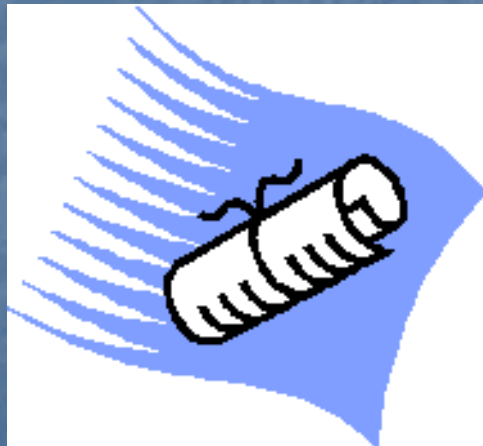


*Examining the Underutilization of  
the Public Health Nursing  
Credential :  
Who gets certified?*



APHA Annual Meeting

Betty Bekemeier

School of Nursing

November 5, 2007

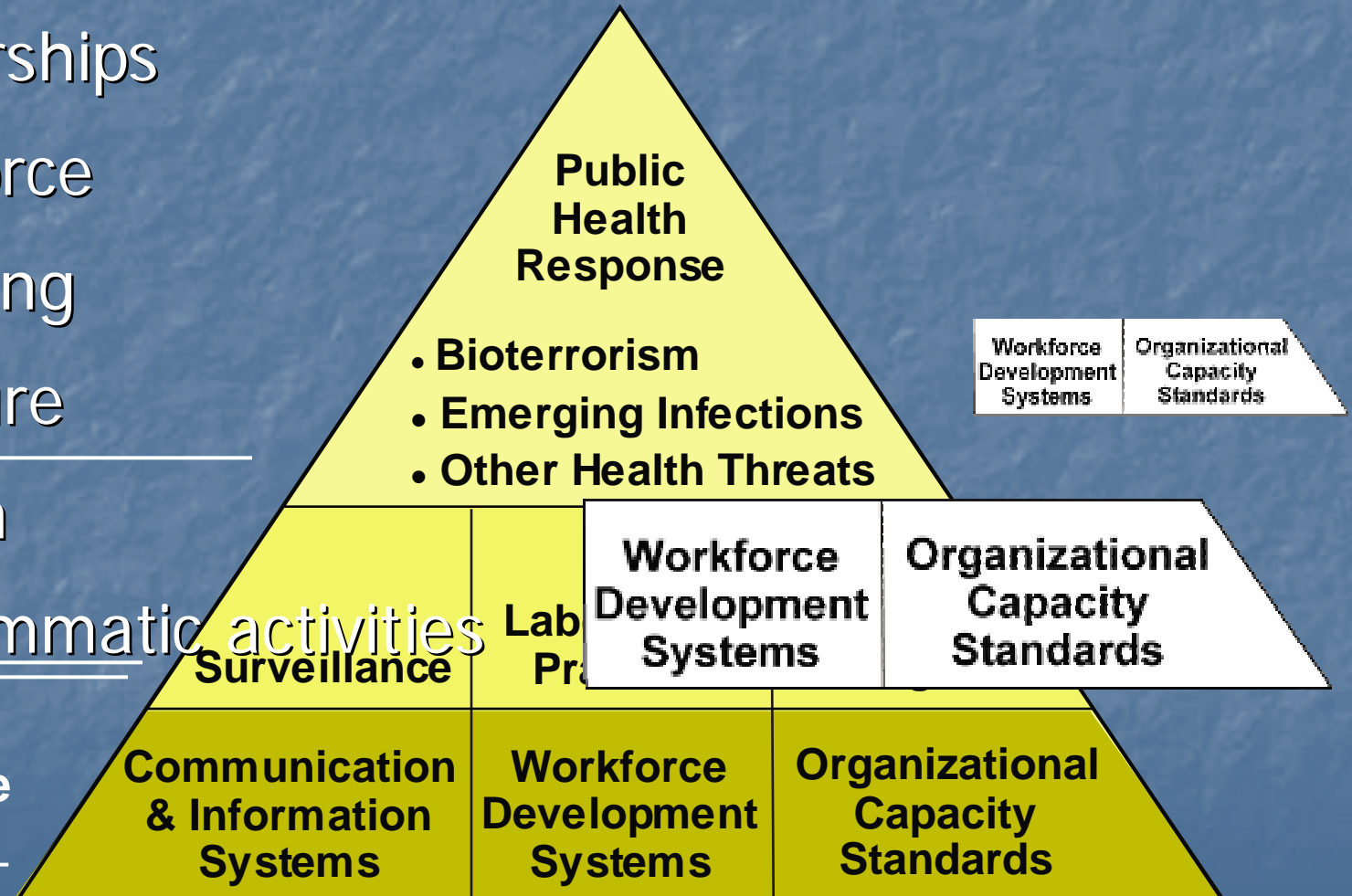
# Public Health Systems Research

- Partnerships
- Workforce
- Financing
- Structure

Essential  
Mission  
Capabilities

