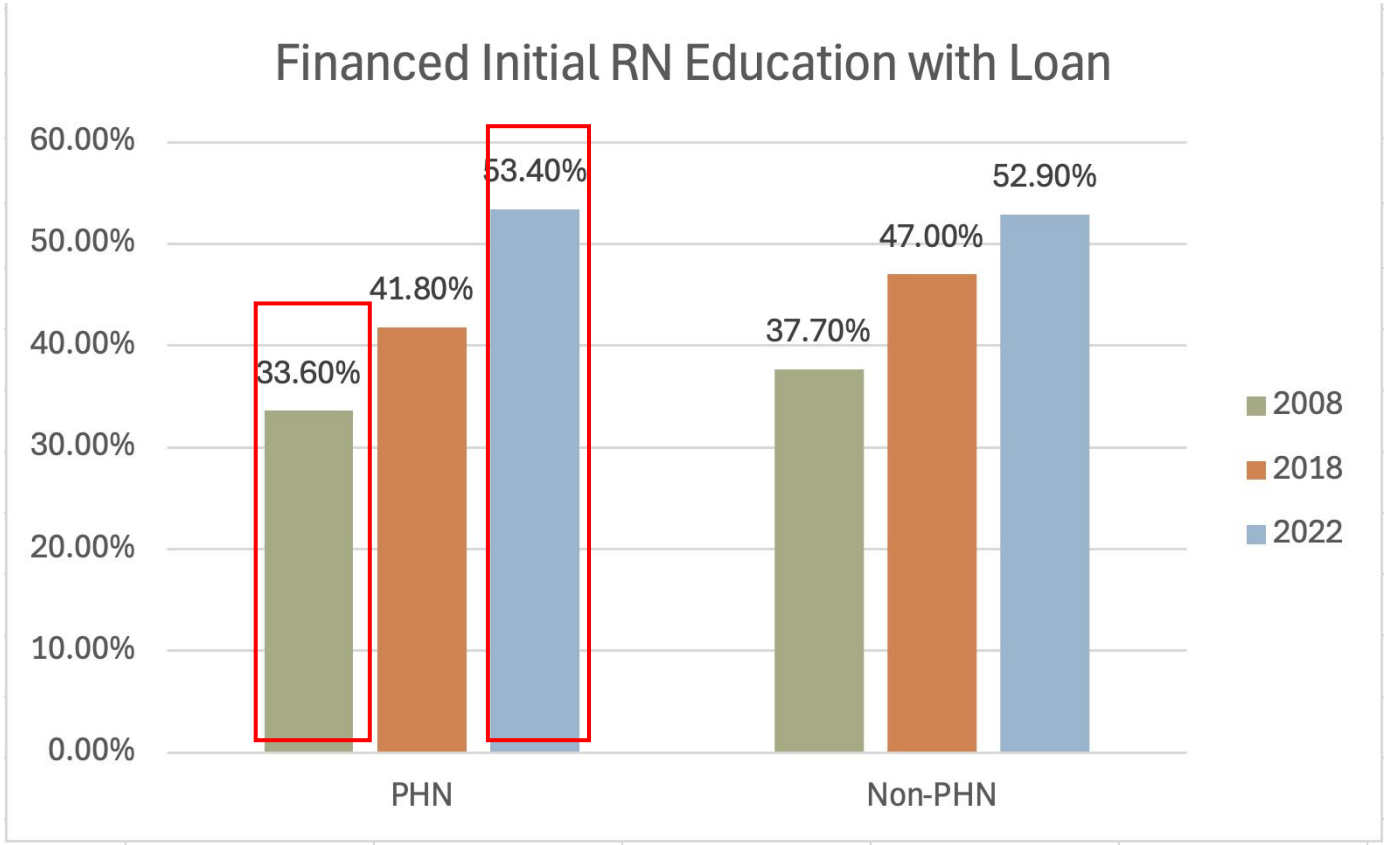
# Results  Career Pathways

| Selected Career Pathway Indicators, 2022 | | |
|---|---|---|
| | PHNs | Non-PHNs |
| Master's Degree before starting RN | **4.2%** | **2%** |
| Prior CHW Experience | 3.4% | 2.1% |
| Non-Nursing Master's Degree+ | **28.7%** | **13.0%** |

