

Academic Faculty Qualifications for Community/Public Health Nurse Educators

As the specialty organization for public/community health nursing (P/CHN) the Association of Community Health Nursing Educators (ACHNE) put out a call to the membership to develop a position paper on faculty qualifications. The resulting paper is entitled, “*Public/Community Health Nursing Faculty Qualifications*” (P/CHN-FQ). The member task force was to address the concerns of faculty regarding a common theme in community health nursing programs; the practice of placing faculty in teaching roles in community health who lack graduate level specialty preparation and/or population-health experience. ACHNE members responded to the call to the membership to address this long-standing concern for high quality education. The member task force was chosen and was noted to have a good variation in geographical regions, and to represent a variety of faculty roles including tenured, tenure track, clinical track and Dean. Of the six members of the task force, three hold the American Association of Colleges of Nursing [ANCC] Public Health Nursing Clinical Nurse Specialist certification. Additionally, several members held common concerns, as well as, noted regional variations in nursing programs, which added to the breadth of discussion regarding nursing faculty qualifications.

The guiding principles for the development of the paper were identified early on and confirmed by the group throughout the year-long development of the paper. Undeniably, certain values are held most high that include community health nursing educators who are experienced in population health and who are prepared in the public/community health nursing specialty. As educators, members valued our own defined paths for preparation in the P/CHN specialty. Also, the member task force acknowledged faculty who have been leaders in community health nursing and developed expertise through years of service. The approach utilized was an emphasis on the future, delineating what would be the preferred track for preparing faculty to teach public/community health nursing. The task force strongly upheld the belief to value the past, as well as, a movement into the future; a future that includes the valuing of nursing graduate programs.

One clear barrier noted by all members of the task force, the shortage of nursing faculty, presents competing efforts in holding schools of nursing to high standards in the selection of community health nursing faculty. The task force members acknowledged that schools of nursing face multiple hurdles in finding well qualified candidates for public/community health nursing theory and clinical courses. The AACN White paper on faculty shortages confirmed this experience for all areas not just community health nursing (AACN, 2003). The Department of Health and Human Services findings verified that while the number of nursing graduates increases, the number of nurses employed to teach graduates is declining (Spratley, Johnson, Fritz, & Spencer, 2002).

The PCHN-FQ position paper is in agreement with the AACN paper entitled *The Preferred Vision of the Professoriate* [PVP] with minor differences noted. The PVP holds an emphasis in doctoral *leadership* at all levels of courses taught and a minimum qualification of specialty graduate level preparation. In contrast, the PCHN-FQ paper

added additional emphasis valuing doctoral preparation for *teaching* theory courses. The two positions are in agreement regarding acceptance of all terminal degrees in nursing. Also, important is that both the PVP and PCHN-FQ positions emphasize that faculty teaching courses should possess advanced expertise in the content area being taught. Additionally, the PCHN-FQ position indicates a preference for faculty who have a nationally recognized specialty nursing certification as a way to demonstrate advanced expertise, while the PVP does not mention specialty nursing certification.

The PCHN-FQ paper was sent out for comments to the subset of the ACHNE membership who volunteered to be on the Faculty Qualifications task force, but due to the overwhelming response were not able to participate. Faculty agreement on the guiding principles included that doctoral preparation was preferred for teaching didactic courses and that graduate specialty preparation in Public/Community Health Nursing should be the minimum qualification for all faculty. A final mailing to the membership occurred in the Fall of 2008 with the final draft presented to the ACHNE Executive Board, December of 2008.

What follows is the approved paper, which received a final approval by the ACHNE Executive Board, March of 2009. Additional discussion was included in this meeting on the new recommendations by ANCC regarding the credential and qualifications to sit for the ANCC certification. Given the changing face of our profession and our specialty, along with the emerging potential for health care reform, further dialogue will be ongoing related to C/PHN faculty qualifications for the future.

FORWARD

The Association of Community Health Nursing Educators (ACHNE) has developed a number of documents designed to delineate the scope and function of community/public health nursing (c/phn) educators, researchers, and practitioners. Consistent with the mission of ACHNE this position paper entitled *Academic Faculty Qualifications for Community/Public Health Nursing* has been developed by the Faculty Qualifications Task Force.

The shortage of qualified nursing faculty has been well documented. In particular this shortage has increased the difficulty in having sufficient numbers of faculty who are educationally and experientially qualified to teach in the Community/Public Health Nursing specialty. ACHNE is addressing this concern by setting forth preferred qualifications for faculty to teach C/PHN at both the graduate and undergraduate level. While we recognize that the current faculty shortage may require schools to use faculty to teach in areas in which they do not have appropriate formal preparation, the paper outlines best practices for teaching Community/Public Health Nursing; a goal we urge all schools of nursing to work towards. Task Force members developed an earlier draft of the document in fall 2008, and input was solicited and received from ACHNE members and considered in the final document which was approved by the ACHNE Executive Board in July 2009.

