**EVALUATION OF PUBLIC HEALTH NURSING RECRUITMENT AND RETENTION AT A LOCAL HEALTH DEPARTMENT**

by

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**ABSTRACT**

The purpose of this essay is to evaluate public health nursing recruitment and retention at a local county health department and create recommendations based on the literature and from the findings of the evaluation, specifically for the local health department. The local health department has been experiencing an increase in public health nursing resignations in the last four years. The role that public health nurses play in the community is invaluable, and speaks to the need to recruit and retain them at state and local health departments.

An evaluation plan was drafted to answer this question: How can the local health department improve recruitment and retention of its public health nurses? Nineteen interviews and one focus group were used to gather data to inform this evaluation. Recommendations were drafted based on responses from the interviews, and include, increasing communication between public health nurses, supervisors and administration; increasing advertisement of available nursing opportunities at the local health department, promoting health department opportunities at local high schools and nursing schools; prioritizing replacing public health nursing supervisors, continuing leadership’s policies to improve technology and facilities, and encouraging the public health nurses to communicate with the nursing union to discuss issues such as part-time options and pay. The number of services that Public Health Nurses offer to the community speaks to their public health significance and their vital roles in protecting and serving their patients. Increasing the retention of Public Health Nurses improves health outcomes in disease prevention, maternal and child services, and treatment of disease.

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preface

A special thanks to the local health department, for the use of its facility, technology, and the opportunity to interview its staff. A special thanks to the University of Pittsburgh for the opportunity to learn the skills necessary to complete this evaluation.

# Introduction

Health Departments, both state and local, offer many different kinds of services in the United States (U.S.). State and local health departments help develop public health programs with community partners to directly address community health concerns (Jones et al., 2007). For example, to improve health outcomes for babies and mothers, the National Association of County and City Health Officials (NACCHO) with the Centers for Disease Control and Prevention (CDC) partnered with 27 local health departments to implement an evidence-based breastfeeding support and services in those communities (Reis-Reilly & Carr, 2016). This program built organizational capacity with the partnering community organizations through trainings and bolstered infrastructure by creating lactation rooms (Reis-Reilly & Carr, 2016). Many of the collaborating local health departments created new policies to support more women in their communities in breast-feeding, including utilizing public health nurses by providing home visits (Reis-Reilly & Carr, 2016).

The solutions that state and local health departments create to disease impact and community health require a multidisciplinary workforce to meet the workload (Jones et al., 2007). Despite the need for a diverse and experienced workforce, a survey by NACCHO found that state public health departments had a 4% decline in public health workers in recent years (Beck & Boulton, 2015). It was also found that depending on the region in the United States, but public health nurses were up to a 4% decline in employment at local health departments (Beck & Boulton, 2015).

The local county health department has been experiencing an increase in resignations from public health nurses and has struggled with retaining them in the last four years. Thirty-one public health nurses have either resigned or been terminated from the health department. Termination accounted for only five of the 31 public health nurses who left their employment at the health department, while resignation accounted for 15 out of 31, based upon reports by the health department. The remaining 11 employees retired from their careers as public health nurses.

In addition, the health department administration wants to increase its recruitment of younger nurses. In order to better understand recruitment and retention of public health nurses, the Chief Nursing Officer recruited masters of public health students from the University of Pittsburgh to conduct an evaluation of the public health nursing department. The evaluation team aimed to answer the question: How can the local health department improve recruitment and retention of its public health nurses?

The local health department’s larger programs that involve public health nurses were the focus for this evaluation. These were Sexually Transmitted Diseases, Immunization, Tuberculosis, Maternal Child Health and Nurse Family Partnership. The initial plan for the evaluation was to target these five public health nursing programs using focus groups, interviews and a quantitative electronic survey per request by the health department administration. These methodologies allowed for deeper understanding of recruitment and retention practices.

 Public health nurses serve an important role in the communities in which they work. For the local health department in this study, the PHNs offer immunizations, tuberculosis medication compliance, Maternal and Child health services, and sexually transmitted diseases diagnosis and care, to name a few. The broad healthcare services that the PHNs offer in this community alone speaks to the public health significance of recruiting and retaining these nurses.

This local health department offers many services that are provided by its public health nurses (PHNs). Without the PHNs in place, health outcomes would plummet in the community. Recruitment of PHNs for the health department allows for the number of PHNs to grow and continue to provide the care that is necessary for the community. The level of care that PHNs provide to their communities through local health departments contributes to the importance of evaluating recruitment and retention challenges. Retention of PHNs is an equally challenging issue. Keeping motivated nurses who want to work in their communities and who are passionate about public health employed is a critical goal of the health department.

This evaluation comes at a time when much of the literature is projecting a shortage in public health nurses and healthcare staff as a whole. Qualitative methods were used in this evaluation to understand and utilize the suggestions that were made by the PHNs. The results were then drafted into recommendations that are intended to help the health department develop policies to better recruit and retain PHNs. Based upon prior research, the evaluation, and the recommendations, it is clear that recruitment and retention of PHNs is a preventative public health issue that has great significance for the communities in which we live and work.

This essay discusses the evaluation methodologies, recommendations, and results of the study. The background and literature of the PHN recruitment and retention are covered in chapter 2. Chapter 3 encompasses the methodologies utilized in this evaluation. It includes the evaluation questions, a timeline of the evaluation, description of the interviews and focus group, and description of analysis. Chapter 4 reports on the findings of the evaluation. This chapter is split into recruitment and retention subthemes. The recommendations are detailed in chapter 5, which is split into separate recommendations for the health department and recommendations for the PHNs. Chapter 6 is the discussion section. In this section is the Social Ecological Framework. The Social-Ecological Framework is an organizing methodology that will be used in the Discussion chapter of this essay to understand the role and importance of PHNs. The levels of the framework are interrelated and complex but spelled out individually work to understand complex issues in society (McGinnis & Ostrom, 2014). The levels that will be described; Individual, Interpersonal, Institutional, Community, and Policy/Societal, can help to interpret what PHNs role is at each level. The final chapter is the conclusion and draws together the previous comments of the paper and highlights the importance of PHNs.

