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THE ART OF NURING IN PUBLIC HEALTH

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Dedication

I dedicate this work to my mother, Joan. Thank you for inspiring me to enter the field of nursing and to become a public health nurse. Your ongoing insights and words of wisdom have contributed to my knowledge and understanding of what it means to be a public health nurse, in unmatched ways. Your life-long work and commitment to public health nursing practice has set an example for the type of nurse I strive to become.

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Abstract

The art of nursing helps nurses express aspects of their work that may not be articulated through other ways of knowing including empirics, personal knowing or ethical knowledge. This qualitative descriptive study was conducted to discover how public health nurses (PHNs) describe the art of nursing within their practice. There are many aspects of public health nursing that are ambiguous and difficult to measure, making the art of nursing in public health a challenging yet vital concept to understand. Seven participants described the art of nursing in public health through semi-structured interviews and follow-up e-mail correspondence with the researcher. Data analysis was completed using qualitative content analysis and involving coding, categorizing, and thematizing to understand meaning. Results provide insight into the ways that PHNs express and enact the less tangible aspects of their practice and improve understanding into how artful public health nursing practice can be fostered.

Keywords: public health nursing, art of nursing, caring, nursing as a practical art

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The Art of Nursing in Public Health

Chapter 1 Introduction

Statement of the Problem

Public health nurses (PHNs) hold a wide-ranging perspective on health and work in a variety of settings to protect, promote and preserve the health of individuals, families, priority population and communities (CHNC, 2008). PHNs also provide leadership that supports societal change (CPHA, 2010). Sarsfield (2009) explains that public health nursing is starkly differentiated from nursing practice within hospital or other settings. Results of nursing practice research conducted within in a hospital context cannot always be transferred to public health nursing practice because PHNs work in a broader spectrum of circumstances that span from interacting with specific clients in need of services and care to health related public policy (Falk-Rafael, 2005; & Sarsfield, 2009).

The notion of art within nursing practice is an important concept because it allows nurses to express themselves in ways that cannot be articulated in other ways (Chinn, Maeve & Bostick, 1997). The art of nursing also provides understanding of aspects of nursing practice that cannot be explained through science (Carper, 1978). Existing research regarding the art of nursing has largely been conducted in the context of direct client care in a clinical or home visiting setting (Johnson, J.L.1994; LeVasseur, 2003; Finfgeld-Connett, 2008a; Appleton, 1991; & Finfgeld-Connett, 2008b).

Current perceptions of the art of nursing focus on patient care and meeting individual physical and emotional needs (Finfgeld-Connett, 2008). Nursing theorists assert that the art of nursing is understood as the way in which nursing skills are

performed and involves intimate connection, nursing presence and caring (Billay, Myrick, Luhangam & Yonge, 2007; Finfgeld-Connett, 2008a; Price et al., 2007 & Chinn et al, 1997). Falk-Rafael (2005) asserts that the concept of caring is more ambiguous and autonomous in public health nursing practice than within other nursing settings. The complexity, ambiguity and broad focus of PHNs' roles makes the art of public health nursing a difficult concept to understand and largely understudied. This leaves a notable information gap in information regarding the art of nursing.

Context of Public Health in Ontario

Public health in Ontario is governed by the Ontario Ministry of Health and Long Term Care and functions through the mandate of the Ontario Public Health Standards (OPHS) (OPHS, 2008). Currently there are 36 health units in Ontario which are referred to as local boards of health, and all health units are responsible for delivering programs and services as outlined within the OPHS (OPHS, 2008).

The OPHS (2008) address physical, mental and emotional health and health units manage the full continuum of processes in order to achieve this including assessment, planning, implementation, administration and evaluation of the outlined programs and services. Initiatives are focused on the population as a whole, involve community partnerships, and are tailored to the needs of the local population (OPHS, 2008). Health unit personnel also collaborate with organizations, governments and partners throughout the process in order to impact broader societal issues (OPHS, 2008). The OPHS (2008) identifies the importance of addressing social inequities and specifically outlines social determinants of health as substantial contributors to the health of individuals and communities. Addressing inequities and the complex societal, social, economic, and

environment situations of clients and members of the community is foundational to the delivery of effective public health programs and services (OPHA, 2008). In order to effectively deliver the OPHS, health units hire employees from a variety of health disciplines including, public health dentists, dental hygienists, public health inspectors, public health nutritionists, health promoters, and PHNs (OPHS, 2008). Within Ontario, PHNs make up the largest discipline in public health (Falk-Rafael, Fox & Bewick, 2005).

In this study, the word client is intentionally and consistently used because in public health nursing, the term client can refer to an individual, family, group, community, population or system (CHNC, 2011). However, the actual words of participants and direct quotes from the literature will be respected, thus alternatives such as patient will be used if used by the original source.

Research Purpose and Implications

The purpose of this study is to explore how PHNs describe artful nursing practice from the perspective of individual client interactions and from a broad community or population viewpoint. Exploring the art of nursing within public health nursing practice provides an understanding of the specific ways that PHNs approach and describe the less tangible aspects of their practice. This increased understanding can strengthen the capabilities of PHNs when communicating their work to clients, community partners, members of the public and decision makers, particularly in regards to the more abstract components of public health nursing practice.

Price, Arbuthnot, Benoit, Landry, Landry, and Butler (2007) express that artful practice is central to communication within nursing practice for both individuals and nurses. As the public, communities and populations are the focus of public health nursing

interventions, the ability to effectively express the less tangible aspects of public health nursing practice is fundamental. Further, exploring the art of nursing within public health nursing practice can provide direction for PHNs, public health agencies and educators in fostering artful nursing practice. The results of this study can also provide clarity into realities of public health nursing practice for nursing students and registered nurses who may be considering a career in this specialization.

Chapter 2 Review of the Literature

This literature review contains two sections; public health nursing in Canada, and a review of the art of nursing. A review of the art of nursing consists of a variety of theoretical perspectives regarding the concepts of art and the art of nursing, and common characteristics and attributes of the art of nursing that are evident in nursing practice. A thorough exploration of public health nursing includes an explanation of the current Canadian context, a historical overview of public health nursing in Ontario, and a discussion regarding current relevant research in the area public health nursing.

Literature was collected from a variety of sources including community nursing and public health nursing practice documents, online government sources and the results of a broad literature search. The search terms utilized include: “art of nursing AND qualitative research,” “the meaning of the art of nursing,” “art of nursing,” “nursing as an art,” “art of nursing AND meaning AND public health nursing,” “the art of nursing in public health,” “the art of nursing AND public health AND intuition,” “art of nursing AND public health nursing,” and “public health nursing AND Canada.” Databases used were the Cumulative Index for Nursing and Allied Health Literature (CINAHL) Plus with full Text, ProQuest Nursing and Allied Health Source, Academic Search Complete, ProQuest Dissertations and Theses – Full Text, and Health Sciences and Sage Full-Text Collection.

The Art of Nursing

Interpretations of Art. To understand artful nursing practice, I first explore the meaning of art. In 1998, Edwards made a valuable observation - while there was a lot of existing literature about the art of nursing, many nursing scholars failed to acknowledge

the meaning of art itself. Edwards identified the value of discussing the notion of art independently from the art of nursing. Since, many nurses discussed the historical and philosophical perspectives of art (Mitchell & Cody, 2002; Blondeau, 2002; & Austdard, 2006). Various perspectives have emerged regarding the purpose, process and experience of art as well as its relation to creating understanding. Austdard (2006) explains that from a Medieval Latin perspective, being artful means having a distinct understanding and theoretical knowledge of something, and further from a Renaissance perspective an artist is viewed to as artesian or a craftsperson.