■ Programmatic activities

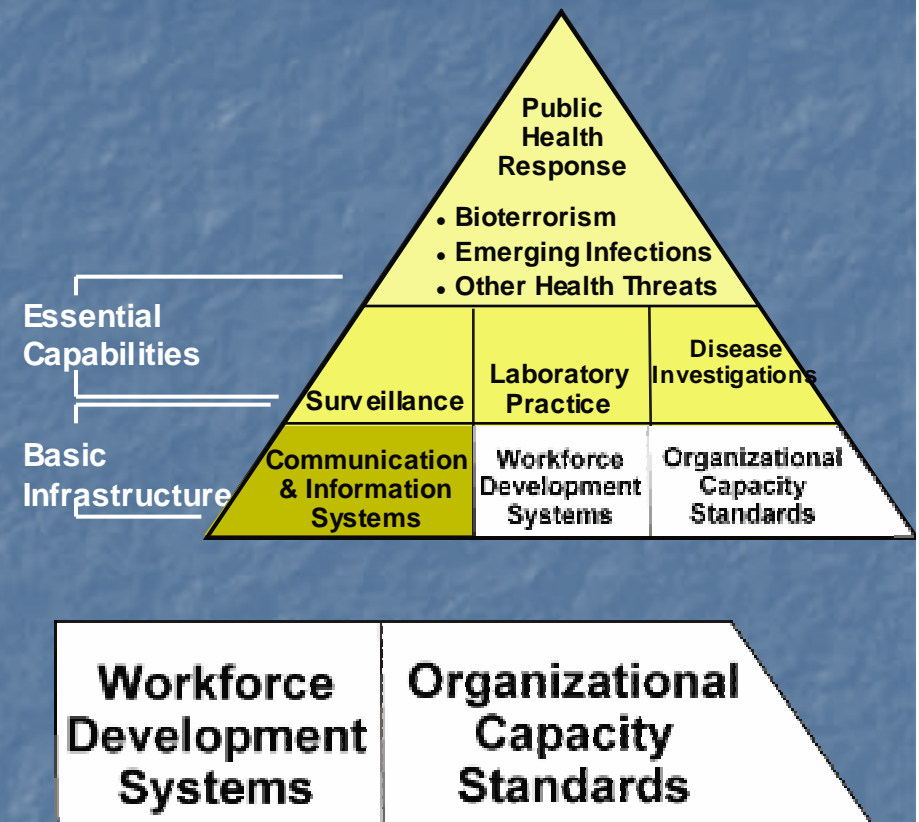
Basic  
Infrastructure



The CDC's public health infrastructure pyramid, 1999

# Public Health Systems Research

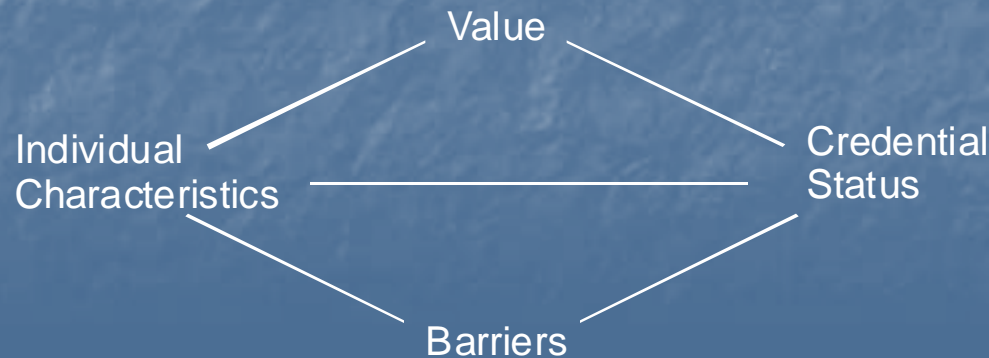
- Partnerships
- Workforce
  - Recognizable credentials
  - Staffing
  - Competencies
  - Leadership development
- Financing
- Structure
- Mission
- Programmatic activities