# Background

Public health nursing is defined by the American Public Health Association (APHA) as “the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences. Public health nurses focus on improving population health in the environments where people live, work, learn, and play” (“American Public Health Association, Public Health Nursing Section,” 2013). Public health nurses make up one of the largest groups of public health practitioners who work in U.S. local and state health departments (Beck & Boulton, 2012). They are important in the delivery of public health services for the communities in which they work both locally and around the world. Some of these services include clinical diagnostics and treatment, epidemiology, statistics, health promotion, disease surveillance, community health assessment, and policy development (Beck & Boulton, 2012), emergency preparedness, health promotion programs, facilitating health care access and health communication and education about healthcare to individuals and families (Schaffer, Keller, & Reckinger, 2015).

The need for PHNs increases as government policies alters the population’s access to health care, such as the Affordable Care Act (ACA). In a survey, Edmonds and Campbell (2016) found that 45% of PHNs reported changes in their work because of the changes made by the ACA. As a result of the ACA’s implementation, 24.8% of PHNs reported being involved in clinical preventative services, and 18.9% reported being involved in care coordination of patients in their communities (Edmonds & Campbell, 2016). In the same survey PHNs reported an increase in the number of clients served after its implementation (Edmonds & Campbell, 2016). However, this includes not being able to meet the demand for service in facilities like immunization clinics (Edmonds & Campbell, 2016). An open-ended question in the same survey found that PHNs are seeing more patients who do not have access to Primary Care Providers (PCPs), or patients who have insurance, but that private health care providers are not meeting the demands of the newly insured public (Edmond & Campbell, 2016).

Despite the wide range of positions that PHNs fill, many studies and organizations are reporting shortages and have shortage projections (Beck & Boulton, 2012). A U.S. nationwide survey found that in 2012 nearly 10% of local health department staff left their jobs (Newman et al. 2014). Some contributing factors to employee turnover include lower budgets relative to the previous year, availability of and access to resources, which can affect wages, and organization culture as well as a change in administration, which can affect workplace satisfaction (Beck et al. 2017). Many factors contribute to the public health nursing shortage. These include significantly lower pay for PHNs compared to hospital-employed nurses, smaller benefits packages, including fewer vacation days, and lower tuition reimbursement compared to hospital-employed nurses (“Staffing, recruitment and retention crisis continues,” 2017). A recent study by Beck et al. (2017) surveyed 41 state and 32 local health departments in the United States and found that local health departments frequently reported a need for more positions across occupations and more competitive salaries (Beck et al. 2017). Similarly, state health departments need more qualified candidates and more competitive salaries.

The challenges of public health nursing recruitment and shortages are reported in multiple journal articles and reports, and prove to be a problem worldwide. A shortage of one million nurses is projected by 2020 in the United States alone (Resop Reilly et al., 2011). In Ireland, the Irish Nurses and Midwives Organization (INMO) is in talks with governmental organizations to address the unsafe staffing levels that can compromise patient care and negatively impact the health and safety of nurses and midwives (“Staffing, recruitment and retention crisis continues,” 2017). This worldwide shortage is not a new issue. In 2002, reports of global nursing shortages were coming out of Poland as it experienced a 70% decline in nurses graduating from nursing programs (Booth, 2002). This trend had been seen in the United States for the past five years (Nevidjon & Erickson, 2001). Similarly, the country of Chile had only 44.4% of its Registered Nurses (RNs) actively employed as nurses (Booth, 2002).

Also in 2002, the average age of RNs in the United States was 45 years (Booth, 2002). The average age of RNs speaks to the aging population that makes up RNs and PHNs. Retirement of aging nurses contributes to the shortage, and speaks to the necessity to recruit younger nurses to the field. Booth (2002) also mentioned in her article that the global shortage is exacerbated in lower income countries as higher income countries have recruited nurses from lower income countries. While this offers employment for some PHNs, it leaves a deficit in the country where that nurse was trained. The role and importance of PHNs abroad is comparative to their role and importance at the community level. At the policy level, Gimbel et al. (2017) found that to promote global health nursing and expand participation of PHNs in policy development, nursing schools need to “expand educational opportunities, bolster research capacity and promote partnerships with policymakers,” (Gimbel et al., 2017, p 117).

Nevidjon and Erickson (2001) state that a nursing faculty shortage in the United States has also contributed to the nursing shortage. Without qualified faculty available to teach in schools of nursing, PHNs cannot be effectively trained and fewer students become nurses, which contributes to the growing shortage. The nursing faculty shortage has roots in many different issues. This challenge can be partially blamed on global migration of nurses, as stated above how higher income nations recruit nurses from lower income nations. An aging faculty and a reduced number of younger faculty to train future PHNs also contribute to the shortage. The reduction in trained faculty is due to decreased satisfaction with the faculty role, lack of funding, poor salaries, devaluation of faculty by academic institutions, increased dependence on contingent faculty, and reduction in full time faculty positions (Nardi & Gyurko, 2013). Nardi and Gyruko (2013) also recommend attracting nurses to the faculty role by conducting more trainings and nursing conferences. The ability to make more professional connections and develop new skills and learn more innovative techniques help make the faculty role more attractive (Nardi & Gyruko, 2013).