The Artful Experience of Creating. Some nurse scholars emphasized the process and experience of creating art. Edwards (1998) posits that art occurs when artists go through imaginative processes and utilize their unexpressed emotions to produce art. One classical view of art comes from Dewey (1934) who professed that artists create an experience that facilitates meaning and connectivity between individuals. The process of creating art changes and develops as it progresses, and the production of art is organically connected to the aesthetic perception of that art (Dewey, 1934).

The Relation of Art to Knowledge and Understanding. Mitchell and Cody (2002) assert that by openly engaging with art through observation and examination, art can facilitate understanding. Chinn, Maeve and Bostick (1997) recognize that an artistic product can elicit many interpretations and therefore mutual respect for interpretations is required to order facilitate understanding. Likewise, there are many interpretations regarding philosophies of both art and the art of nursing; respect and open-mindedness is needed to thoroughly explore varying ideas regarding the art of nursing.

Philosophies of the Art of Nursing. Just as there are a variety of interpretations regarding how art is defined, there are also many interpretations of the art of nursing. In 1994, J.L. Johnson, noted that while many nursing scholars individually wrote about the art of nursing, they did not communicate with each other or offer commentary regarding the different philosophical perspectives that were advancing within the nursing discipline. Subsequently, a progressively greater emphasis has been placed on understanding the various meanings of nursing art and a variety of philosophical perspectives are still being debated (Chinn et al., 1997; Edwards, 1998; Mitchell & Cody, 2002; Blondeau, 2002; Austdard, 2006; Finfgeld - Connett, 2008a; & Myrick, Yonge, Billay, & Luhanga, 2011). The art of nursing has been widely deliberated through many formats including anecdotes, biographies, case studies, editorials, qualitative studies and poetry and has been described as a fine art, a craft and a practical art (Edwards, 1998; Finfgeld-Connett, 2008a; & Blondeau, 2002).

Nursing as a Fine Art. Austdard (2006) explains that nursing philosophers including Carper, Watson, Chinn and Florence Nightingale have described nursing as a fine art, yet some nursing scholars challenge this perception (Austdard, 2006; Blondeau, 2002; & Edwards, 1998). Blondeau (2002) explains that theoretically, creating fine art does not have any restraints and the single purpose of art is to be enjoyed. In contrast, in nursing practice a purpose does exist - to accomplish something good for another individual, family or community (Blondeau, 2002). Austdard (2006) also presumes that Nightingale referred to nursing as art to metaphorically represent something that was admired as having high quality. It is important to acknowledge that there are some aspects of nursing that are in fact artful because when nurses have an open perspective of

aesthetics they are enabled to better understand the aspects of practice that cannot be explained through empirical knowledge (Carper, 1978).

Nursing as Craft. In addition to the discussion of nursing as a fine art, other nursing scholars have referred to nursing art as a craft. Schlotfeldt (1984) wrote that viewing nursing as craft was “as old as humankind” (p.11). Craft is something that can be mastered, taught and perfected and has an end product in sight (Austdard, 2006; & Edwards, 1998). Craft involves planning and action in order to develop something that can be useful to others (Edwards, 1998). One challenge when referring to nursing as craft is that non-empirical aspects of nursing such as intuition, judgement and emotion cannot be tangibly created through the step-by-step processes associated with creating craft (Edwards, 1998). While nursing can be mastered, taught, perfected, and has an outcome of client wellbeing, nursing does not create a physical product (Blondeau, 2002). Some authors take distinct positions regarding nursing as a fine art or craft and yet many authors have not placed importance on distinguishing between the two concepts.

Nursing as a Practical Art. Nursing has also been described as a practical art, which is a perspective that resonates with greater precision than nursing as a fine art or craft for more modern nursing thinkers (Ausdard, 2006; & Blondeau, 2002). Nurses often view science as a way to generate knowledge, and art as the way to express knowledge in a moral way (Mitchell & Cody, 2002). Viewing nursing as a practical art allows nurses to focus more on the heart and soul of nursing, which has arguably been neglected in past decades (Mitchell & Cody, 2002; & Myrick et al., 2011). Austdard (2006) explains that artful nursing occurs in the context of specific situations that require professional judgment and clear justifications of decisions. Viewing nursing as a practical art allows

for the integration of the ethical aspects of nursing (Blondeau, 2002). These ethical elements are central to nursing practice yet are unseen in many historical conversations regarding the art of nursing (Blondeau, 2002; & Austdard, 2006). Articulating nursing as a practical art also allows for greater flexibility to enact artistic expression and include client or community perspectives (Austdard, 2006). Because of this flexibility, nursing will be viewed as a practical art within this qualitative study.

Concepts Related to the Art of Nursing.

Values and Attributes. Despite the continuing debates regarding art in nursing, there are certain values, attributes and characteristics that are reflective of the art of nursing. While, the art of nursing involves knowledge related to both aesthetics, which is gathered through senses, as well as scientific aspects of nursing, the art of nursing involves more than the acquisition of nursing knowledge (Finfgeld-Connett, 2008a). The values associated with artful nursing practice include striving for wholism, recognizing the individual needs of those being cared for, treating clients with respect and honouring individual choices (Finfgeld-Connett, 2008a). Finfgeld-Connett (2008b) explored the connections between nursing art, presence and caring and suggests that a nurse who provides sensitivity, closeness, honesty and directness provides artful nursing care (Finfgeld-Connett, 2008b).

In discussing the art of nursing, it is valuable to consider that artful nursing is dependent on context as well as the nurse's insights, level of creativity, and professional growth and wisdom (Finfgeld-Connett, 2008a). Finfgeld-Connett (2008a) draws the conclusion that the art of nursing is not a fixed concept, but rather situational. Some aspects of artful nursing can be innate to nurses, yet personal maturity fostered through

practice can enrich nurses' abilities to carry out the art of nursing (Finfgeld-Connett, 2008b). Organizational factors also play a role in supporting the artful caring relationship. An aesthetic environment with appropriate resources and collegiality among teammates provides a work environment that enables the art of nursing within practice (Finfgeld-Connett, 2008b).

Caring for Clients. The relationship between the art of nursing and providing client care is well documented in nursing literature. Price et al. (2007) assert that in nursing practice, art is central to providing holistic healing. Furthermore, Chinn et al. (1997) describe the artful nurse as one who “develops artistic knowing or connoisseurship – a keenly trained ‘eye and ear’ and ‘feel’ for the art” (p. 85). Myrick et al. (2011) claim that nursing art involves practical wisdom and the art of nursing is the actual act of providing care.

Reciprocity. Artful nurses focus on their relationships with clients as they assess the situation, comprehend client needs and search for solutions (Finfgeld-Connett, 2008a). Under the care of an artful nurse, clients often receive comfort, improved mental health and increased self-confidence; equally, the nurse feels a sense of achievement along with personal and professional growth (Finfgeld-Connett, 2008a).

Facilitating Expression, Connection, and Understanding. The use of art within nursing can help guide nurses' expressions, connections and understanding. Because artful practice allows for expression in ways that are not associated with other knowledge forms, art is essential for effective communication within nursing practice (Chinn et al., 1997; & Price et al., 2007). Nurses make connections with people during very profound and vulnerable life experiences; therefore the ability to understand these situations as

experienced by individuals involves artful interpretation of what is seen and heard (Chinn et al., 1997; & Mitchell & Cody, 2002). The healing process is also assisted when nurses are well connected to their inner selves and utilize meaningful intuition (Price et al., 2007). Understanding is also an outcome often associated with artful nursing practice (Mitchell & Cody, 2002). Nursing art allows nurses to improve understanding, to increase their openness to new perspectives and to build upon existing nursing theory (Mitchel & Cody, 2002).