The members of ACHNE extend their appreciation to the members of the Faculty Qualifications Task Force:

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In addition acknowledgment is given to Derryl Block, PhD, MPH, RN, ACHNE President, 2006-2008 who was instrumental in the formation and leadership of this task force.

This position paper strives to meet the needs of community/public health nursing educators and clarify issues for the nursing and public health communities. ACHNE remains committed to promotion of the public's health through ensuring leadership and excellence in community and public health nursing education, research, and practice.

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ACHNE Position Paper

Academic Faculty Qualifications for Community/Public Health Nursing

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The Association of Community Health Nursing Educators (ACHNE), as the specialty organization for professional education in community/public health nursing (C/PHN), is responsible for setting academic faculty standards for its field. Consistent with the scope of professional organizations, ACHNE believes it is imperative for C/PHN leaders to provide leadership and direction for the selection of C/PHN faculty at graduate and undergraduate levels.

Professional nursing organizations and state and federal governments have documented the shortage of nursing faculty and identified the importance of increasing the pool of nursing faculty prepared to educate the next generation of nurses (American Association of Colleges of Nursing, 2005; Spratley, Johnson, Fritz, & Spencer, 2002; Sroczyński, 2003). This faculty shortage has increased the difficulty of appointing educationally and experientially qualified faculty in all nursing specialties. As a result, C/PHN content is increasingly taught by faculty lacking graduate-level specialty preparation and/or lacking adequate experience in community-based and population-focused nursing practice. This situation is unacceptable as the *status quo*. C/PHN faculty must meet minimum qualifications in order to prepare nurses capable of delivering safe and effective services to the public.

This position statement sets forth minimum and preferred qualifications for the appointment and assignment of faculty to teach C/PHN at the graduate and undergraduate levels, direct programs, lead courses, and supervise clinical experiences. High standards are necessary to provide direction for the future of the specialty of C/PHN, as well as for the continued advancement of nursing.

Faculty Preparation Now and in the Future

Contemporary C/PHN faculty and leaders received their nursing education in a variety of educational programs; faculty preparation may or may not have been at the doctoral level, and may or may not have been in nursing. As doctoral preparation in nursing was less accessible in the past, current C/PHN faculty members may hold terminal degrees in a variety of disciplines. The leadership and experience of faculty, who have maintained knowledge of current practice in C/PHN, should continue to be highly valued for their contributions and support to nursing.

As nursing doctoral programs have become more widely accessible, C/PHN nurses now seeking preparation as faculty may select from a variety of educational paths. ACHNE recommends that emerging C/PHN faculty seek graduate level preparation in

community/public health nursing with an emphasis on population-based practice and encourages doctoral nursing preparation. The most highly qualified faculty will have a doctorate in nursing and have graduate specialty preparation in C/PHN. This preparation is consistent with the preferred vision for faculty put forth by the American Association of Colleges of Nursing (AACN, 2008). ACHNE strongly supports graduate level C/PHN preparation and advanced expertise for faculty teaching C/PHN content.

Graduate Program Faculty Teaching and Leadership

Nursing faculty teaching theory content at the graduate level are expected to hold a terminal degree in nursing or public health with specialty graduate level C/PHN preparation. ACHNE also recommends that the program leader for a graduate program in C/PHN be doctorally prepared with graduate level specialty C/PHN preparation and preferably hold C/PHN specialty nursing certification.

Undergraduate Program Faculty Teaching and Leadership

Nursing faculty teaching theory content at the undergraduate level are, at the minimum, expected to have graduate level specialty C/PHN preparation. Preferably they will hold a terminal degree in nursing or public health with specialty graduate-level preparation in C/PHN. Advanced preparation in nursing is essential in order to prepare C/PHN leaders grounded in the specialty and in the art and science of nursing. Faculty prepared at this level should provide leadership in undergraduate programs regarding C/PHN related curricula. Recognizing that public health nursing includes using knowledge from nursing and public health sciences (Public Health Nursing Section, 1997), advanced preparation in the public health sciences in the form of a doctorate in public health, in combination with graduate-level specialty preparation in C/PHN, is one path toward C/PHN faculty preparation. Advanced practice expertise gained through population-focused experience is an additional essential criterion for teaching C/PHN theory.