# Research Question:

What are the relationships between the individual **characteristics** of PHNs, the **value** they perceive in connection to credentialing, the **barriers** they perceive with regard to obtaining and maintaining a credential, and their **credential status**?



# The Instrument

## *The Value of a Community/Public Health Nursing Credential Instrument*

- Scales
  - Value (The PVCT)
    - 18 items
    - Likert-type responses
    - Cronbach's alpha (0.948)
  - Barriers (Board of Peds Nurses)
    - 16 modified items
    - frequency ("check all that you think apply")
    - ranking ("rank the top 5 barriers")
- Demographics

# The Sample

- 655 PHN members of Quad Council Organizations
  - National sample
  - Leaders/emerging leaders
- 20% (n=131) had/have C/PHN certification
- Practice AND Academia
  - 44% academic
  - 44% staff, mgmt
- Mean age--53 years
- 84% white & non-Hispanic
- Educated--32% PhDs



# "Value" Factors

## Factor 1--"Intrinsic Value"

Has personal value related to professionalism

**90.1% agreement**

**Mean 3.4 score**

## Factor 2--"Extrinsic Value"

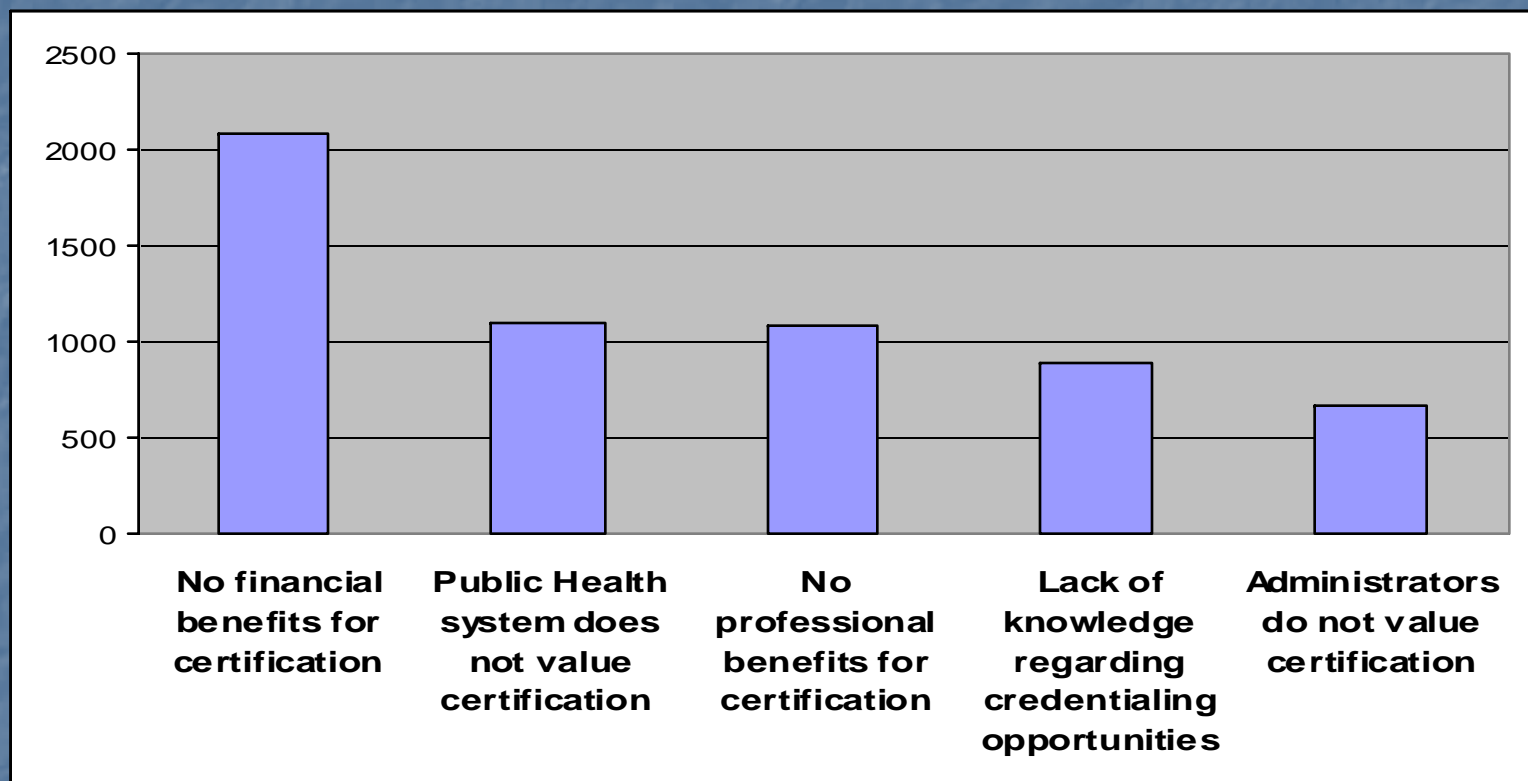
Has market-related value for advancing careers

