Quest for Visibility: Creating a PHN Code in the SOC
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Slide 2
No relationships to disclose.

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Discovered that public health nurses were not included among the public health workforce on this HRSA website. When I inquired, I was told that was because PHNs had no Standard Occupation Classification of their own. [Note: This website is no longer active.]
When you search for either community health nurse or public health nurse on the SOC website, you are told no code exists and automatically led to “registered nurse.”

I have yet to discover who, how, or when this definition was developed. Do you recognize yourself as a PHN in this statement?

Components of an SOC classification/code.
These other classifications do have some statement related to public health, even if only as an “illustrative example.” But that alone is sufficient to search.

Note this was a new classification in the 2010 SOC revision and promoted by APHA. APHA also requested creation of a code for PHN in that same petition but it was not granted as there was “insufficient evidence” to demonstrate that what the PHN did is significantly different from that of the registered nurse. This became my goal and the subject of my DNP project.

One of the most significant consequences of not having a code is that an occupation never shows up on this website, which is used widely by vocational counselors, human resource professionals and others. No SOC code means an occupation does not exist in the U.S. [Note: This online service took the place of the Dept of Labor’s document, the Occupational Handbook.]
What I did was use a sub-group of the questionnaires that O*NET uses to collect information on the work for registered nurses in the categories circled. I could not ask all items as that would’ve been a 600+ item survey; as it was there were 127 items.

Participants were recruited through listservs of the professional PHN organizations plus sent to the “chief nurse” in each state’s health department (who was not always easy to track down).

Tasks were divided between “core” (tasks which all nurses do) and “supplementary” (tasks only some perform). This table show what percentage of respondents performed each task either frequently or very frequently.
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**Task Frequency - Core**

<table>
<thead>
<tr>
<th>Task Frequency</th>
<th>O*NET RN</th>
<th>RN Staff</th>
<th>PHN Expert</th>
<th>Practice Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare Exam</td>
<td>58</td>
<td>13</td>
<td>35</td>
<td>11</td>
</tr>
<tr>
<td>Rooms &amp; Stock</td>
<td>14</td>
<td>21</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>Refer to</td>
<td>40</td>
<td>6</td>
<td>11</td>
<td>27</td>
</tr>
</tbody>
</table>

This displays frequency of selected core tasks.

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**Task Frequency - Suppl.**

<table>
<thead>
<tr>
<th>Task Frequency</th>
<th>O*NET RN</th>
<th>RN Staff</th>
<th>PHN Expert</th>
<th>Practice Educator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure Quality Care</td>
<td>41</td>
<td>6</td>
<td>10</td>
<td>71</td>
</tr>
<tr>
<td>Work w/ Indvs., Gps, Families to Improve Community Health</td>
<td>42</td>
<td>29</td>
<td>47</td>
<td>72</td>
</tr>
<tr>
<td>Administer anesthetics</td>
<td>30</td>
<td>1.5</td>
<td>1.5</td>
<td>2</td>
</tr>
<tr>
<td>Training Aux &amp; Students</td>
<td>11</td>
<td>2</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Engage in Nursing Research</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>

This displays frequency of selected supplemental tasks.

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**Tasks Not Mentioned in Survey**

This were entries into a task box asking respondents to indicate what tasks they carried out as PHNs that were not mentioned in the previous items.
These data are responses to either “extremely important” or “very important” to PHN work.

Unfortunatley these items cannot be compared due to inconsistency in the questionnaire but the responses on the extent which the PHNs perceived a given skill as extremely relevant or very relevant to their practice is useful.
Unfortunately these items cannot be compared either due to inconsistency in the questionnaire but the responses on the extent which the PHNs perceived a given element of the work context as extremely relevant or very relevant to their practice is useful.
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Work Context Not Mentioned in Survey

Text box items related to not mentioned work context for PHNs.

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Tools Not Mentioned in Survey

Tools not mentioned in the questionnaire,

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Technologies Not Mentioned in Survey

Technologies not mentioned in the questionnaire.
Analysis not yet complete. When done will be submitted to the OMB as additional evidence for differences in nursing practice provided by the PHN.

The timeline for submission is not yet published.

For additional information please contact me.