Qualitative Inquiry of the Art of Nursing. Much of the knowledge associated with the art of nursing comes from commentary. However, there are also preceding literature reviews and studies that have helped provide greater insight into the features of the art of nursing. J.L. Johnson (1994) was one of the first nursing scholars to conduct a comprehensive literature review regarding the art of nursing. J.L. Johnson's intention was to explore, compare and identify the connections between the various perceptions and writings regarding the art of nursing, including historical circumstances. Johnson's literature review indicated five concepts for the art of nursing that distinctly relate to the nurses' ability to perform aspects of nursing practice. These concepts are 1) "the nurse's ability to grasp meaning in patient encounters," 2) "the nurse's ability to establish a meaningful connection with the patient," 3) "the nurse's ability to skillfully perform nursing activities," 4) "the nurse's ability to rationally determine the appropriate course of nursing action," and 5) "the nurse's ability to morally conduct his or her nursing practice" (1994, p.3).

The art of nursing has also been studied from both nurses' perspectives and meaningful clients' stories (LeVasser, 2003, Gramling, 2004). Similar ideas about artful

nursing practice were discovered from both perspectives, particularly the role of the nurse-client relationship, including trust, respect and being present (LeVasser, 2003; Gramling, 2004). Nurses tended to discuss more aspects about helping the client including “helping patients take charge” of their situation, “helping patients get through a hard time” and “helping a patient see new possibilities" (LeVasser, 2003, p.16).

Conversely, Gramling (2004) explained that patients noted how artful nurses showed respect for the inner suffering of the client, valued personalized care that met the patients’ specific needs and appreciated being cared in ways that promoted privacy and demonstrated respect for their physical needs. Many of the concepts identified through the qualitative inquiry of the art of nursing have also been discussed throughout the broader literature of the art of nursing.

Public Health Nursing

Public Health Nursing from a Canadian Perspective. The Community Health Nurses Association of Canada (CHNC) (2008) explains that community health nurses throughout Canada practice in a variety of ways, most of which are classified within the two areas of home health nursing and public health nursing. Both areas of community nursing practice are responsible for upholding the community health nurses standards of practice but they have distinct emphasis, roles, clients and programs (CHNC, 2008). The Canadian Public Health Association (CPHA, 2010) recognizes that some regions within Canada use the term ‘community health nurse’ interchangeably or in place of the title of ‘public health nurse’ to refer to nurses practicing within public health; while other regions consider PHNs as one group of community health nursing. Public health services are delivered in a variety of ways in Canada and are the joint concern of federal,

provincial/territorial and local governments, as well as Aboriginal People's (CPHA, 2010).

Public health nursing practice is supported by multiple nursing frameworks and theories. Two frameworks of note are the nursing metaparadigm and Carper's (1978) Ways of Knowing (CHNC, 2008; CPHA, 2010). Interestingly, throughout public health nursing literature the concepts of social justice and socio-political understanding have been added to both of these historical nursing ideas (CHNC, 2008; CPHA, 2010; & Schim, Benkert, Bell, Walker, & Danford, 2007). Schim et al. (2007) outlined the original metaparadigm concepts of nursing, health, environment and person in their discussion about urban health nursing, but added social justice as a fifth essential concept for nursing practice. Within the CPHA's (2010) discussion of the roles and activities of PHNs, this updated version of the nursing metaparadigm has been included in explanation of the guiding principles and beliefs for public health nursing. Likewise, White (1995) identified socio-political knowing as a fifth addition to Carper's (1978) ways of knowing, describing socio-political knowing as a vital aspect of understanding the four concepts of aesthetics, empirics, personal knowledge and ethics. This socio-political way of knowing is very fitting for public health nursing practice and recognizes the nurse's role within the context of social, political and economic situations (CHNC, 2008). Thus, socio-political knowledge is included by the CHNC (2008) as a value and an important form of knowledge.

Public Health Nursing Competencies. The practice of public health nursing requires certain skills and attitudes as well as a sound knowledge base of population health assessment, surveillance, health protection, health promotion and illness

prevention (CHNC, 2009a). These public health nurse (PHN) attributes provide the foundation for public health nursing practice and are transferable between programs, topics and services within public health (CHNC, 2009a). These factors are known as public health nursing discipline specific competencies (CHNC, 2009a). There are seven public health nursing competencies which help provide further insight into the complexities of public health nursing practice. The competencies include 1) public health and nursing science, 2) assessment and analysis, 3) policy and program planning, implementation and evaluation, 4) diversity and inclusiveness, 5) communication, 6) leadership, and 7) professional responsibility and accountability (CHNC, 2009a). In 2009, Canadian PHNs were surveyed for feedback on these draft competencies. Results indicated five main areas that would influence the implementation of these competencies into practice, including “the policies and goals of their specific organization, money/time/other resources, experience, and the requirements of the role and teamwork with other professions” (CHNC, 2009b, p. 13).

Supports and Barriers to Public Health Nursing Practice. Meagher-Stewart et al. (2010) identify many organizational attributes that support optimal public health nursing practice. From a governance perspective, the availability of adequate, flexible and publically funded financial resources, along with planning and coordination at regional, provincial and notational levels were considered supportive of PHN practice (Meagher- Stewart et al., 2010). Recognizing that formal leadership influences organizational culture, it was important that the vision, mission, and goals of the organization be upheld and that a culture of creativity and responsiveness be supported (Meagher-Stewart et al., 2010). When formal organizational leaders showed respect,

valued, trusted and supported the work of PHNs, and sustained them to work to their full capacity within diverse roles, this nurtured optimal PHN practice (Meagher-Stewart et al., 2010). Organizational leaders who support community development, a wide range of partnerships and inter-sectorial collaborators enables PHNs to work collaboratively (Meagher-Stewart et al., 2010). However, these approaches also necessitate effective communication both internally within public health agencies, and externally with community partners (Meagher-Stewart et al., 2010).

Similarly, managers' practices were found to influence quality of public health nursing practice (Meagher-Stewart et al, 2010). Effective PHN practice involves participation in program planning that is evidence-informed with clear outcomes (Meagher-Stewart et al., 2010). PHNs that were supported to work autonomously, develop their professional skills, and maintain nursing competencies felt supported in their practice (Meagher-Stewart et al., 2010). Internal policies that fostered a healthy workplace such as flexible work hours, family-friendly policies and policies that support a health-promoting work environment were also important in supporting PHNs to effectively complete their professional responsibilities (Meagher-Stewart et al., 2010). Additionally, when importance was placed on the effective management of public health nursing human resources such as recruitment and retention of appropriately skilled nurses, this optimized the PHN role (Meagher-Stewart et al., 2010).

In terms of barriers to optimal public health nursing practice, in 2012, Falk-Rafael and Betker reported that moral distress was experienced by PHNs when agency policies, funding issues and public health structures inhibited nurses from providing necessary care to clients. Disagreement from colleagues or other professionals regarding

professional judgement and decisions made in nursing care was also a source of struggle for PHNs within their practice (Falk-Rafael & Betker, 2012a). PHNs felt barriers to care when their agencies placed importance on issues that did not align with their own professional perspectives priorities (Falk-Rafael & Betker, 2012a). Additionally, the continual restructuring of public health services was a factor that segregated PHNs' work of promoting individual health from advocacy efforts, and created barriers for comprehensive work (Falk- Rafael & Betker, 2012a).

Public health is an area of healthcare that is continually changing, therefore an awareness of the environmental and social influencers of change is important for understanding public health nursing roles (Abrams, 2008). Attentiveness to past changes and restructuring throughout public health history enables greater understanding of the progression of public health nursing roles.