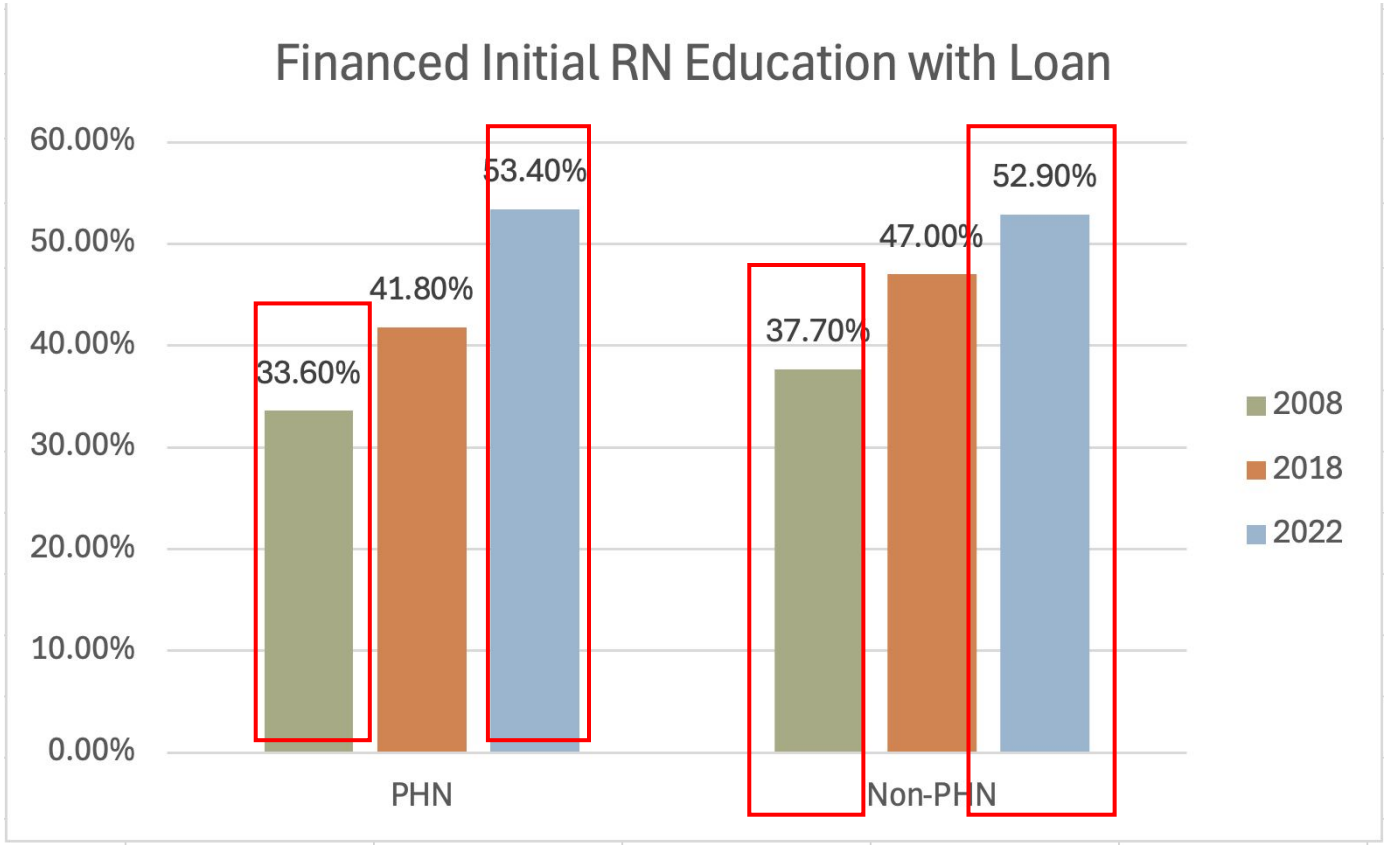
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# Results  Employment Tenure, Salary, Scope

