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Short Communication

National survey of commissioners' and service planners' views of public health nursing in the UK

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Introduction

Improving public health is a key policy area both in the UK and internationally. The governments across the four UK countries each have specific strategies to guide improvements in public health services, promote greater emphasis on how people can best be helped to live healthier lives and to help address the unprecedented challenges of both an increasing population and financial austerity.

Nurses are often ideally suited and uniquely placed to respond to public health challenges as they understand the particular risks of individuals but also know the population and the communities they work in.[1] Traditionally in the UK public health nurses have been seen as those in specialist community roles such as health visitors, school nurses and occupational health nurses, and in some cases specialist practitioners. However, there is an increasing need for all nurses to embrace the contribution they can have to *make every contact count*.

During 2015, the Royal College of Nursing (RCN) in the UK undertook a programme of work building on a previous project[2] to showcase public health nursing (see www.nurses4PH.org.uk). As part of this wider RCN programme, a survey was conducted to explore the views of commissioners and others involved in designing and planning public health services about the nursing and midwifery contribution to public health. The aims were to explore the perceived value of nursing in public health, to better understand the roles of nurses and midwives in public health, how these roles were valued, and what and where the gaps were in public health nursing knowledge and education.

The survey

A national Web-based survey of commissioners, service planners and practitioners of public health services was undertaken in May 2015. The survey was developed specifically for this study and was restricted to 23 questions to ensure ease of response. The first five questions of the survey elicited demographic data. The main section was divided into three areas reflecting the elements of public health defined by the UK Faculty of Public Health[3] and used a Likert scale to elicit respondents' opinions of:

- the frequency of nurses actual involvement in public health services;
- how much involvement respondents thought nurses *should* have;
- the reasons respondents employed nurses in public health services;

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- the skills nurses bring to this involvement;
- the quality of the nursing contribution; and
- whether respondents were satisfied with the skills, knowledge and experience of nurses.

Finally, three open-ended questions asked respondents to provide information on challenges to commissioning care with public health interventions, skills looked for when designing public health services with nursing teams, and the extent to which patient or care pathways included specific indicators for public health. The questionnaire was reviewed by an expert advisory panel to ensure face validity.

A snowball sampling method was used to reach networks and suggested contacts. The survey invitation was sent to a large targeted population using the RCN database and a specific list identified by the authors. Additionally, National Health Service (NHS) England also advertized the link to the survey in their weekly Clinical Commissioning Group bulletin. This approach helped reduce the risk of missing potentially relevant respondents.

Four hundred and ten people accessed the survey from across the UK. Almost half of these ($n = 191$) were filtered out at the first questions because they were not directly involved with commissioning or designing services. Consequently, the responses from 219 people completing the survey were included in the analysis. Ninety percent of responses came from people in England and included a broad range of NHS and non-NHS organizations.

Is nursing involvement in public health hidden?

The public health areas that respondents most frequently perceived nurses to be 'always' or 'often' involved in were mostly associated with the domain 'improving services' with nurses' roles in clinical governance and clinical effectiveness featuring strongly (see Table 1). In contrast, there appeared to be least involvement associated with some aspects of the 'health protection' domain suggesting this is either an area for greater investment or an example of where public health nursing may be invisible.

The perceptions of commissioners of less involvement by nurses in some aspects of public health ran counter to professional knowledge about these areas and, therefore, led to an emerging theme of aspects of nursing involvement being hidden or invisible. This concept has been described before in North America,[4] Australia[5] and in Europe.[6,7] This continuing theme internationally where significant aspects of what public health nurses do is underestimated suggests that these activities need to be articulated by nurses and leaders to

Table 1 – Frequency of respondents' positive ratings of actual and desired nursing involvement, quality of nursing contribution and knowledge and skills for each public health domain.

Domain (UK Faculty of Public Health[3])	% Rating nurses actual involvement as 'always' or 'often'	% Rating nurses should be involved as 'always' or 'often'	Difference between desired and actual involvement ratings (%)	% Rating the quality of nursing as 'consistently' or 'mostly high'	% Rating skills and knowledge as 'satisfied' or 'very satisfied'
Health improvement					
Surveillance and monitoring of specific diseases and risk factors	73.5	92.9	19.4	62.5	65.4
Family/community	70.5	90.6	20.1	59.0	67.4
Education	67.0	91.5	24.5	47.6	54.9
Lifestyles	66.2	93.0	26.8	61.9	68.0
Inequalities and social exclusion	56.2	89.2	33.0	43.6	43.9
Housing and homelessness	25.0	75.1	50.1	19.5	23.5
Employment	22.6	65.5	42.9	24.3	20.4
Improving services					
Clinical effectiveness	86.1	96.8	10.7	66.5	66.9
Clinical governance	85.6	98.1	12.5	71.3	70.5
Efficiency	77.9	94.4	16.5	55.3	53.6
Service planning	77.1	94.9	17.8	53.8	48.1
Audit and evaluation	76.8	95.8	19.0	59.6	58.7
Equity	68.6	93.9	25.3	55.3	50.5
Commissioning	53.7	90.7	37.0	45.4	31.1
Health protection					
Infectious diseases	67.7	93.9	26.2	69.3	67.9
Emergency response	44.6	89.7	45.1	57.0	52.1
Environmental health hazards	23.7	75.5	51.8	37.7	33.5
Chemicals and poisons	20.6	61.5	40.9	24.2	26.0
Radiation	10.9	54.0	43.1	19.4	18.0

Source: Ref. 3.