History of Public Health Nursing in Ontario. Public health nursing practice has a rich history and it is widely known that the contributions of historical figures such as Florence Nightingale, Lillian Wald and others, helped shape public health nursing in Canada and in Ontario (CHNC, 2008; Reimer-Kirham & Brown, 2006; Abrams, 2008). Throughout the past century there has been considerable fluctuation in the roles and foci of public health nursing practice (Falk-Rafael, Fox & Bewick, 2005; Ontario Ministry of Government Services, 2011; & Reimer-Kirkham & Brown, 2008). Public health nursing in Ontario began in the early 1900's with a focus on managing communicable diseases that were preventing children from attending school (Ontario Ministry of Government Services, 2011). Prior to 1907, PHNs had primarily worked for private organizations, but in 1907 legislation ensured publically funded school-based public health nursing (Ontario

Ministry of Government Services, 2011). It was also at this time that the first municipal PHNs began focus on management of tuberculosis in homes, schools and workplaces in the city of Toronto (Ontario Ministry of Government Services, 2011). The discipline of public health nursing further progressed in 1920 when The Division of Child Hygiene and Public Health Nursing was created under the Ontario Provincial Board of Health (Ontario Ministry of Government Services, 2011). This Division was transferred to the Ontario Department of Health four years later.

In the early 1930's a provincial Chief Public Health Nurse was appointed to provide direction to PHNs throughout the province (Ontario Ministry of Government Services, 2011). During this time, maternal and infant death was increasing; so maternal newborn care became a large focus of PHNs, as did providing health care services to rural and remote areas (Ontario Ministry of Government Services, 2011). By the 1940's, public health nursing had grown and gained greater professional responsibility which included supporting hospitals and providing mentorship and training for new PHNs (Ontario Ministry of Government Services, 2011). The Division of Public Health Nursing was established under the provincial Board of Health in 1944 and later, in the 1970's, public health nursing was organized under the provincial Health Promotion Branch (Ontario Ministry of Government Services, 2011).

It would be remiss to discuss the history of public health nursing without addressing the social and economic influences and the roots in social justice. Historically, issues related to social justice including poverty and inequalities were the focus of public health nursing advocacy efforts (Reimer-Kirkham & Brown, 2008; & Falk-Rafael & Betker, 2012a). Early on there was a focus on inequities, the health of the whole

population, and how systemic factors and influence health (Reimer-Kirkham & Brown, 2008).

With the progression of public health nursing in the early 20th century, came a shift away from the social situations that determine health towards focusing on individual health behaviours (Reimer-Kirkham & Brown, 2008). The economic challenges of the late 20th century also influenced PHNs' ability to focus on issues related to social justice (Reimer-Kirkham & Brown, 2008). As society moved into the first decade of the 21st century, there was great destabilization of public health funding in Ontario and the provincial government placed greater responsibility for funding of public health programs on the municipal governments (Falk-Rafael et al., 2005).

During this time there was also a reduction of PHN numbers and changes to the types of services provided by PHNs such as services provided to individuals and families throughout the life trajectory (Falk-Rafael et al., 2005). This change is speculated to be influenced by philosophies regarding "upstream" and "downstream" thinking (Falk-Rafael et al., 2005). Butterfield (1990) explains that there is too much emphasis on one-to-one relationships in nursing theory, and more support is needed for nurses to focus on population-based nursing. A downstream view situates the responsibility for health entirely on the individual and focuses nursing interventions and efforts on providing information, education and support that would influence clients' perceptions in hopes that they will take healthy actions (Butterfield, 1990). Upstream approaches, however, are grounded in the notion an individual's health related actions are influenced by the person's situation and resources, including income, time, social support, and competing priorities (Butterfield, 1990). Upstream nursing interventions focus on societal level

changes that help individuals and communities lead healthier lives (Butterfield, 1990). Individualized and family approaches are often limited to downstream while population based interventions are upstream and preventative (Falk-Rafael et al., 2005). A thorough understanding the public health nursing roles must involve knowledge of the changing social, political and theoretical perspectives of public health interventions (Abrams, 2008).

In order to better understand public health nursing in Ontario leading up to the turn of the 21st century, Falk-Rafael et al. (2005) conducted a survey that involved more than 2000 PHNs and 32 nursing managers from Ontario public health units. The survey results suggested that PHNs were frequently using broad health promotion strategies in their practice including partnerships with other community sectors, developing coalitions and contributing to policy change (Falk-Rafael et al., 2005). Results also indicated that even with funding instability and many changes during the time leading up to the survey, many PHNs felt that services were the same, if not better, than during the years prior (Falk-Rafael et al., 2005). However, PHNs had limited involvement with their board of health, which governs their agencies (Falk-Rafael et al., 2005). A lack of communication between the board of health and front-line staff could result in PHNs not being aware of important issues within the organization that influence their practice.

Nursing management assignments within public health organizations are important aspects of public health nursing practice because of the influence that managers have on PHNs' access to information, and their ability to contribute to decision making (Falk-Rafael et al., 2005). While the majority of PHNs reported directly to another nurse, nurses sometimes reported to managers from other disciplines including

nutritionists, health promoters and public health inspectors (Falk-Rafael et al., 2005). Many health units did not have Director of Nursing positions within their agency and while some PHNs recognized professional practice leadership as important, many did not know of who provided that leadership within their agency (Falk-Rafael et al., 2005). Since the Falk-Rafael et al. study all Ontario public health units have designated a Chief Nursing Officer as per the Ontario Public Health Organizational Standards (2011) to support quality assurance and help develop nursing practice.

The Concept of Caring in Public Health Nursing: Critical Caring Theory.

The roles of PHNs can, at times, be confusing (Falk-Rafael, 2005). This confusion likely speaks to the complexity of public health nursing practice. Keeping in mind the ambiguous and autonomous nature of caring within public health nursing, Falk-Rafael (2005) established the critical caring theory as midrange theory that merges caring science with social justice underpinnings that are important to public health nursing practice. Critical caring theory supports PHNs in understanding how current issues and trends align with fundamental nursing philosophies.

Falk-Rafael (2005) merged Watson's (1981) nursing theory regarding carative process with critical feminist theories in order to establish seven 'carative health promoting' factors that explained how aspects of Watson's theory could be conceptualized in public health nursing practice. These seven carative health promoting processes include: 1) preparation of self, 2) developing and maintaining a helping-trusting relationship, 3) incorporating a systematic, reflexive approach to caring, 4) transpersonal teaching-learning, 5) contributing to the creation of supportive and sustainable physical, social, political, and economic environments, 6) meeting the needs

and building capacity of communities and their members, and 7) being open and attending to spiritual-mysterious and existential dimensions (Falk-Rafael, 2005).

Notably, many of these carative health promotion processes parallel some of the art of nursing concepts previously discussed, such as: the involvement of the nurse, the importance of relationships, the role of caring and meeting needs, and the value of openness to various needs and perspectives (Gramling, 2004; Mitchel & Cody, 2002; J.L., Johnson, 1994; Price et al., 2007; Chinn et al., 1997).

The multifactorial nature of their work makes PHNs well suited to take action regarding health issues with individuals, families, communities and society because they understand health issues at multiple levels (Falk-Rafael, 2005). Just as building relationships and completing comprehensive assessments serve specific purposes within the context of bedside nursing, the same is true for PHNs using a community perspective. The relationships that PHNs build with communities are centered on the needs of that community (Falk-Rafael, 2005). This process requires both authenticity and reflective practices on the part of nurses (Falk-Rafael, 2005). Establishing community relationships assists PHNs to gather information and complete needs assessments which are necessary to support decision making, provide direction, and evaluate interventions (Falk-Rafael, 2005). It is important to take into consideration the influence of societal, economic and political factors on the relationships built with individuals, populations and communities (Falk-Rafael, 2005).