| | 2022 | |
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| | PHNs | Non-PHNs |
| **Years in Nursing Since First RN License** | | |
| **0-5 Years** | **11.3%** | **21.7%** |
| **6-10 Years** | **17.7%** | **19.6%** |
| **11-20 Years** | **24.7%** | **27.9%** |
| **21-30 Years** | **23.3%** | **16.0%** |
| **31 or More Years** | **23.0%** | **14.7%** |
| **Time at Primary Nursing Position** | | |
| **Less than 1 Year** | **13.1%** | **14.0%** |
| **1-5 Years** | **40.8%** | **36.5%** |
| **More than 5 Years** | **46.1%** | **49.5%** |
| **Employment Characteristics** | | |
| **Full-Time Position** | 82.3% | 82.3% |
| **Position 100% Remote** | 9.8% | 12.1% |
| **Annual Earnings if Working Full Time, mean (SD)** | **67,668 (32,578)** | **86,642 (33,827)** |
| **Practice Experience** | | |
| **Practice to the Full Extent of License** | **91.9%** | **97.0%** |
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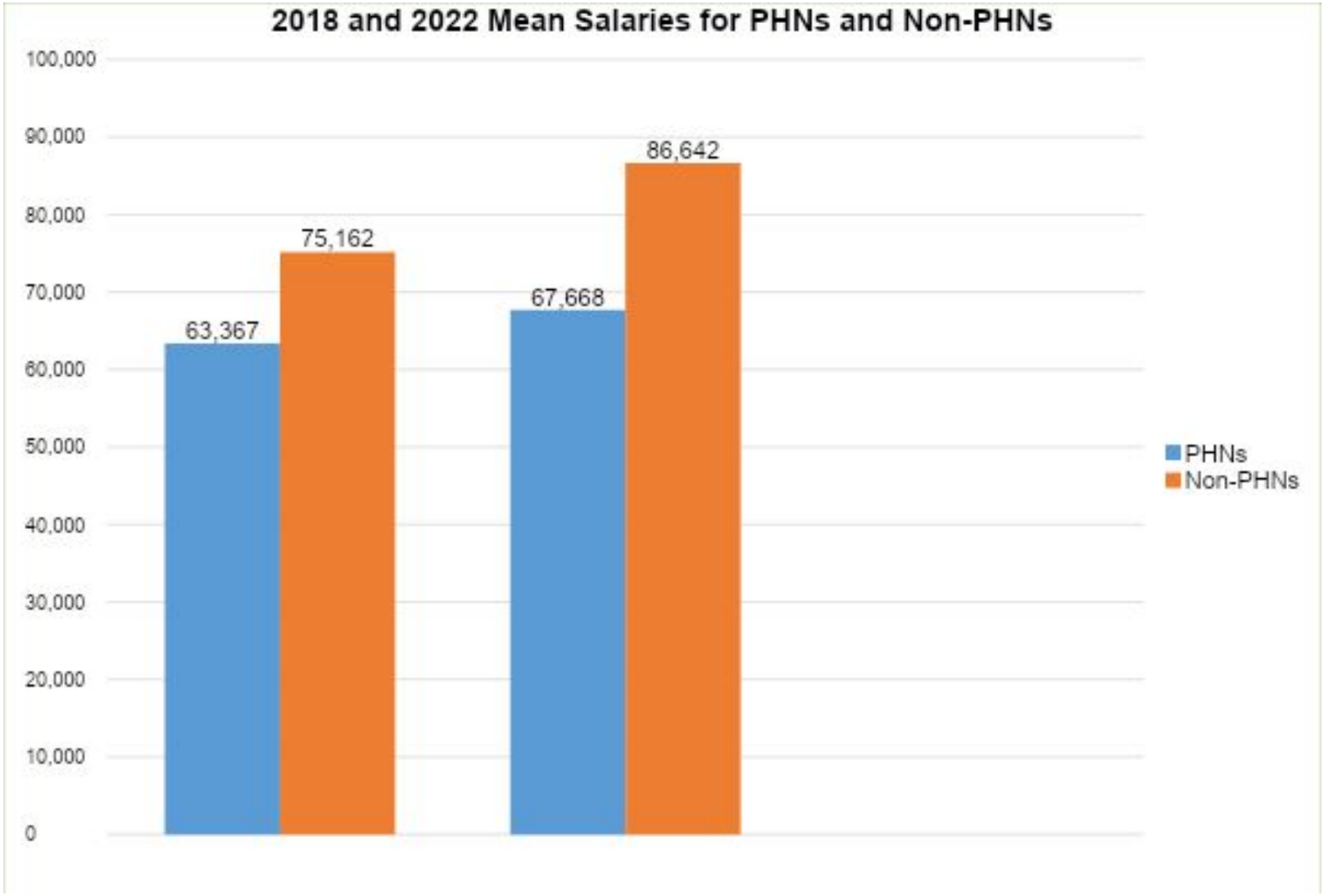
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# Results  Employment Tenure, Salary, Scope



# Results  Activities

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| 1-49% | 24.7% | 20.4% |
| 50-100% | 56.6% | 67.5% |
| **Care Coordination** | | |
| 0% | 31.6% | 38.1% |
| 1-49% | **63.5%** | **56.4%** |
| 50-100% | 4.9% | 5.5% |
| **Management, Supervision and Administrative Tasks** | | |
| 0% | 32.9% | 46.2% |
| 1-49% | 57.2% | 42.7% |
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| **Research** | | |
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# Results  Training Receipt and Sufficiency



| |
|---|
| Evidence-Based Care |
| Patient-Centered Care |
| Team-Based Care |
| Value-Based Care |
| Population-Based Care |
| Working in an Underserved Community |
| Caring for Medically Complex Patients |
| Social Determinants of Health |
| Caring for Patients with Mental Health Conditions |
| Caring for Patients with Substance use Disorders |
| Quality Improvement |
| Practice Management and Administration* |

Evidence-Based Care

**Patient-Centered Care**

**Team-Based Care**

**Value-Based Care**

**Less likely** to state they **received** training **and less likely** to report it was **sufficient**

Caring for Patients with Mental Health Conditions

Caring for Patients with Substance use Disorders

Quality Improvement

Practice Management and Administration*

| |
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| Evidence-Based Care |
| Patient-Centered Care |
| Team-Based Care |
| Value-Based Care |
| **Population-Based Care** |
| **Working in an Underserved Community** |