Competitive salaries for faculty are not only an issue in the United States; salaries in the United Kingdom are $20,000 a year less (Nardi & Gyruko, 2013). Nardi and Gyruko (2013) proposed some solutions to combat the faculty shortage based on their literature review, which include changing the educational paradigm, creating international cooperative policies and programs and removing barriers to advanced care. Changing the educational paradigm refers to changing the associate level degree (Registered Nurse) to recommended bachelor of science in nursing (BSN) for nurses from the beginning of their training. Finally, removal of barriers to advanced practice includes allowing Nurse Practitioners and PHNs to care for a wider population through more advanced practice (Nardi & Gyruko, 2013).

# Methods

A qualitative evaluation was selected to explore public health nurses’ real experiences at a local health department as well as recruitment and retention practices. The objectives of this study were to (a) gain an understanding of why public health nurses are leaving their employment at the health department, (b) discover ways in which the health department can improve its retention practices, (c) discover strategies that the local health department can implement to increase recruitment of public health nurses, and (d) submit recommendations to the health department regarding how to improve public health nursing recruitment and retention practices.

During this qualitative evaluation project, another master of public health candidate in epidemiology evaluated public health nursing using an electronic survey that was emailed to all the PHNs who are employed by the local health department. By request of the health department, both qualitative and quantitative methodologies were conducted simultaneously, and the final report was given to the health department with findings from both arms. This essay focuses on the qualitative findings from the interviews and focus group with the PHNs. Appendix A is a logic model outlining the evaluation process.

The evaluation team was given a list of former employees from the past four years, contact information and the reasons for their departure from the health department, which included resignation, retirement, transfer to another county job and termination. A list of current employees by program, as of January 31, 2017, was also given to the evaluation team. Former employee received emails and phone calls asking for participation in an interview about their experiences at the local health department. A special permission letter from the Human Resources department was attached to the emails and was mailed to the participants verifying that the evaluation project is approved by the local health department and that the evaluation team has permission to contact the participants. A similar email was sent out to the current employee list asking for participation in the evaluation via focus group or interview. Figure 1 outlines the evaluation timeline and series of events that occurred from the conception of this project to the final report.

### Evaluation Timeline

Figure . Evaluation Timeline

## Qualitative Methods

This evaluation used focus groups and interviews to better understand public health nursing recruitment and retention. Focus groups were initially chosen as a method of data collection because of the large number of public health nurses working for the health department as well as finding the unique perspective of each department in the health department. So that, each department’s opinions, perspectives and ideas can be compared later. The evaluation plan, which is outlined in the logic model, in Figure 2 in Appendix A, initially intended to include six focus groups, phone interviews with former employees and two key informant interviews. The six focus groups included the Nursing Supervisors, nurses in the Sexually Transmitted Disease program, nurses in the Tuberculosis program, nurses employed in the Infectious Disease program, nurses employed in the Maternal Child Health program, and one focus group for nurses who have switched between programs. The two key informants were chosen by the health department for their longevity with the health department and for their experience as public health nurses. The phone interviews were conducted with public health nurses who were employed in the past four years. This four-year parameter was chosen by the health department to control for the change in administration, since a new Director of Health was hired in 2013. Interview and focus group guides were drafted for each population and then approved by Human Resources at the local health department and the Chief Nursing Officer.

While the original plan of the evaluation team was to conduct six focus groups, recruitment proved difficult. Instead, the evaluation team decided to conduct personal interviews with the PHNs currently employed by the health department who were interested in participating. The interviews were conducted using an interview guide that was pre-approved by the Chief Nursing Officer and a staff member from the Human Resource Department. Similarly, the Supervisor focus group was conducted following a pre-approved focus group guide. Between May 2017 and the end of August 2017, 22 interviews were conducted with public health nurses. Fourteen interviews were conducted with current employees, six interviews were conducted with former employees, and one focus group was held with Public Health Nursing Supervisors and administrators. Transfers may have had a different experience compared to the PHNs who have stayed employed within one department. In addition to the other interviews, two key informant interviews were conducted. The two key informants were chosen by the local health department for their experience in public health nursing, their breadth of knowledge about the innerworkings of the health department and for their longevity with the health department. One key informant is employed in the Chronic Disease division and the other is employed in Emergency Preparedness. Both are current employees of the local health department. The key informants had different interview guides to develop a deeper understanding of the health department and its administration.

All interview and focus group guides were read and approved by the local health department’s Chief Nursing Officer and a staff member from the Human Resources department. The approval and engagement from the Chief Nursing Officer and staff member from the Human Resources department was encouraged; however, it may have created some potential limitations in the inquiry. In addition, the Chief Nursing Officer sent out an email to the nursing staff, informing them that the research team would be contacting them, and encouraged them to participate in the evaluation. The author of this evaluation was compensated for the qualitative research that was conducted. This author also is not an RN nor a BSN, and has not practiced nursing of any kind.

Numerous meetings and informal interviews were held with the Chief Nursing Officer to better understand the intricacies and organization of the local health department. Meetings and informal interviews were also conducted with staff from Human Resources at the health department and with the former nursing union representative. These meetings informed the evaluation, and led to deliberate and relevant recommendations for the local county health department. The recommendations were intended to be useable and specific for the health department and offered methods for improving public health nursing recruitment and retention.

An additional informal phone interview was conducted with the former union representative for the PHNs at the local health department. This interview was conducted after informal interviews with the Chief Nursing Officer and staff from Human Resources. The conversation helped determine which were health department policies and which were nursing union policies and clarified that all PHNs had to be members of the union in order to be employed by the local health department. This interview helped to inform the recommendations and serves as the basis for the recommendations for the Public Health Nurses.