**70.0% agreement**

**Mean 2.9 score**

*For more on the "Value" factors see:  
**Bekemeier, B.** (2007). Credentialing for Public Health Nurses: Personally valued...but not well recognized. *Public Health Nursing*, 24(5), 439-448.*

# Most highly ranked "Barriers"



*For more on the "Barriers" see:*  
**Bekemeier, B.** (2007). Credentialing for Public Health Nurses: Personally valued...but not well recognized. *Public Health Nursing*, 24(5), 439-448.



# Scoring

## Continuous variables

- Intrinsic Value
- Extrinsic Value
- Barrier "Intensity"
  - Range=-136 to 136; M=4.6;  
SD= 53.5



## Mixed variables

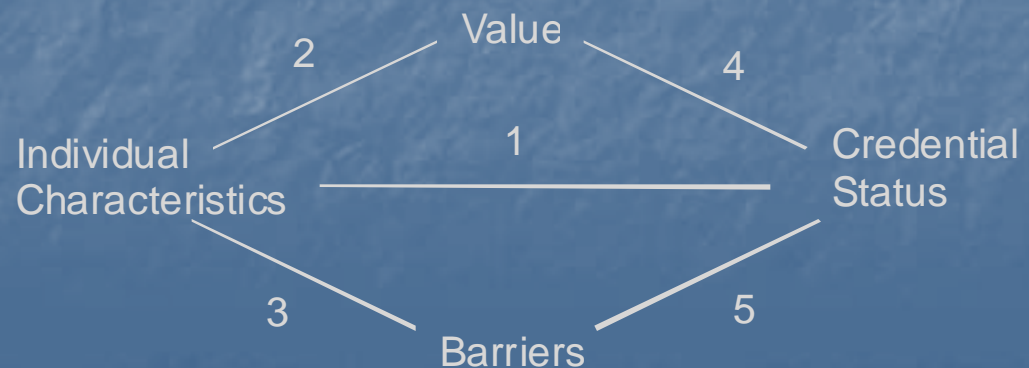
- Credential status (dichotomous)
- Workplace (categorical)
- Education (ordinal)