**More likely** to state they **received** training, both groups  most said it was sufficient – BUT only **62% PHNs** report training in working with underserved populations

Evidence-Based Care

Patient-Centered Care

Team-Based Care

Value-Based Care

Population-Based Care

Working in an Underserved Community

Caring for Medically Complex Patients

Social Determinants of Health

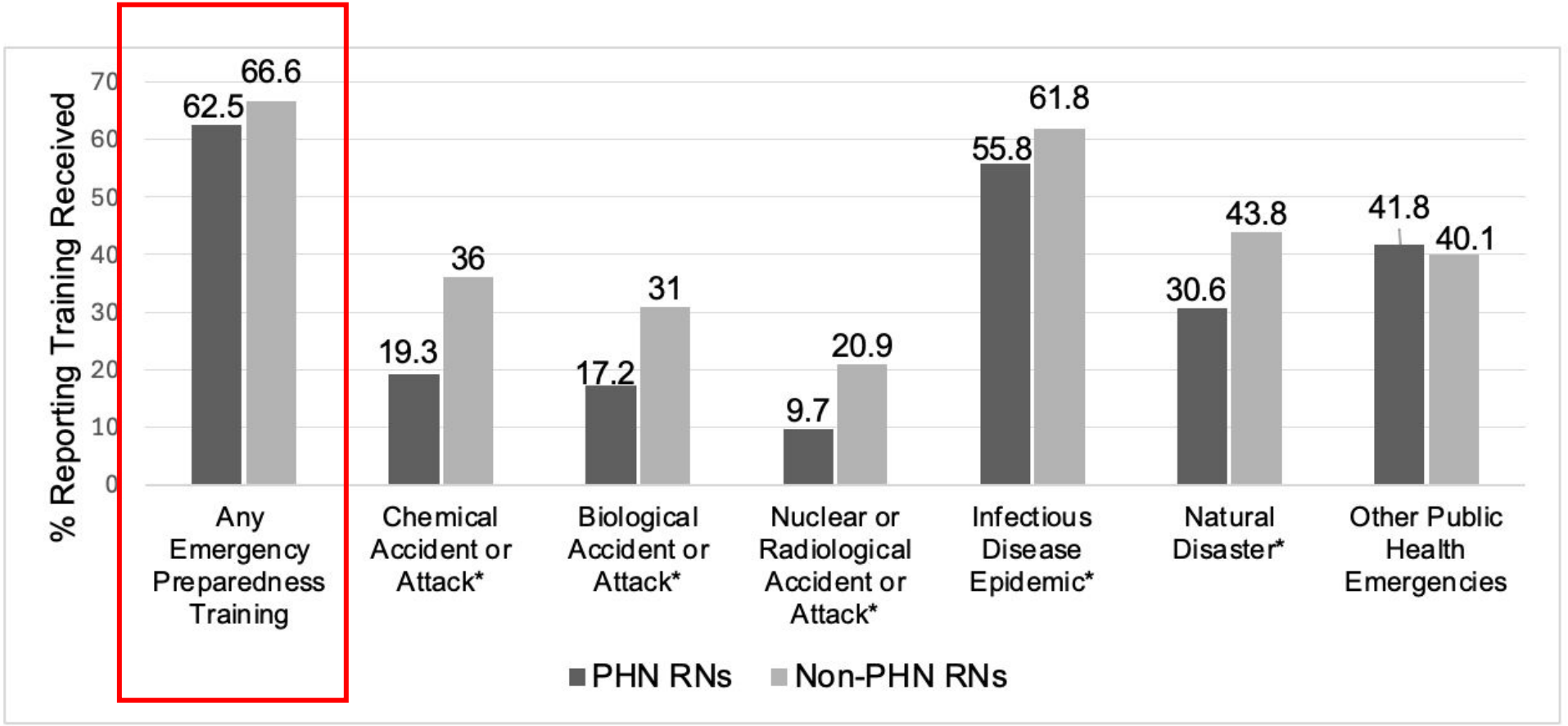
**Caring for Patients with Mental Health Conditions**