The interviews and focus group were audio recorded using basic recorders and were later transcribed verbatim and then read and coded looking for emerging themes regarding the perspectives that the PHNs have about recruitment and retention. First, broader ideas, thoughts, and perspectives were organized into recruitment and retention categories based on answers to the interview questions. From the broader categories of recruitment and retention, themes were broken down into more descriptive and revealing subthemes. Patters in the subthemes were identified and relationships between them became clear. Recommendations for the health department came out of the thoughtful ideas and opinions of the PHNs.

# Findings

To answer the evaluation question, the qualitative findings are separated into recruitment and retention findings. This was done to better understand how recruitment and retention are different and what the participants reported about the local health department. The public health nurses who were interviewed represented five different programs. The number of interviews by department is outlined in Table 1.

Table . Departments and Number of Interviews

|  |  |
| --- | --- |
| **Department** | **Number Interviewed** |
| Sexually Transmitted Diseases | 5 |
| Tuberculosis | 1 |
| Maternal and Child Health | 5 |
| Infectious Diseases | 1 |
| Nurse Family Partnership | 2 |
| Key Informants | 2 |
| Former Employees | 6 |

Three of the currently employed public health nurses reported being transfers from one program to another. This element was important to note for the analysis for the local health department. To protect the confidentiality of the participants, both formerly and currently employed, they are referred to herein by their employment status with the local health department. Major themes have emerged from the analysis of the responses of the Public Health Nurses. For the theme of recruitment, more advertisements, recruiting at local high school and nursing schools, and flexibility and finding the position online were important subthemes. For retention, offering part-time opportunities, improving facilities, increasing pay and the passion that PHNs have for their field were subthemes that the participants spoke about. The selected quotes illustrate the themes and subthemes that are grounded in the analysis of the responses of the Public Health Nurses. The selected quotes below illustrate important themes and subthemes that came from the interviews and focus group.

## Recruitment

The public health nurses shared many ideas on how to improve recruitment practices. Some of these include increasing advertising and going to local schools to promote and share employment opportunities at the local health department. Other ideas include strategies to encourage nurses to apply, such as higher pay and offering part-time opportunities Appendix B presents these in an alternative table format.

### INCREASE ADVERTISEMENTS

In terms of recruitment, both current and formerly employed public health nurses suggested that the health department show more advertisements for their available positions.

*I mean, you have to know to go on the website and yata yata. And I know advertising in the newspaper is old fashioned.*

Former Employee 1

*No, I don’t see a lot of advertisements out there. Like, everybody else kind of pushes; you see billboards, or internet ads, or fliers, or stuff on bus stops. I’ve noticed that the county doesn’t really do that…it would be helpful to get the word out, ya know? And have nice pictures of us in the clinic so people can see.*

Current Employee 3

### RECRUIT AT LOCAL HIGH SCHOOLS AND NURSING SCHOOLS

Multiple nurses suggest putting more advertisements for PHN jobs at the health department and recruiting at local high schools and local nursing schools. They suggested having the nursing students stay longer at the clinics during their rotations to get a better sense of what the public health nurses do at the health department.

*But going to the university nursing students’ classes and contacting them and giving them the opportunity to have you come and speak in a class. Perhaps in community nursing, what it’s about. Just to encourage them to think about it as a possible option at some point in their career.*

 Former Employee 2

*So, they are really just here for a day. So, we don’t get a chance to have that rapport, and get to talk about what they like, what they don’t like, because they are here for maybe half a day. So, maybe having students here a bit longer…*

Current Employee 5

### INITIAL INTEREST IN HEALTH DEPARTMENT

In order to better understand recruitment, the public health nurses were asked about what initially drew them to work for the local health department and how they found out about the available position. All but two participants mentioned finding the position online. One public health nurse was referred to the health department and another found the opportunity in a newspaper. The benefits, a Monday-through-Friday schedule, and paid holidays were major factors that drew nurses to the health department initially. The desire to ‘make a difference in the lives of your patients’ was another driving factor in working for the health department.

*In all honesty the benefits, the hours, Monday through Friday, no shift work. That’s probably number one.*

 Current Employee 7

*…I wanted to get back into more patient one-on-one clinical type nursing. Serving the underserved really. And yeah, just working and I have always had an interest in public health.*

 Current Employee 4

## Retention

The nurses also shared a plethora of ideas on how to retain nurses at the local health department. Their ideas ranged from reintroducing part-time options, improving the facilities, increasing pay, and maintaining an overwhelming passion that keeps them engaged and happy with their employment. Appendix C presents these in an alternative, table format.

### PART-TIME OPPORTUNITIES

Former employees, current public health nurses and the nursing supervisors mentioned the lack of part-time opportunities as a major challenge in retaining public health nurses.

*I would go back in a second if they opened up a part-time position.*

 Former Employee 4

*…but families change, people change, they still want to work, but maybe they can’t work full-time. But, I would say maybe working like a part-time schedule or like a flex-time schedule where you could work maybe your own hours. Like, maybe there could be a couple days a week where you start a little bit later, finish a little bit later, or started a little earlier, or maybe just worked half a day, or something where the hours could be a little different and not forty hours a week.*

Current Employee 13

The public health nursing supervisors also mentioned lack of part-time as a challenge in retention of their employees as well. Identifying this as an issue between the PHNs and their supervisors speaks to lack of part-time opportunities as a major challenge for both populations.

*I think some of the problems with retention are the fact that we don’t have part-time. Because we lost a lot of good nurses because they may have had babies and they didn’t want to work full-time again, or they were getting a little older and wanted to go part-time, so I think that is a big detriment to us in terms of hiring.*

Supervisor Focus Group

### FACILITIES AND TECHNOLOGY

Additionally, the state of facilities and technology was another important aspect that participants indicated need some attention from the health department.