# Findings

## Characteristics & Credential Status:

### Relationship 1

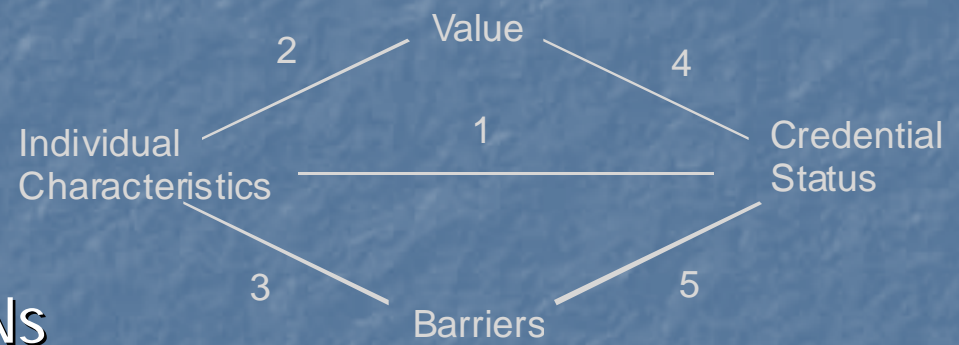
- Chi-square
- Graduate degreed = significantly more credentialed
- Academic role = significantly more credentialed



# Findings

## Characteristics & Value, Barriers: Relationships 2 & 3

- ANOVAs
- No significant mean differences
- Higher value scores for BSNs and staff nurses
- Variation in barriers selected—BSN vs PhD





# Characteristics & Credential Status (Con't)

## Never heard of C/PHN Credential

- 142 (21.7%) had never heard of the C/PHN Credential
- Significantly less likely to have heard if:
  - No graduate degree
  - Not in an academic role or setting
  - A racial or ethnic minority

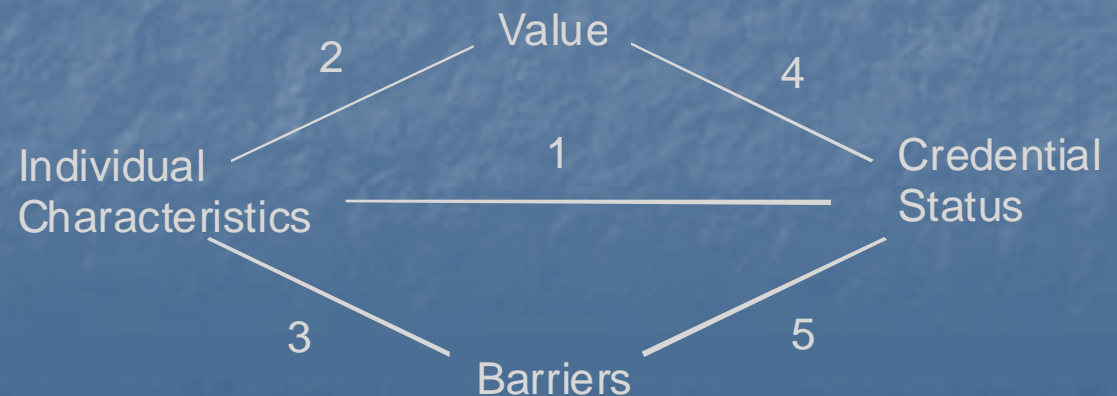


# Findings—Aim 2

## Value & Barriers, Characteristics, & Credential Status:

### Relationships 1, 4, & 5

- Logistic regression
- Professional role has significant effect on credential status
- Mgr=30.0% probability of C/PHN credential
- Academician=49.7% probability of credential
- Value & Barriers had little effect on the model



# Discussion

- Credentialing perceived to be valuable
- Underutilization of C/PHN credential:
  - Perceptions
    - Lack of market benefits
    - PH system is perceived to NOT value credentialing
  - Access. Awareness.
    - Practice PHNs less likely to have credential
    - Minority PHNs less likely to have *heard* of credential



# Implications

- Increase visibility of C/PHN credential to
  - PHNs in practice—especially managers
  - People of color
- Create systems to “recognize” specialty certification
  - Career advancement
  - Economic advancement
- Monitor credentialing systems for disparities in participation

# Further Research

- Intervention research to increase awareness & utilization
- Examine benefits of C/PHN credentialing to
  - PHNs—strengthen the link to competency
  - The PH System—relationship to performance?
  - The public—relationship to health improvement?

# Limitations

- Cross-sectional study design
- No differentiation-- “Basic” vs “Advanced” credential
- Cannot identify those with lapsed C/PHN credential



# What next...

- Recommend what barriers need to be addressed and how
- Inform PHN and public health leaders regarding who appears underserved by credentialing processes
- Inform decision-making regarding credentialing plans