Faculty for Clinical Education

Well-qualified faculty in C/PHN clinical settings are crucial to transmitting knowledge and maintaining relationships among students, public health nursing leaders and staff, community partners, and stakeholders who work in collaboration with public health agencies. Qualified C/PHN faculty members enhance academic/practice relationships through interactions with nursing staff and preceptors in providing challenging and evidence-based practice experiences for nursing students.

It is unacceptable to assign nursing faculty to clinical areas for which they are unprepared by education and experience; such assignments increase the potential for unsafe practice. Faculty members who maintain competence in their C/PHN specialty area are highly valued in agency clinical settings. Nursing students practicing in community settings are guided by nursing faculty to address health needs at the population level and, in doing so, often develop leadership skills while working on community projects. Without appropriate guidance, the student learning experience is jeopardized, as are community

relationships and outcomes. Well-qualified faculty with sufficient educational and experiential preparation are likely to provide learning experiences which benefit agencies, communities, and students.

At the minimum master's level and undergraduate clinical faculty should be prepared at the graduate level with a specialty in C/PHN. The preferred candidate will also hold a nationally recognized C/PHN certification. Nursing experience beyond that required for the initial C/PHN certification bolsters the strength of the individual faculty and is required for continued specialty certification. It is recognized that due to faculty shortages C/PHN clinical faculty may be assigned who do not meet the minimum academic qualifications set forth in this document. While certification is desirable for all faculty teaching C/PHN clinical it is especially important in this circumstance. Graduate level specialty preparation and experience in population-focused nursing care, as well as preparation for the educator role are strong qualifications. However certification in the C/PHN specialty should continue to be highly valued for all faculty. Additional strong preparation is provided by (1) a graduate nursing degree along with the Master's in Public Health (MPH), or (2) an MPH with a focus in nursing. Faculty candidates with the MPH but without a nursing focus would have to be evaluated individually to assess their specific knowledge of nursing theory and practice experience in C/PHN nursing. Nationally recognized C/PHN certification is an additional criterion, which verifies continued engagement in C/PHN (with minimum practice hours and continuing education) and the knowledge that is verified by the exam.

It is important to note that an MPH meeting the standards a C/PHN Master's set forth in the ACHNE document *Essentials of Master's Level Nursing Education for Advanced Community/Public Health Nursing* (ACHNE, 2003) is acceptable as meeting the criteria of graduate level specialty preparation in C/PHN. The MPH without a focus in nursing is not equivalent to preparation in nursing as this degree does not prepare faculty with the knowledge of the unique role and contribution of nursing to multidisciplinary efforts to improve the health of our communities. Graduation from a program that meets the ACHNE master's level criteria for advanced C/PHN education ensures this knowledge.

All C/PHN clinical faculty members are expected to secure and maintain current knowledge through formal graduate education, continuing education, and/or clinical experience and to seek certification in the specialty. Alternate certification in public health that is not nursing-specific provides verification of public health knowledge for those faculty lacking C/PHN graduate-level preparation. While this certification is helpful, specialty preparation in C/PHN nursing and nursing specific certification, which is now within reach of faculty dedicated to teaching C/PHN is the recommended preparation for those faculty who are not yet seeking graduate level specialty preparation.

Doctoral level clinical faculty should hold a terminal degree in nursing or public health and have graduate level specialty preparation in C/PHN. Preferably they would also have nationally recognized C/PHN specialty certification.

Nursing Faculty Shortage

ACHNE emphasizes that clinical faculty should have graduate-level specialty preparation in C/PHN. With contemporary faculty shortages, graduate prepared nurses lacking graduate specialty content in C/PHN may be assigned as clinical faculty. At a minimum, all clinical faculty members should have population-focused experience that includes conducting community assessments, planning and program development, in which the nursing process is used to improve the health of the population through interventions with communities, populations, and/or at risk aggregates. Such population focused experiences may occur in a variety of community settings including, but not limited to, local and state health departments. In addition, American Nurses Credentialing Center (ANCC) certification is now available to many more faculty and practicing nurses, including those prepared at the Master's level in any nursing area. ACHNE recommends that all faculty teaching in C/PHN document the necessary hours in practice and become certified. (ANCC, 2009).

ACHNE supports efforts to remedy the nursing faculty shortage. The ANCC, National League for Nursing, Quad Council of Public Health Nursing Organizations, and Council on Linkages are making efforts to address this crucial issue. However, addressing the faculty nursing shortage in C/PHN goes beyond professional organizations and accreditation efforts. We call on government at all levels to provide adequate funding to ensure sufficient numbers of qualified nursing faculty. In addition, funding for graduate-level C/PHN programs must be increased to improve our capacity to produce professional nursing graduates capable of impacting the health of all populations.

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