*At this point, anywhere would be appealing. The building, I believe, is in horrible conditions. I have had a weird respiratory funk for two months now. So, if we weren’t moving, I would probably be actively looking…it is inhumane.*

Current Employee 3

*This building is embarrassing. Like, I know we’re government so we aren’t going to have the most technically savvy stuff, but this is like embarrassing. It makes us look bad, it makes us look like we don’t know what we’re talking about. It’s a hard time for a lot of patients to trust us because there’s duct tape on the walls.*

Current Employee 2

### PAY

The amount that public health nurses are paid at the county level was brought up by nearly every single participant:

*Maybe we just aren’t getting young people because they are just…have so much school debt that they can’t afford to take a job that pays fifteen, twenty thousand less. I don’t know what UPMC is paying now but, if it’s close to what we pay, we should really be getting a lot of folks.*

Key Informant 1

*Yeah, the pay. It’s really low. I mean, I looked at my social security statement, I’m making now almost what I made as a brand-new nurse, not with thirty-four years of medical experience in. I feel like I have stepped back financially.*

 Current Employee 3

*I know we’re talking about retention or hiring, I think one of the problems we have in hiring is the salary. I think it’s a big problem with getting a lot of nurses and if you compare with hospitals or other places…* Supervisor Focus Group

### BENEFITS

The benefits of working for the county were important for the different types of public health nurses at the health department, a sentiment clearly captured by this former employee:

*I liked that there was always something to learn…Probably the biggest factor was the flexibility for a working single parent. That was excellent…I didn’t have to work any weekends.*

 Former Employee 1

### PASSION FOR PUBLIC HEALTH NURSING

 All the public health nurses who were interviewed have so much passion and genuinely love their jobs. This, plus the benefits of working for the county are major factors in why they stay employed at the health department. These nurses ‘love’ working in their community and engaging in public health:

*I liked the idea of helping…I grew up poor, so I like helping people in need that were less fortunate then myself.*

Former Employee 2

*I love the idea of public health. Since I became a nurse, I have always felt that addressing issues before they began was at the heart of what a nurse is about. And public health nursing, especially within our community, seemed to have a large impact. A real good health improvation [sic] goes a long way sometimes for a community.*

Former Employee 5

*I like the hours. It’s Monday through Friday. Good benefits, having a county job…and I wanted to be in public health. I like public health and touch people in a different level than in the hospitals.*

Current Employee 1

### ADMINISTRATIVE LEADERSHIP

The health department also wanted to explore the ideas and opinions that the Public Health Nurses had regarding the current Director of Health. The key informants were asked specifically about the current Director of Health, but other nurses were not. However, many did offer their opinions and perspectives about new policies.

*[Administrative leadership] is pushing…I say this deliberately, she is pushing the…County Health Department …dragging it kicking and screaming into the twentieth century. Notice I said twentieth century.*

Key Informant 2

*I give [administrative leadership] a lot of credit because she is trying very hard. We were operating like we were a company from the nineteen sixties. She has done a lot to try to improve the appearance of the health department, to…I always feel that it was a credible agency in the community, but even to raise the credibility factor. And I also think that she’s doing all she can do to make us more technology savvy…*

Former Employee 2

**Table 3 Continued**

# recommendations

The following recommendations are based on the responses from both current and former public health nurses at the local health department through interviews and one focus group. This section is divided into two parts one for the health department, and one for the public health nurses who are currently employed by the local health department. First, it is important to encourage communication between the management levels at the local health department and the public health nurses. Increased communication may help the programs that feel underappreciated by the local health department. Communication is especially important to eliminate confusion as to whether an issue is due to a health department policy or a union policy for the public health nurses. The findings were consistent between all the nursing departments within the health department.

## For the health department

Recommendations to the local health department regarding public health nursing recruitment and retention involve multiple issues and challenges that effect the various levels of supervision at the health department. The following recommendations were drafted with the belief that the health department has the capacity to make the changes that were suggested. In order to aid in recruitment, many nurses suggested increasing advertisement of the opportunities at the local health department, whether that be using billboards, putting a notice in the local newspaper, or posting on job search engines like Monster or Indeed (which the nurses reported using). The second recommendation under the recruitment umbrella is to promote the opportunities available at the local health department to nurses both at the high school level and the nursing school level. Promoting at the high school level introduces students to the field of public health and nursing and the relationship between them. This way, students can be exposed to both fields and develop a passion for them. In addition, giving these young, in-training public health nurses the opportunity to shadow and intern for longer periods of time, than the present shadowing-time policy allows them to get full exposure at their placements at the health department. Improving the pay scale upon hire could also help in recruitment.

Some recommendations for recruitment can be used also for retention, including offering higher pay for the PHNs. At the time that this report was written, both STD and TB specialties are without a PHN Supervisor. The only recommendation that the PHNs in those departments voiced was to quickly replace PHN Supervisors. An additional recommendation regarding health department leadership and the health department overall is to continue to improve its facilities and budget extra money for better technology. This can be done for the home-visiting programs which require cell phones to communicate with clients, and for all the nurses who engage one-on-one with patients. However, these recommendations are particular to the Maternal and Child Health, Tuberculosis and Nurse-Family Partnership branches of the local health department.

## For public health nurses

Some recommendations were drafted specifically for the Public Health Nurses to better communicate ways to address their grievances and for strategies to move forward. These are meant encourage communication and to help clarify whether the challenges the PHNs are facing are the result of health department policy or union policy. The recommendations for PHNs also help the health department recruit future nurses and retain them and the ones they have employed now. Many of the issues addressed by formerly and currently employed public health nurses are not due to the health department’s policy, but are instead based on union policy. It is the evaluation team’s recommendation that the public health nurses communicate with their nursing union to discuss issues such as part-time and increase pay.