Health Equity and the Public Health Nursing Practice Continuum. The concept of equity is prominent in public health nursing history, practice documents and Canadian public health nursing research (Cohen & Reutter, 2007; & Falk-Rafael &

Betker, 2012a). Within Ontario, there are many models for public health nursing practice. Some PHNs use mainly population and community-directed approaches, some use combined approaches, and others focus specifically on providing direct care to priority populations (Falk-Rafael & Betker, 2012). As evidenced by recent survey results, nurses providing direct client care often see clients who experienced social injustices and poverty, but have limited time for advocacy efforts (Falk-Rafael & Betker, 2012a). At the same time, those nurses who focus on population health relied on previous experience as well as information from those nurses who provided direct client care in order to collaboratively promote social change (Falk-Rafael & Betker, 2012a). Nurses employ creativity in meeting the needs of clients, while recognizing the importance of mobilizing communities and influencing public policy that provides equitable opportunities and addresses the social determinants of health (Falk-Rafael & Betker, 2012a). At times, there is a sense of powerlessness associated with the systems-level nature of their clients' challenges (Falk-Rafael & Betker, 2012a). Clients' poor health outcomes are often linked to their social situations including poor living conditions, low income, and lack of access to food, transportation and health services. These limitations cannot be treated without socio-political change.

Smith Battle, Drake, and Kiekemper (1997) assert that by providing direct care to address the impacts of poverty, PHNs assist vulnerable clients to have a voice. The nurse-client experience provides the justification for challenging the complex socio-economic situations of populations and inspires community mobilization (Smith Battle et al., 1997). Further, PHN expertise enables nurses to develop new strategies and advocate for policy change and develop new strategies (Smith Battle et al., 1997). As explained by

Falk-Rafael et al. (2005), both upstream and downstream approaches are needed within public health nursing practice, especially when addressing equity issues.

There is recognition for the value of collectively addressing poverty with recognition for the societal influences of health (Abrams, 2008; & Reimer-Kirkham & Brown, 2008). Cohen and Reutter (2007) identify that despite recognition of the importance, there continues to be gaps between historical and theoretical supports, and the actual practice of nurses in regards to the contentious effort in alleviating issues associated with poverty. Unfortunately, activities focused on societal change and addressing inequities, such as community development, health reform and policy development, are intangible and difficult to measure (Reimer-Kirkham & Brown, 2008). There are many less tangible aspects of the daily work of PHNs which makes the study of the art of nursing within public health nursing practice pivotal to increasing clarity in the language used to describe the vast PHN roles.

Summary of Literature Review

Various definitions of the art of nursing have been discussed within this review along with a number of ways that artful nursing is traditionally conceptualized in practice. As evidenced by the literature regarding public health nursing practice, there are many complexities within the role of a PHN, yet the art of public health nursing is largely unexplored. Based on the diverse and complex roles of PHNs, the art of nursing may be manifested in unique ways within public health nursing practice, yet draw from important principles of the nursing discipline as a whole. The art of nursing is an important concept for nurses because it allows nurses to express practice issues and activities in ways that may not be captured in other forms of nursing knowledge. Based

on the lack of knowledge regarding the art of nursing in public health, along with the noteworthy contributions of public health nursing to society and to nursing practice, it is important to gain greater understanding of the art of nursing within public health nursing practice.

Chapter 3 Theoretical Framework

Various concepts and existing theoretical perspectives regarding both the art of nursing and public health nursing practice have been addressed throughout the literature review. Many of these existing nursing theories and concepts provide the philosophical underpinnings for this study. These fundamental ideas from the literature review were compiled to create a comprehensive theoretical framework for this research. While many of these theories were addressed in the literature review, this chapter outlines the theories that guided this research and how the theoretical elements specifically contributed to the theoretical framework.

First, Carper's Ways of Knowing (1978) transcends both the art of nursing and public health nursing. The theoretical framework includes the important addition of the socio-political way of knowing because it highlights PHNs' roles in the context of social, political and economic situations (Community Health Nurses Association of Canada, 2008). Falk-Rafael's (2005) Carative Health Promotion Processes theory is another important theory that provided foundation for this research. Falk-Rafael's theory helps explain the concept of caring within public health nursing, and also fits well with other concepts of artful nursing such as building trusting relationships, caring, and involvement of self. Within the literature, caring was identified as an important aspect of artful nursing practice, therefore understanding this concept within the context of public health nursing is valuable.

Another important theoretical guidepost for this research is the nursing metaparadigm. The nursing metaparadigm includes Person, Environment, Health, and Nursing, along with Social Justice, which was added by Schim et al. (2007) and

highlighted by the CPHA (2010). While the nursing metaparadigm was not specifically addressed throughout the literature in relation to artful nursing, its strong presence in public health nursing practice literature makes it an important theoretical element for this study.

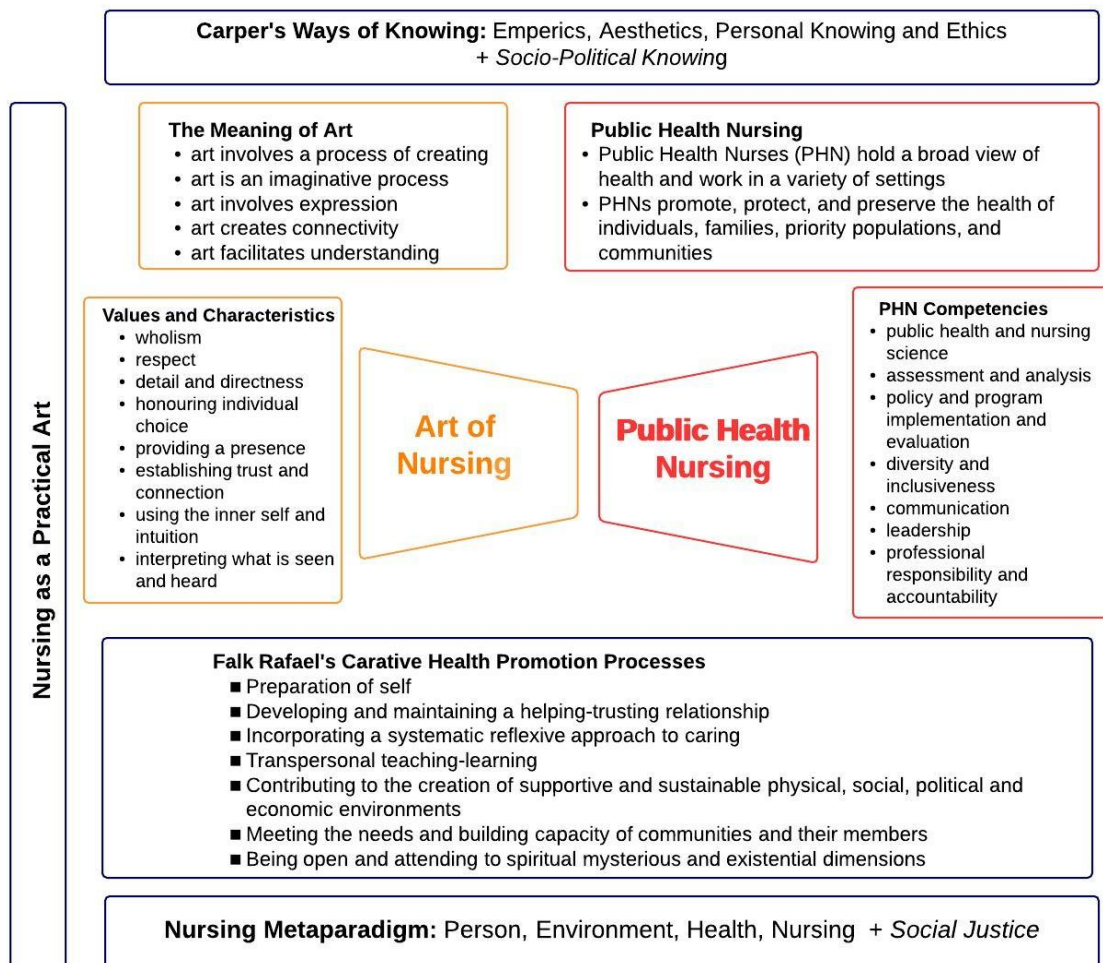
The last philosophical perspective framing this research is that the art of nursing is viewed as a practical art which allows flexibility to incorporate the ethical and human aspects of art (Austdard, 2006; Blondeau, 2002). In order to help amalgamate this theoretical information into a coherent and useful format, a visual representation of theoretical framework has been developed (See Figure 1). The various nursing theories that contributed to the overall framework are outlined in blue in the figure.