**More likely** to state they **received** training  69% v. 64%, both groups **~70% sufficient**

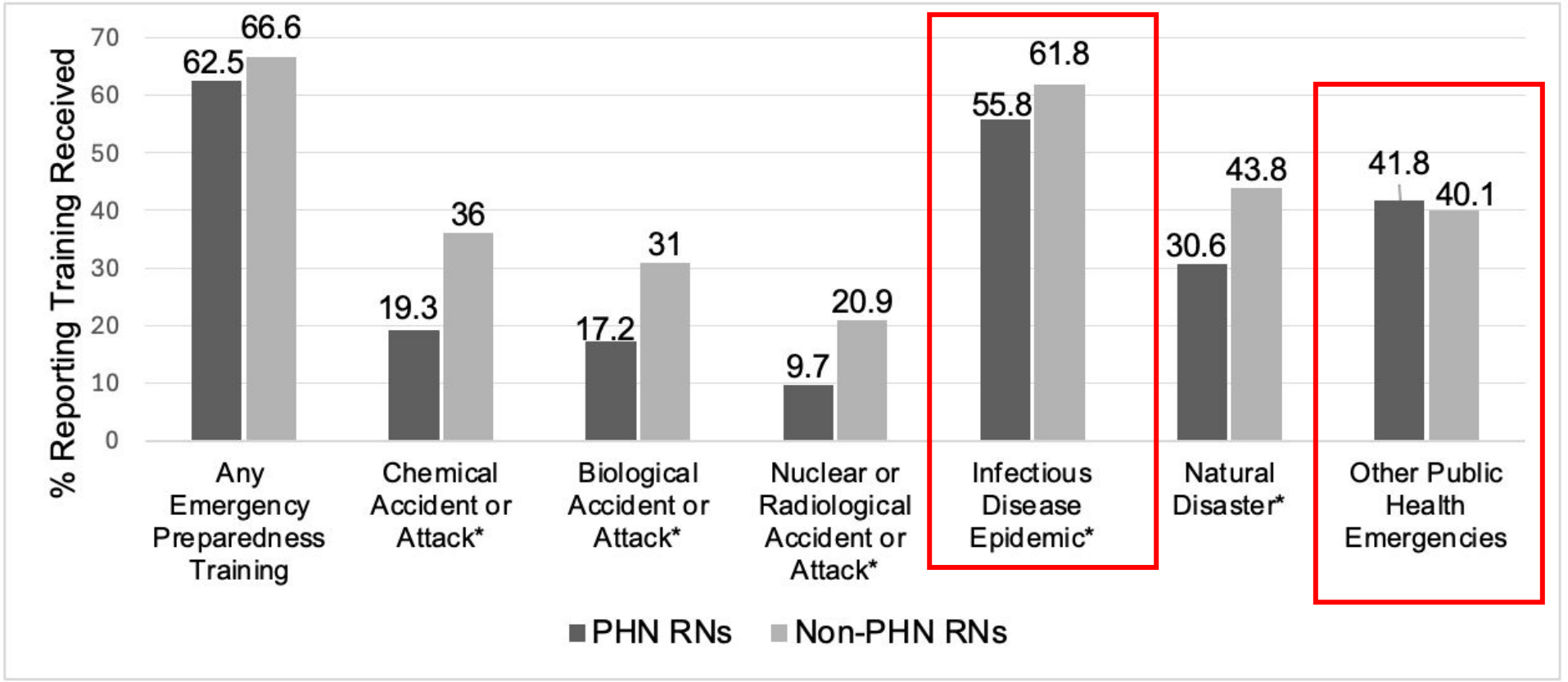
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| **Caring for Patients with Substance use Disorders** |