# discussion

The results of this evaluation speak to the multitude of issues that Public Health Nurses face. The issues that the PHNs report having are important for the single reason that the nurses serve as a barrier to disease and poor health outcomes for many communities and need to be supported so they can continue to improve the health of the neighborhoods that they work in. The results of this evaluation can help to inform efforts by the local health department to recruit and retain public health nurses so the PHNs can continue to serve the important role for their communities. For local health departments, recruitment and retention of PHNs can be the difference between a healthy community and one that has poor health outcomes. In this evaluation, recruitment and retention were split in the results because there were different issues that contributed to each issue.

When evaluating public health nursing recruitment and retention, it is important to keep in mind who is being recruited and retained in a position, and what their needs and wants may be. For recruitment, having more advertisements, whether in newspapers or online, to attract younger nurses, was suggested by many of the participants. This, in conjunction with recruiting at local high schools and nursing schools, allows for young and prospective nurses to be aware of the opportunities in public health as a nurse. Part of the challenge that the local health department and the literature cited was attracting nurses to the field of public health. The literature also cites retention as an issue for local and state health departments and for hospitals. While having a passion for helping people and improving the community around them were mentioned as motivations by the interviewees, and were mentioned in the literature, the health department cannot instill passion into the newly hired PHNs. The local health department expressed interest in recruiting younger PHNs who graduated from nursing school within the last few years. According to the Chief Nursing Officer, the PHNs can stay at the local health department for most, if not all of their career. Additionally, before they begin their time at the health department the PHNs would have had other experience. However, it is one thing to attract new public health nurses to the health department, and another issue to keep them there.

This evaluation can inform future policies for this local health department to improve recruitment of PHNs and retention of those already employed. Polices should be put in place at the health department level as well as the union level to retain the PHNs who are currently employed by the local health department. To improve recruitment of PHNs and future nurses, increased participation, collaboration and communication with local high schools and nursing schools are necessary. Changes to pay, technology, facilities and part-time opportunities are just a few strategies that this evaluation, and the literature, found to aid in nursing retention.

The PHNs were unclear about whether policies were health department policy or union policy. This lack of communication about health department and union policies creates tension between the health department and its Public Health Nurses. The tension could be alleviated with increased communication between the PHNs, the health department and the nursing union.

This evaluation had a focus on recruitment of PHNs, which is sometimes left out of the literature. The local health department asked for recommendations on how to attract young nurses to public health and to the health department for employment. By attracting younger nurses to public health, the health department can grow and offer more services for the community. Perhaps instilling an interest and a passion for public health and public health n earlier in students’ careers is a method for retaining them later in their career. Further study could answer this question. However, increased advertisement, more recruitment at schools and exploring what drew current PHNs to the field are important for retention. The health department has to recruit nurses in order to retain them.

Public Health Nurses, with all of the roles that they fill, act at almost all of the levels of the Social-Ecological Framework. This model highlights the importance of PHNs and their role in communities and society as whole. The Social-Ecologic Framework helps organize and describe the recruitment and retentions issues, and how those challenges effects society at certain levels: Individual, Interpersonal, Institutional, Community and Policy/Societal level (McGinnis & Ostrom, 2014).

At the individual level, public health nurses, have a deep passion for their field and the want to help their patients. This is an important part of the Framework for this evaluation, as one the goals of the local health department is recruiting PHNs. Public health nurses have to make an individual choice to work for the health department. Based on this Framework, making the health department look more attractive to prospective PHN employees is a method to encourage them to apply and make the choice to work for the health department. More advertisements and recruiting at local high schools are ways to encourage PHNs to come to the health department. Advertisements and recruiting at local high schools and nursing schools, physically talking to the nurses, does not however elicit the internal passion that was felt by many of the PHNs. That ‘passion for helping people’ cannot be taught or directly measured.

Secondly, as nurses, PHNs affect patients and individuals at the Interpersonal level through the relationship that is built between them. Personal interaction with patients, through educatiing and providing care, heals and positively affects the clients that PHNs see. In particular, the PHNs who work in the MCH department build rapport with their patients through multiple visits. Each session involves teaching, referrals to services and building a relationship with mothers and their children. The things that MCH Public Health Nurses teach their clients can be passed to their peers, friends, families and their children, spreading the knowledge with the community.

The Institutional level of the Socio-Ecological Framework may be the most important for this evaluation. For the health department, this level is one that needs to undergo the most change in order to continue to improve PHN recruitment and retention. This evaluation, with the feelings, opinions and ideas from the PHNs, informs at this level of the Framework for the local health department. Recommendations at this level include polices around pay, recruitment efforts, part-time opportunities, and updating facilities and technology. Also included at this level are the changes that the new administration made to the local health department. The local health department can continue to update its policies and alter its recruitment and retention strategies so that PHNs can continue to offer the services that were described to positively affect the community that it serves.

The PHNs as directly act and influence factors at the Community level. At the local health department, with the various roles the PHNs have, they can change and help the communities that in which they work. Specifically, the PHNs who work in the sexually transmitted disease clinics combat the stigma that surrounds STDs every day. They also provide treatment and education, which further reduce stigma, and also help protect the patient and the community from disease. Similarly, the Nurse Family Partnership and Maternal and Child Health PHNs go out into the community and visit the homes of mothers and bring the services to them. They offer education and referrals to other services that the mothers may need. In addition to the services that PHNs provide, they aid in building community capacity through partnerships and collaboration with other community partners. By understanding the community, what needs it has, and understanding its partnering organizations, PHNs and the local health department can better serve its communities.

The Societal/Policy level affects the previous steps through state and federal laws that govern standards and services that health departments provide. For example, the effects of the Affordable Care Act are felt by PHNs as they provide services for more patients than before. However, the PHNs carry out many of the services that the federal government provides. Besides being accessible healthcare professionals for low income families, the PHNs at this local health department accept Medicaid insurance, utilize healthy food initiatives to mothers, and offer information for parents to register for Children’s Health Insurance Program (CHIP) and Women Infant and Child (WIC) and other services.