In addition to the established theoretical perspectives that guided this work, there are main assumptions based on the literature about both the art of nursing and public health nursing practice that were incorporated into the theoretical framework. For public health nursing, the theoretical framework includes the CHNC (2009a) competencies which PHNs are responsible for maintaining in practice. In order to maintain the perspective of PHNs, the framework also includes the statement that PHNs work in broad contexts to protect and promote the health of individuals, families, priority populations and communities (CHNC, 2008).

In regards to the art of nursing, the theoretical framework includes a summary of the various meanings of art that were identified throughout the literature including the process of creating, the roles of imagination and expression, the creation of connectivity, and the facilitation of understanding (Dewey, 1934; Chinn et al., 1997; & Price et al., 2007; Mitchell & Cody, 2002). The values and characteristics of the art of nursing have

also been included in the framework including: wholism, respect, detail and directedness, honouring individual choice, trust, intuition, and interpretation (Finfgeld-Connett, 2008a; Finfgeld-Connett, 2008b). These somewhat assorted aspects are important to include within a theoretical framework because both the art of nursing and public health nursing are independently abstract topics. Capturing some of the well-known, and concrete aspects of each subject helps ground the complex and less tangible topic of the art of nursing in public health nursing practice.

Figure 1: Theoretical Framework



Chapter 4 Design

Purpose of Study

This qualitative descriptive research study was conducted in order to discover how PHNs describe the art of nursing in public health and to improve the overall understanding of the concept of the art of nursing within public health nursing practice. Because many aspects of public health nursing are abstract and less tangible, having concrete words and descriptions to explain artful practice within this area of nursing can support PHNs to articulate their roles and improve awareness of public health nursing.

Research Question

The research question for this study is: How do PHNs describe the art of nursing within public health nursing practice? Participants were asked to share various descriptions and stories from their experience that they felt demonstrate artful public health nursing practice and express what made these situations especially meaningful to their practice and artful in nature. What is meant by the term *artful* within the context of this study is, the aspects of public health nursing that cannot be articulated through other forms of communication and the ways in which PHNs go about completing the less tangible aspects of their work.

Research Methods

Qualitative Research Perspective. Qualitative methodology has specific philosophical considerations. The approaches used within qualitative research allow researchers to be inductive in their processes, pay attention to details, and explore the context of situations (Creswell, 2013). The flexibility of qualitative research design allows researchers to address questions or changes that arise while studying the primary

research problem (Creswell, 2013; & Hanley-Maxwell, Al Hano & Skivington, 2007).

Creswell (2013) explains that in qualitative research, the reality of an issue is understood from a variety of perspectives. Researchers, participants and readers alike respect the existence of varying truths (Creswell, 2013). Qualitative researchers recognize that perceptions and variations of truth are encompassed by their values and they integrate their understandings along with participants' interpretations (Creswell, 2013).

Qualitative researchers are research instruments and attempt to get as close to the data as possible (Richard & Morse, 2013; Creswell, 2013; & Sandelowski, 2000).

Knowledge is generated through the telling of experiences and is subjective in nature, recognizing that the meaningful experiences of individuals can only be understood through their situation and context (Creswell; 2013 & Richards & Morse, 2013).

Qualitative research represents a wide continuum of varying models, interpretive frameworks, perspectives and methods (Creswell, 2013; & Hanley-Maxwell et al, 2007).

The overarching philosophical underpinnings of qualitative research fit well with the research question at hand, the intent of this study, and the process of using nurses' stories as tools to better understand the complex topic of the art of nursing in public health.

Qualitative Description. The specific qualitative method used in this study was qualitative description. In descriptive methods researchers work to describe as accurately as possible what exists, what is happening and how things are structured (Richard & Morse, 2013). Researchers hope to uncover what is present but perhaps formerly unnoticed (Richard & Morse, 2013). The objective of qualitative description is to increase understanding of complex situations that involve human connectivity (Sullivan-Bolyai, Bova, & Harper, 2005). Qualitative description follows philosophies associated

with naturalistic inquiry meaning that a study occurs in the natural setting of the issue without the use of variables or an alliance to a preset viewpoint (Sandelowski, 2000). The use of everyday language is a central aspect of qualitative descriptive studies whereby researchers provide clear and coherent accounts of participants' descriptions of their experiences (Sandelowski, 2000; & Sullivan-Bolyai, Bova, & Harper, 2005). Using their stories of artful public health nursing encounters, PHNs reflectively recounted the context and environment of particular interactions, thus recreating the natural setting in their mind and expressing it through their words. Further, the use of verbal storytelling supported the use of everyday language in this study.

Often descriptive methods are considered a lowly form of qualitative research; however Sandelowski, (2000) asserts that the appropriate use of a method in relation to the purpose of the study should be the primary concern. In qualitative description researchers create a valuable end product that describes an experience within the context and language of the particular event (Sandelowski, 2000). Based on the research question and the nature of the study, qualitative description was the best approach.

The art of nursing as described within public health nursing is a complex topic that has been largely unexplored; therefore this topic was well-suited to a method that supports straightforward discussion and the exploration of events as they occurred. Qualitative description seeks understanding from inside the experience and pursues a rich portrayal from individuals who are knowledgeable and familiar with the topic of interest (Sullivan-Bolyai et al, 2005). Further, Sullivan-Bolyai et al (2005) posit that qualitative description method is beneficial when exploring various cultures. PHNs have unique

roles and use philosophies that are very specific to their work environments, and therefore could be considered to have distinctive cultures within nursing practice.

Sample

Purposive Sampling and Recruitment. Purposive sampling was used in this study to recruit participants who have public health nursing experience and knowledge of the art of public health nursing. Purposive sampling is the most appropriate sampling approach for qualitative description methodology (Sandelowski, 2000). Purposive sampling allows a researcher to specifically recruit participants who have encountered the phenomenon of interest, therefore enabling participants to provide rich information about the topic (Sandelowski, 2000; & Richards & Morse 2013). A detailed recruitment plan involved the use of various public health nursing affiliated networks to distribute an electronic advertisement in order to recruit PHNs from various Ontario public health units or regional health departments. The recruitment processes was guided by the needs of the study. Milne and Oberle (2005) recognize the importance of maintaining flexibility in the sampling process in order to meet the needs of the study as it progresses and evolves.

The electronic advertisement included the research question, the voluntary nature of participation, contact information of the researcher, and inclusion criteria. Interested participants were asked to contact the researcher via e-mail to express their interest. PHNs are typically e-mail savvy as they use e-mail on a regular basis to complete their work. Berger and Paul (2011) explain that using technology in research is efficient, accessible, and enables participants to direct when communication with the researcher

occurs, thus recruitment could be done at a convenient time for participants. A sample of the recruitment electronic advertisement is included (See Appendix A).

There were a number of public health nursing affiliated networks that distributed the electronic advertisement at various stages throughout the recruitment process.

Ontario health units are mandated to have Chief Nursing Officers (CNO) and the CNOs are connected through a provincial CNO network. The CNO at the researcher's place of employment distributed the recruitment information via e-mail to the provincial CNO network - requesting that it be forwarded to PHNs within their agencies. The Ontario Nurses' Association (ONA), which is the worker's union for with many PHNs in Ontario, was also be a channel for recruitment. The recruitment information was sent by the researcher's bargaining unit President to all health unit ONA bargain unit Presidents with a request to distribute to ONA members.