**Training –** 55% PHNs, 60% non-PHNs
Significantly **fewer PHNs** reported sufficiency

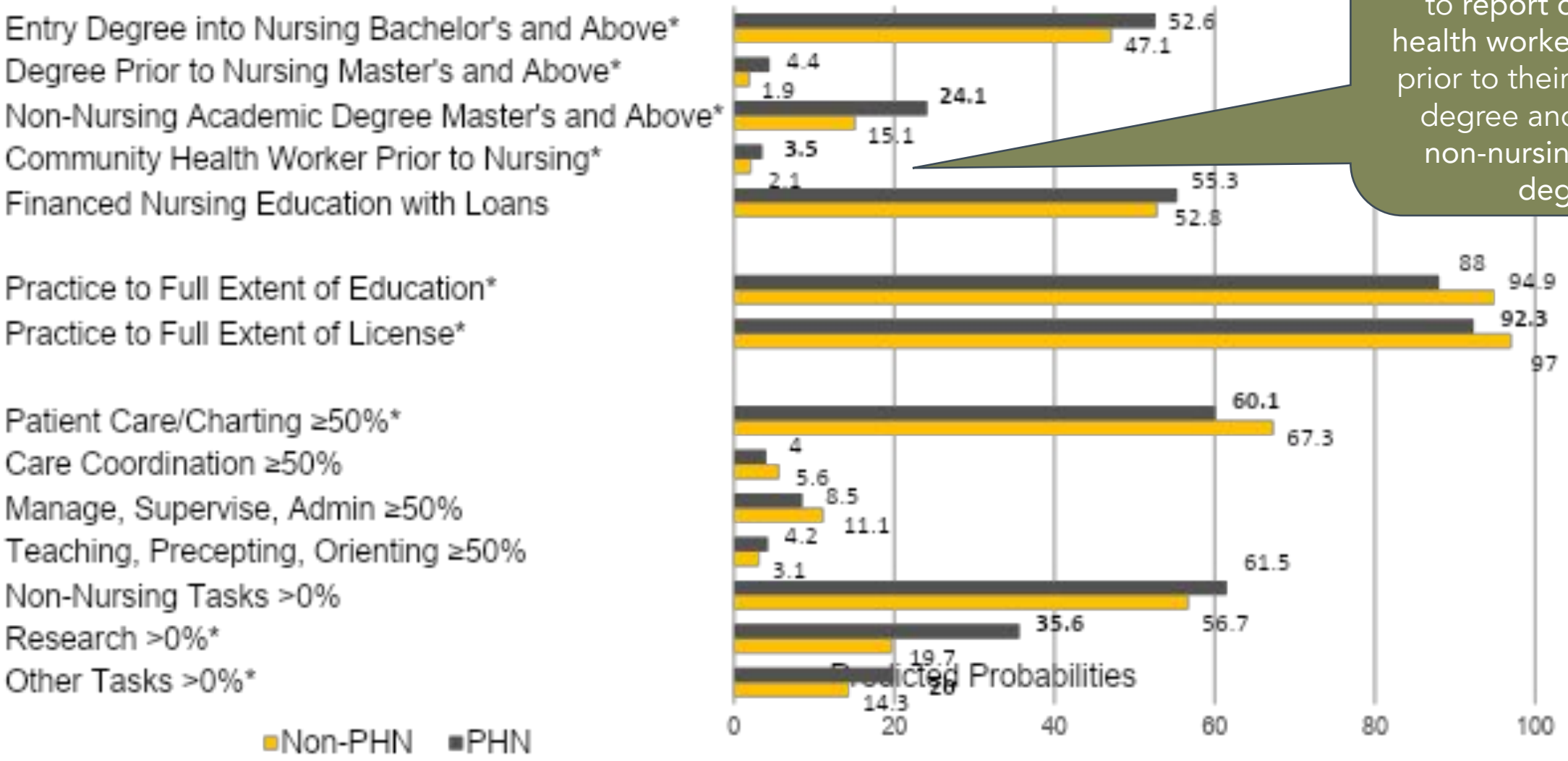
# Results  Emergency Preparedness Training



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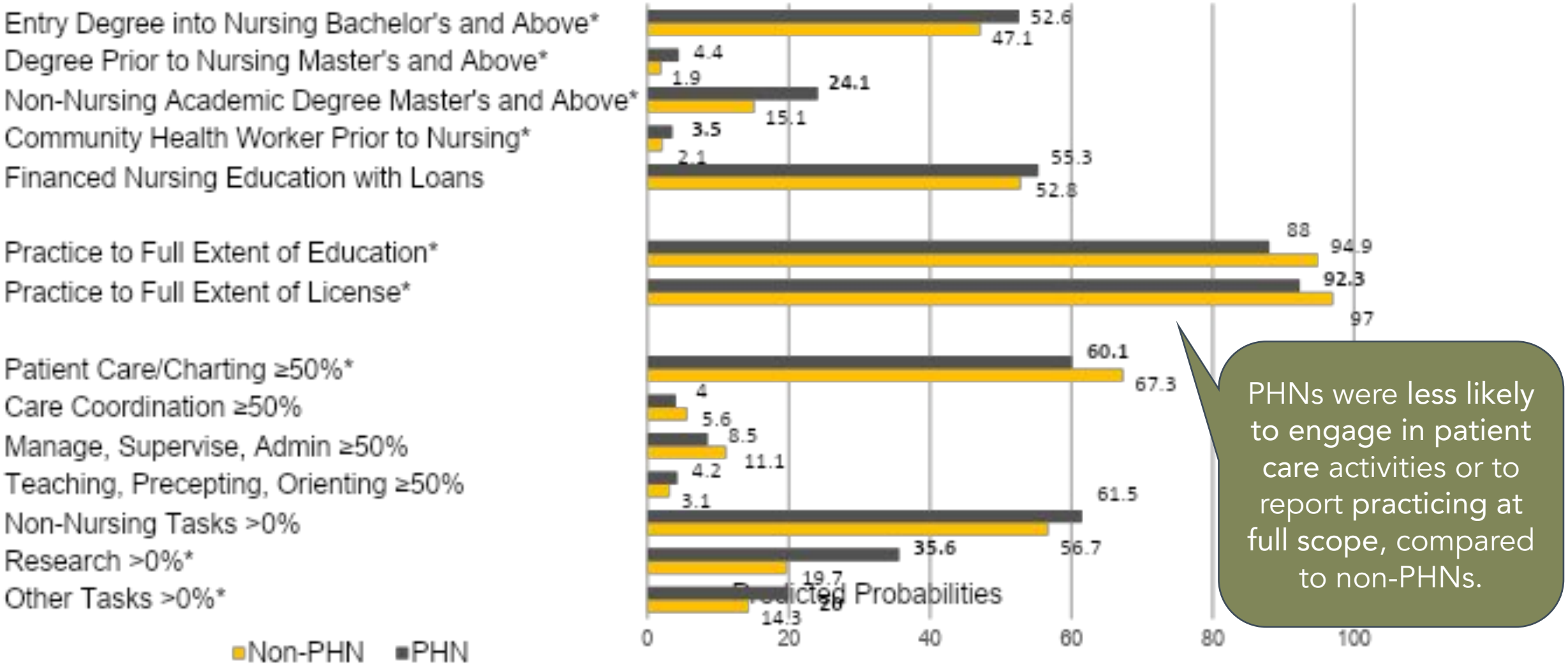