The Social-Ecological Framework offers clarity about how important PHNs are to their communities, and to society as a whole. At every level of the Framework PHNs offer services and improve the lives of those people living in the communities in which they work. From the passion that they have for improving the lives of others, to helping more patients thanks to improved health insurance policies, PHNs serve as a backbone to improving the lives of patients in rural and urban communities alike.

This study has limitations, as all studies do. The limitations include that the findings for this evaluation can be applied only to the local health department. The findings cannot be generalized to other local or state health departments. The sample that was interviewed may not have been representative of the entire local health department’s Public Health Nursing staff. However, this sample offers generalizable opinions that other PHNs who are employed at this health department may have. In addition, when recruiting PHNs to the evaluation, the Chief Nursing Officer sent a preliminary email asking for participation. This call to participate by a Supervising member of the Health Department may have created some undue pressure to participate. The suggestions made by the PHNs are particular to this health department under study. This sample does not include all the opinions and suggestions that all PHNs may have about recruitment and retention practices. But the qualitative methods of interviews and focus groups can be easily replicated and conducted with similar populations of Public Health Nurses.

# conclusion

To conclude, local and state health departments and Public Health Nurses help many communities in the United States combat disease and build community capacity. Health departments and PHNs help foster collaboration between community partners and can pioneer initiatives such as those around breastfeeding. They work with local hospitals to ensure all tuberculosis patients are engaged in healthcare, and partner with local harm reduction agencies to reduce stigma. Despite being one of the largest groups of public health practitioners and the benefits that they provide, there has been a reported shortage of working nurses both in the United States and globally. A competition to recruit qualified nurses has begun between high income and low income countries around the world (Booth, 2002). A one million nurse shortage in the United States is projected by the year 2020 (Resop Reilly et al., 2011). Efforts to recruit and retain PHNs are critical at the local, state and national levels.

Through qualitative methodology, this study evaluated recruitment and retention of PHNs at a local health department. Fourteen interviews were conducted with current employees, six interviews were conducted with former employees and one focus group was held with public health nursing supervisors and administrators. The evaluation found that for the health department to improve recruitment and retention, many changes would have to occur. The interviews with current and former employees as well as the focus group with the PHN supervising staff revealed that increased advertisement of available positions and recruiting at local high schools and nursing schools can help with recruitment. Increasing pay, providing more part-time opportunities, improving technologies and facilities at the health department and the benefits that come with a county job are what keep nurses employed at the health department. Beck et al. (2017) found that state and local health departments could improve staff turnover through attracting more qualified candidates and making salaries more competitive.

The importance of Public Health Nurses cannot be overstated. The role that PHNs play in the community in preventing disease, epidemiology, statistics, health promotion, disease surveillance, community health assessments, immunizations, tuberculosis medication compliance, maternal and child health services, and sexually transmitted diseases diagnosis and care, to name a few, provide better health outcomes in the communities in which they serve.

In addition, when evaluating recruitment and retention of PHNs, the local health department must think about what sorts of people they are recruiting and retaining. We expect the worldwide need for qualified public health nurses to increase with the growing population and the growing need for access to healthcare. Public Health Nurses who work in their communities offer too many services for those in need to ignore the current shortage. Without their preventative care in tuberculosis, sexually transmitted diseases, Maternal Child Health and Immunizations, among others, it is unclear how many lives could be jeopardized.

Further research on the nursing and healthcare provider shortage is required to gather more evidence on the shortage and suggestions on how to improve. This evaluation is based on one small local health department’s PHNs’ experience and their suggestions for better recruitment and retention practices. Further qualitative study on the perspectives of PHNs in local and state health departments on recruitment and retention could reduce the nursing turnover, and keep PHNs employed at their respective health departments. The qualitative approach of this evaluation offer opportunities to better understand how recruitment and retention of PHNs can be improved.

Due to the important role that PHNs have in protecting, treating and helping patients both in the United States and across the globe, recruiting and retaining them is of the upmost importance. From disease surveillance, to tuberculosis treatment and breast-feeding coaching, to giving immunizations and sexually transmitted infection treatments, PHNs offer many protective services to fight disease in the communities in which they work. Moving forward, PHNs need to be recruited and retained to continue to protect the patients, the clients and the community from adverse health outcomes. The Social-Ecological Framework highlights the fact that PHNs act at every level of society, individual, interpersonal, community, institutional and at the policy level. Whether it is providing education to a new mother on an updated immunization schedule for her newborn, or reducing the stigma that surrounds sexually transmitted diseases, to providing care for a tuberculosis patient and giving lifesaving treatment overseas, Public Health Nurses save lives. Evaluating recruitment and retention at a local health department aids in protecting society as a whole. The fact that PHNs offer so many services highlights the importance of recruiting nurses and retaining them, so more members of society, and more community members can live happy, healthy lives.

For the reasons stated above PHNs need to be recruited and retained in order to improve the health of communities across the globe. The director of this local health department should take the recommendations of this evaluation to heart, and work with the nursing union, to make polices that offer higher pay and part time opportunities to recruit and retain PHNs. The definition by the APHA states that nurses improve population health (“American Public Health Association Public Health Nursing Section,” 2013). The APHA should also play a role in recruiting and retaining PHNs by collaborating with education organizations to expose students to public health and nursing early, to foster the growth of passion and exploration into those fields. These recommendations would help support and reflect the importance of PHNs and the work they do for the health of their communities.