The Community Health Nurses' Initiatives Group (CHNIG) of the Registered Nurses' Association of Ontario also supported the distribution of recruitment information. This group involves the voluntary participation of community health nurses and PHNs in Ontario and was likely to recruit participants who are activity engaged in their profession. CHNIG made the electronic advertisement available to their membership by posting the flyer to their group website, Facebook page and Twitter feed. CHNIG also include the information in the newsletter that was distributed to all members. The researcher's public health nursing colleagues also supported distribution of the electronic information by e-mailing the advertisement out to networks they belonged to.

Sample Size. Seven nurses participated in this study which was within the anticipated range best suited for this research question and the methods used. Richards and Morse (2013) discuss the importance of ensuring that the sample size matches the scope of the study and Creswell (2013) emphasizes the importance of maintaining capacity to collect detailed in-depth data from participants. Within qualitative description, researchers desire to stay close to the data (Sandelowski, 2000; Milne & Oberle, 2005; & Neergaard, Olesen, Andersen & Sondergaard, 2009). Koerber and McMichael (2008) also discuss the importance of establishing enough variety within a qualitative sample size to meet the needs of the intended project. A sample size of seven aligned well with the scope and purpose of this research, and it allowed for close in-depth analysis. Seven participants also provided a certain amount of variety within the results, yet also enabled saturation to be reached for important aspects of the data.

Inclusion and Exclusion Criteria. Factors that characterized appropriate informants for the research question were nurses who work as staff level PHNs in an Ontario public health unit or health department. As e-mail communication was part of the recruitment process and data triangulation, participants required access to a computer, an e-mail account, and the ability to speak and write English fluently. In order to maintain consistency in understanding the Ontario public health nursing mandate, participants were PHNs working under the OPHS (2008). One participant was not employed at an Ontario health unit at the time of the study, but was considered a good informant based on years of experience working as a PHN and a manager. Based on the needs of the study this participant was included and data from this interview were used.

Participants with less than one year of public health nursing experience were excluded from the study. As public health nursing is a complex specialization that differs greatly from other areas of nursing practice, this exclusion criterion facilitated only well-informed descriptions of the art of public health nursing. To prevent conflict of interest, PHNs from the health unit where the researcher is currently employed were also excluded from the study.

Description of Participants. Within participant interviews, participants were asked limited demographic information regarding years of experience as a PHN, current area of public health nursing practice, other specialties in public health, and their highest level of education. Participants had public health nursing experience from a wide range of programs areas including child health, healthy babies healthy children, tobacco use prevention, skin cancer prevention, injury prevention, social determinants of health, communicable diseases, sexual health, and professional practice. Six participants had worked in several program areas throughout their public health experience, and one participant had only worked in one program area. Collectively, they also had experience working with a variety of populations across the lifespan.

Participants' years of public health nursing experience ranged from six years to 40 years. Four participants entered public health nursing practice after several years practicing in other settings, while three entered public health nursing shortly after completing their entry to practice nursing education. Participants also held a wide range of educational backgrounds. All participants held a bachelor's degree in nursing or nursing science. One participant held a Master of Nursing, another had obtained a Master

of Art in Education, and one participant was in progress of obtaining a Master of Nursing Science during the study.

Data Collection

Data collection in this study involved semi-structured one-to-one telephone interviews, as well as one-to-one follow-up e-mail exchanges. As potential participants e-mailed the researcher to express their initial interest in the study, the researcher responded to the e-mail address they provided and included an electronic copy of the information letter and consent with this response e-mail (See Appendix B). If participants consented to participate, the researcher then arranged a mutually agreeable time to conduct a telephone interview. Participants were sent the interview questions in advanced via e-mail. At the beginning of the interview, and prior to asking the interview questions or recording data, the researcher reviewed the purpose and process of the research, answered questions, and obtained verbal informed consent from the participant. Participants were reminded that they could withdraw from the study at any time without penalty.

Telephone Interviews. During telephone interviews, participants were asked to describe situations or stories of their experiences that they felt exemplified artful public health nursing. A copy of the interview questions are included (See Appendix C). Each telephone interview was arranged at a mutually agreed upon date and time, lasted approximately one hour and was audio-recorded for later transcription. Milne and Oberle (2005) discuss the value of allowing participants to openly discuss their thoughts, paying attention to cues that participants would like to share more, and knowing when to prompt to invite deeper richness or clarification. These strategies were employed by the

researcher in order to glean in-depth information from participants, encouraging them to reach into their own perspectives and express their ideas and thoughts related to artful public health nursing. The researcher's experience as a PHN equipped her with interview and interpersonal communication skills that assisted in acquiring responses and in being aware of participants' desire for further expression. If needed, examples from the researcher's public health nursing experiences were used to help participants think of their own examples.

E-mail Follow-up. Meho (2006) explains that using e-mail for data collection is cost effective and beneficial when participants are from diverse and wide spread geographical areas. It also reduces the need for meticulous scheduling between the researcher and participants and e-mail follow-up can be done at a time that best suits the participants' needs (Meho, 2006). Following the telephone interview, and once the interview transcriptions were completed, the researcher sent an electronic copy of the interview script to the e-mail address provided by each participant. A copy of the follow-up e-mail has been included (See Appendix D). This provided participants an opportunity to review their transcript for correctness and to provide clarification or further comments. Participant review of the transcript increased the credibility of the data. Participants were also invited to send any additional reflections related to the interview via e-mail. All participants responded that they had reviewed the transcript, and provided corrections and clarification if necessary. One participant provided detailed reflections in a follow-up e-mail.

Data Analysis

As with other forms of qualitative research, within qualitative description, data analysis takes place concurrently with data collection and these processes influence each other (Sandelowski, 2000). Data abstraction and analysis began during data collection using content analysis. The process of content analysis works to summarize the data into codes, categories and themes in order to make sense of large amounts of data (Graneheim & Lundman 2004).

Using Graneheim and Lundman's (2004) approach to content analysis, interview data were separated into smaller portions and coded based on the content of each smaller unit. The process of coding enables the researcher to look at data from different perspectives and involves an orderly approach to analysis (Graneheim & Lundman, 2004; & Sandelowski, 2000). As recommended by Milne and Oberle (2005), as new codes emerged throughout data collection, existing codes were revised to ensure that the data as a whole were being accurately represented. Data were further categorized by information that shared similarities and all data were placed into categories or subcategories. No data were excluded, and in the case that data were applicable to more than one category, judgment was made to determine the best categorical fit (Graneheim & Lundman, 2004). Last, themes, which help bring about the underlying meaning, were identified. Based on Graneheim and Lundman's description of content analysis, codes and categories may be identified within multiple themes. As suggested by Richard and Morse (2013), reflective memorandums were used throughout the research process to explicitly capture the researcher's perceptions and judgments. The role of the researcher was to continually work with the data by identifying relationships, themes and

concepts as well as integrating and maintaining the research context (Richards & Morse, 2013; & Sandelowski, 2000).

Consideration was given to the various layers that can be found within data analysis. First, data analysis involves participants themselves (Perry, 2009). Throughout the interviews, participants made their own interpretations of their experiences of artful public health nursing and verbally expressed this analysis through the interview process (Perry, 2009). Another layer of analysis occurs with the reader (Perry, 2009). By providing concise thematic representation of the stories, as well as quotes directly from participants, researchers inspire readers to understand and further analyze results from the readers' individual perspectives (Perry, 2009).

Ethical Considerations

The research proposal for this study was submitted to the Athabasca University Research Ethics Board, and approval to proceed was granted. There were no anticipated adverse effects to participants in this study. The benefits have included increased knowledge of effective public health nursing practice, and improved knowledge regarding the specific ways that PHNs approach the intangible aspects of their work.