# Career Pathways and Practice Outcomes by PHN Status in 2022



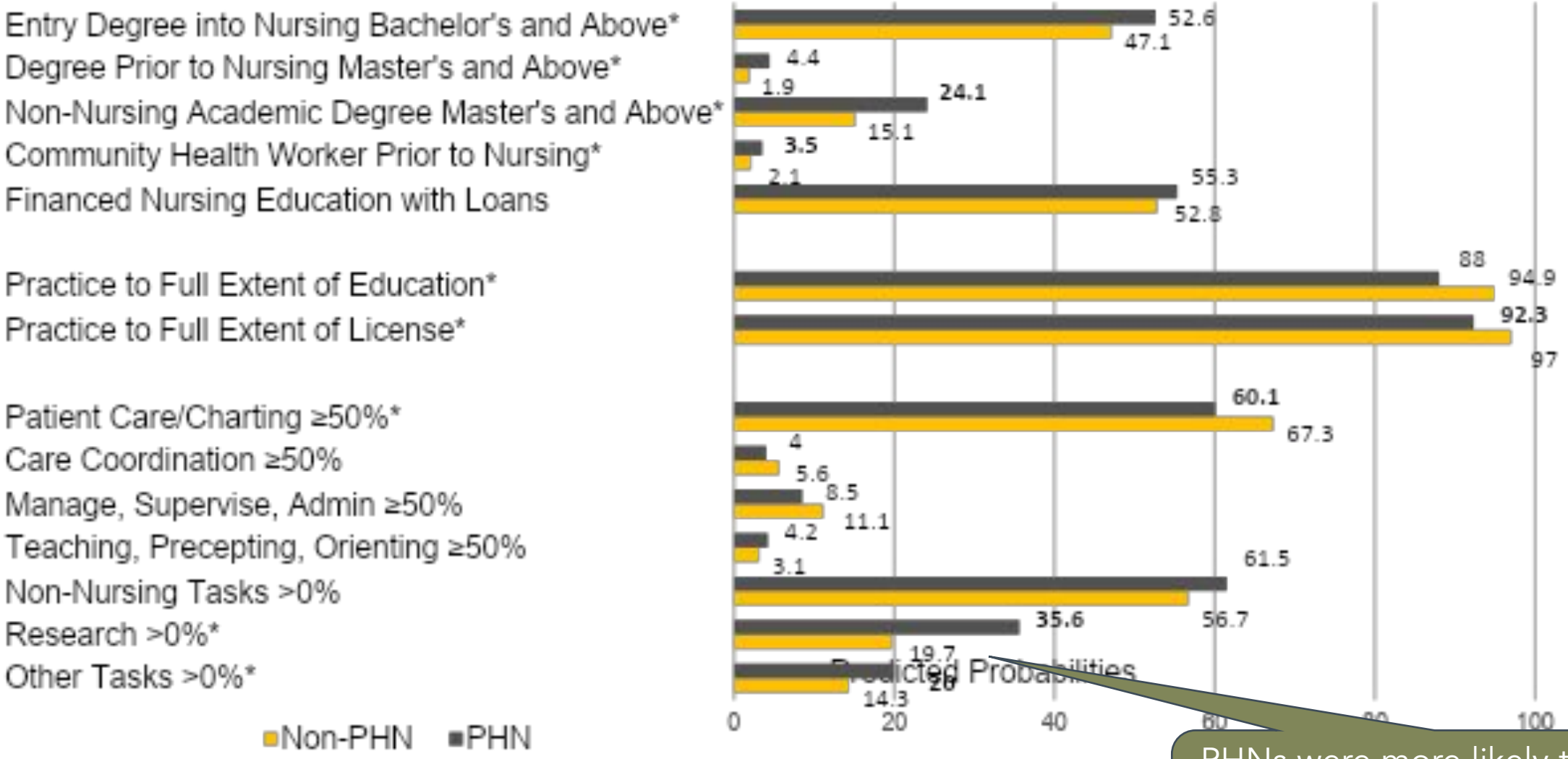

PHNs, compared to non-PHNs, are more likely to report community health worker experience prior to their first nursing degree and to have a non-nursing master's degree

# Career Pathways and Practice Outcomes by PHN Status in 2022




PHNs were less likely to engage in patient care activities or to report practicing at full scope, compared to non-PHNs.