* + - * 1. **: EVALUATION LOGIC MODEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inputs** |  | **Outputs** |  | **Outcomes** |
|  | ***Activities*** | ***Participants*** |  | Short | Medium | Long |
| MPH evaluation studentChief Nursing Officer/Nursing SupervisorThe local Health Department |  | * Six focus groups
	+ MCH
	+ Infectious Disease
	+ TB
	+ STI
	+ Nursing Supervisors
	+ Transferred Nurses
* Phone Interviews with former employees
* Two Key Informant Interviews
 | * Four public health nursing supervisors
* Public Health Nurses
	+ Currently employed by ACHD
	+ Formerly employed by ACHD
	+ Transferred nurses between departments
* Key informant interviewees.
 |  | * Increase knowledge about Public Health nursing recruitment
* Increase knowledge about Public Health Nursing retention.

  | * Policy changes surrounding Public Health Nursing recruitment and retention at the health department

  | * Increase young Public Health nurse recruitment to the local health department
* Increase Public Health nursing retention at the health department
 |

Figure Evaluation Logic Model

* + - * 1. **: RECRUITMENT SUBTHEMES AND REPRESENTATIVE QUOTES**

Table . Recruitment Subthemes and Representative Quotes

|  |  |
| --- | --- |
| **THEME** | **REPRESENTATIVE QUOTES** |
| **Recruitment** |  |
| Subtheme:**Increase Advertisements** | *I mean you have to know to go on the website and yata yata. And I know advertising in the newspaper is old fashioned* |
|  | *No, I don’t see a lot of advertisements out there. Like, everybody else kind of pushes; you see billboards, or internet ads, or fliers, or stuff on bus stops. I’ve noticed that the county doesn’t really do that…it would be helpful to get the word out, ya know? And have nice pictures of us in the clinic so people can see.* |
| **Recruit at local high schools and nursing schools** | *But going to the university nursing student’s classes and contacting them and giving them the opportunity to have you come and speak in a class. Perhaps in community nursing, what it’s about. Just to encourage them to think about it as a possible option at some point in their career.*  |
|  | *So, they are really just here for a day. So, we don’t get a chance to have that rapport, and get to talk about what they like, what they don’t like, because they are here for maybe half a day. So, maybe having students here a bit longer…* |
| **Initial Interest in the health department** | *In all honesty the benefits, the hours, Monday through Friday, no shift work. That’s probably number one* |
|  | *…I wanted to get back into more patient one-on-one clinical type nursing. Serving the underserved really. And yeah, just working and I have always had an interest in public health* |

* + - * 1. **: RETENTION SUBTHEMES AND REPESENTATIVE QUOTES**

Table . Retention Subthemes and Representative Quotes

|  |  |
| --- | --- |
| **Retention** |  |
| **Part-time Opportunities** | *I would go back in a second if they opened up a part-time position* |
|  | *…but families change, people change, they still want to work, but maybe they can’t work full-time. But, I would say maybe working like a part-time schedule or like a flex-time schedule where you could work maybe your own hours. Like, maybe there could be a couple days a week where you start a little bit later, finish a little bit later, or started a little earlier, or maybe just worked half a day, or something where the hours could be a little different and not 40 hours a week.* |
|  | *I think some of the problems with retention are the fact that we don’t have part-time. Because we lost a lot of good nurses because they may have had babies and they didn’t want to work full-time again, or they were getting a little older and wanted to go part-time, so I think that is a big detriment to us in terms of hiring.* |
| **Facilities and Technology**  | *At this point, anywhere would be appealing. The building, I believe, is in horrible conditions. I have had a weird respiratory funk for two months now. So, if we weren’t moving, I would probably be actively looking…it is inhumane.* |
|  | *This building is embarrassing. Like, I know we’re government so we aren’t going to have the most technically savvy stuff, but this is like embarrassing. It makes us look bad, it makes us look like we don’t know what we’re talking about. It’s a hard time for a lot of patients to trust us because there’s duct tape on the walls.* |
| **Pay****Table 3 Continued** | *Maybe we just aren’t getting young people because they are just…have so much school debt that they can’t afford to take a job that pays 15-20 thousand less. I don’t know what UPMC is paying now but, if it’s close to what we pay, we should really be getting a lot of folks* |
|  | *Yeah, the pay. It’s really low. I mean I looked at my social security statement, I’m making now almost what I made as a brand-new nurse, not with 34 years of medical experience in. I feel like I have stepped back financially.* |
|  | *I know we’re talking about retention or hiring, I think one of the problems we have in hiring is the salary. I think it’s a big problem with getting a lot of nurses and if you compare with hospitals or other places…* |
| **Benefits** | *I liked that there was always something to learn…Probably the biggest factor was the flexibility for a working single parent. That was excellent…I didn’t have to work any weekends.* |
| **Passion for Public Health Nursing** | *I liked the idea of helping…I grew up poor, so I like helping people in need that were less fortunate then myself.*  |
|  | *I love the idea of public health. Since I became a nurse, I have always felt that addressing issues before they began was at the heart of what a nurse is about. And public health nursing, especially within our community, seemed to have a large impact. A real good health improvation [sic] goes a long way sometimes for a community* |
|  | *I like the hours. It’s Monday through Friday. Good benefits, having a county job…and I wanted to be in public health. I like public health and touch people in a different level then in the hospitals* |
| **Administrative Leadership**  |  |
|  | *I give [administrative leadership] a lot of credit because she is trying very hard. We were operating like we were a company from the 1960s. She has done a lot to try to improve the appearance of the health department, to…I always feel that it was a credible agency in the community, but even to raise the credibility factor. And I also think that she’s doing all she can do to make us more technology savvy…* |
|  | *[administrative leadership] is pushing…I say this deliberately, she is pushing the…Health Department …dragging it kicking and screaming into the 20th century. Notice I said 20th century.* |

**Table 3 Continued**

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