# Career Pathways and Practice Outcomes by PHN Status in 2022




PHNs were more likely to report time spent on research and "other" activities compared to non-PHNs.

# Brief Findings  Turnover and Retention

**Why do PHNs stay?**

- Liking the job
- Balanced schedule/hours
- Sense of community with peers
- Commitment to underserved communities

**Why do PHNs plan to leave or leave their positions?**

- Better pay/benefits
- Burnout
- Stressful work environment
- Lack of advancement opportunities

Compared with non-PHNs, PHNs were older with greatest age difference between those planning to leave.  PHNs who have left their positions were more likely to be multi-racial or "other" race than non-PHNs.

# Brief Findings □ Reasons to Stay (Top 4)

| Reasons to Stay | PHN<br>PP (95% CI) | Non-PHN<br>PP (95% CI) |
|---|---|---|
| Liking the Job | **69.0 (64.2, 73.8)** | **57.5 (55.7, 59.2)** |
| Balanced Schedule/Hours | **68.8 (63.4, 74.2)** | **56.8 (55.4, 58.3)** |
| Sense of Community with Peers | 41.8 (35.5, 48.2) | 41.3 (39.8, 42.9) |
| Salary and Benefits | **39.0 (33.5, 44.4)** | **50.9 (49.1, 52.6)** |

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# Brief Findings □ Reasons to Leave (Top 4)

| Reasons Planning to Leave | PHN<br>PP (95% CI) | Non-PHN<br>PP (95% CI) |
|---|---|---|
| Burnout | **41.8 (29.6, 54.0)** | **65.0 (62.6, 67.4)** |
| Better Pay/Benefits | **40.6 (30.7, 50.4)** | **58.0 (55.3, 60.6)** |
| Stressful Work Environment | **20.5 (11.9, 29.1)** | **48.0 (45.5, 50.5)** |
| Inadequate Staffing | **20.3 (11.8, 28.8)** | **53.4 (50.5, 56.2)** |

# Brief Findings □ Reasons to Leave (Top 4)

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# Brief Findings □ Reasons to Have Left (Top 4)

| Reasons Left Position or Nursing | PHN<br>PP (95% CI) | Non-PHN<br>PP (95% CI) |
|---|---|---|
| Better Pay/Benefits | **61.2 (50.2, 72.2)** | **38.5 (36.2, 40.7)** |
| Burnout | **32.8 (19.7, 45.9)** | **52.8 (50.2, 55.4)** |
| Stressful Work Environment | **28.3 (14.6, 41.9)** | **46.0 (43.9, 48.1)** |
| Lack of Opportunities for Advancement | **27.9 (16.1, 39.8)** | **13.6 (11.9, 15.3)** |

# Brief Findings □ Reasons to Have Left (Top 4)

| Reasons Left Position or Nursing | PHN<br>PP (95% CI) | Non-PHN<br>PP (95% CI) |
|---|---|---|
| Better Pay/Benefits | **61.2 (50.2, 72.2)** | **38.5 (36.2, 40.7)** |
| Burnout | **32.8 (19.7, 45.9)** | **52.8 (50.2, 55.4)** |
| Stressful Work Environment | **28.3 (14.6, 41.9)** | **46.0 (43.9, 48.1)** |
| Lack of Opportunities for Advancement | **27.9 (16.1, 39.8)** | **13.6 (11.9, 15.3)** |

# Conclusions and Implications

- Workforce size  little variability over time, but do see decrease in governmental settings AND potential issue with measurement
- Findings do demonstrate a highly educated and experienced workforce, but with some particular gaps that need to be addressed
- **Career pathways**
  - **Higher proportion with CHW experience**  potential for targeted recruitment
  - PHNs have been **RNs longer, but similar amount of time in this role**  potential to target mid-career RNs
  - Higher proportion with **non-nursing Masters**  Looking for advanced public health training
- **Employment Experiences**
  - Recruitment and retention concerns
    - Lower average salary + increasing educational loan burden
    - Lower probability of reporting practicing “at full scope”
  - More selecting “other” activities  limitations of current options
  - Training gaps related to emergency preparedness and areas focused on populations PHNs likely work with regularly
- **Turnover and Retention**
  - **Combination of reasons** for wanting to stay  schedule flexibility, peer support, and pay
  - **Pay and burnout**  most likely reasons for leaving/planning to leave, but **lack of opportunities for advancement** matter too and more frequently selected among PHNs

# Perspectives from Practice



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# What does this mean for practice?

- At the state-level
- At the local-level?
- For public health nursing in the state, generally?

## What would PHNs working to 'full scope' look like?

## What action steps are needed as a result of these findings?

## What is one action step you can think of to take today?

# Thank you!

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Shahida Shahrir, Selina Mohammed

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