In the consent form, and prior to beginning the interview questions, participants were reminded of their right to withdraw from the study at any point in time without penalty. Informed verbal consent was obtained prior to data collection. Data has been presented only in aggregate form making no individual participant identifiable. To protect the confidentiality of participants, all names were deleted from transcripts and participants are identified by a numeric system. Data were aggregated from all participant interviews and other data sources and personal identifiers were not included

in the final report. Transcripts and data were stored electronically within encrypted files and e-mail communications were protected by a username, password and document encryption. Only the researcher had access to electronic data. All data will be destroyed after five years using electronic shredding. No hard copy documents were created. In order to prevent conflict of interest, PHNs employed at the same health unit as the researcher were excluded, as were PHNs who are currently employed at a different health unit but who had worked closely with the researcher.

Chapter 5 Results

Using qualitative content analysis, four main themes were identified that reflect how the seven participants describe the art of nursing within public health nursing practice. These themes are: *Understanding the Whole*, *Focusing on People*, *Creating Meaningful Links*, and *Just Knowing What to Do*. Many of the concepts that are threaded throughout the findings of how PHNs describe the art of public health nursing have previously been acknowledged in the literature review. However, through the participant's stories, it is clear that the art of nursing within public health nursing practice centres on the *how* of day-to-day practice. Throughout the discussion of the findings, literature is used to express the connections between the art of public health nursing and existing public health nursing competencies and standards of practice. Participants' examples and exemplars demonstrate how artful public health nursing actually occurs in practice and facilitate greater understanding of this topic.

Understanding the Whole

Throughout the interviews, PHNs consistently spoke of the importance of looking at the whole picture within any given situation. *Understanding the Whole* context is important from both an individual and broader community perspective and is instrumental in providing a foundation for wholistic nursing practice within public health. *Understanding the Whole* is manifest through the subthemes *Seeing the Whole Person*, *Using a Broad Perspective* and *Caring for the Whole Community*.

Seeing the Whole Person. Through their stories and self-reflection, PHNs described artful public health nursing practice as understanding and caring for the whole person. It is widely documented in the literature that social determinants of health - the

social conditions that define health, are important considerations for public health nursing practice (CPHA, 2010, CHNC, 2011). Participants discussed social determinants of health when describing artful situations with clients. One participant explained that clients are impacted by everything around them saying, *“Their experience, their lives. Everything is so embedded in the decisions they make, what they do, the choices they make”* (P1). It was evident throughout participant interviews that having an understanding of what is happening within a client’s broader context, is central to PHNs’ abilities to identify the implications these broader factors have on individuals’ lives. Understanding of the broader factors helps PHNs support clients more comprehensively to improve their health outcomes.

Determinants of health including, but not limited to income, housing, employment, healthy child development, and access to health services, have a significant impact on clients’ health and wellbeing (CHNC, 2011). Current community health nursing standards of practice acknowledge determinants of health and health equity; however, the links between social justice, poverty, and health were also foundational for nursing practice pioneers including Florence Nightingale, Lillian Wald and other early public health nursing leaders (Falk-Rafael & Betker, 2012a; Olson Keller, Strohschein & Schaffer 2011).

As PHNs shared their stories of artful situations within public health nursing, they expressed a number of ways that, through practice, PHNs gain a better understanding of whole persons and their social situations. One PHN shared an experience where she supported a client to complete the necessary paperwork to receive compensation the client was eligible for and how that linked to this person’s overall health. That participant

stated, *“Public health nurses know...your income and helping somebody from lower literacy fill out those forms so that they could receive compensation, when you know their stories, is really important and it gets to those determinants of health”* (P2). In relating this situation to the art of public health nursing this same participant explained,

You can explain [the things you do] and rationalize it, but to a novice nurse or a nursing student, sometimes it takes a while to explain why you do the things that you do when, you know, they might not see it as nursing. (P2)

Participants discussed how working in clients' settings allows them to see how social determinants directly impact their clients. One participant shared, *“I think when you're in a setting that's outside a person's context, their living environment, it's artificial....but it's more grounded in where the patient's at when it's [the interaction] within their environment”* (P3). Another participant expressed the profoundness of that experience commenting, *“When you go to clients' homes...you see the low incomes, you see the lack of dental care, you see the lack of housing. It's just wow”* (P1). Still, another participant explained how PHNs are aware when clients are unable to follow health advice because of their social situation by stating,

All of us know that if you've got somebody so poor that they can't afford a good healthy diet, we could...tell them to eat all these things but if they can't afford it, what is the purpose of telling them to eat these things? (P5)

This participant went on to say *“We've been taught to advocate for our clients. If they can't speak for themselves, we're in there fighting for them”* (P5). Canadian Community Health Nursing Standards of practice explain that PHNs support clients by identifying underlying causes of illness and health inequities, and by advocating for social and political change for these factors (CHNC, 2011).

Many participants expressed that the interactions they had with clients helped influence how they approached future situations, both with other clients and in the broader community. One participant shared,

Just understanding the whole picture of somebody living in that life. Single mother, not with a lot of money, not a lot of support. I think that was the first time I ever got the whole picture of that clientele. Even though I'd worked with them from before, I kind of got it then. And it changed my way of looking at other people. (P1)

Another PHN expressed, “[the situation] highlighted for me the social determinants of health in action, right there. And it really emphasized for me the importance of the broader context in which health is located. And so bringing that to all of my interactions” (P7).

Throughout participant interviews it was apparent that PHNs were influenced by the interactions they have with clients. When nurses understand the whole picture of their clients, it impacts their perspectives and how they respond to broader aspects of their work. Falk-Rafael and Betker (2012b) identified this situation as “witnessing social injustices downstream, and advocating for health equity upstream” (p. 98). Based on the stories of PHNs participating in the current study, one aspect of artful public health nursing practice is how PHNs understand a client’s individual story and transfer that knowledge towards actions that address broader determinants of health.

Using a Broad Perspective. Wholism is, and always has been, central to public health nursing practice. A wholistic philosophy recognizes the interconnection of the physical, emotional, spiritual and mental self, and how individuals situate with their family, community at large, broader society, and physical environments (Olson Keller et al., 2011). Reutter and Kushner (2010) assert that nurses are involved in clients’ lives at

“the intersection of personal and political” (p. 275). As expressed in the exemplars of *Seeing the Whole Person*, PHNs are able to understand this intersection based on their interactions with clients. Thus interactions with clients help equip PHNs to use a broad perspective. In linking broad perspective and wholistic practice one participant simply stated, “*having that broad strategy is a wholistic approach*” (P7).

Using a wholistic and comprehensive approach to address health inequities is acknowledged as a fundamental aspect of Canadian public health nursing practice, which involves interacting with other community sectors, using multiple strategies and recognizing the value of social support networks (CHNC, 2011). PHNs practice with a view that everyone, regardless of income, race, social economic status, sex, neighbourhood of residence, or ability are entitled to opportunity for health and quality of life (Olson Keller et al., 2011). This belief often necessitates a juggle between specifically alleviating the clients’ needs, linking them to resources, and advocating for societal level health inequities (Falk- Rafael & Betker, 2012). Maintaining a wholistic and wide worldview is what enables PHNs to manage the juggle. Participants spoke about a number of ways that having a broad perspective and maintaining a wholistic view are integrated into their practice.

Wholism in public health means maintaining a focus on the human side of population health while being able to see issues from a variety of perspectives. This involves a certain interchange between PHN interactions with individuals, and PHN activities that address broader population health issues. One participant explained this as “*Having that experience in the community [with clients] and then being able to draw on*

that when you're moving into population health stuff and ... using that to inform your broader health promotion initiatives” (P7). This participant also explained,

As a nurse, we are often doing both types of things, in terms of interacting with individuals, and also thinking about the broader population health initiatives that we are working on.... Having that broad view of what's going on is something that I think nurses bring uniquely to health promotion work and I see that as kind of the art side of things. (P7)

Participants used a variety of terms to describe the worldview of PHNs and frequently spoke of the importance of perspective. One participant identified the broad perspective as the art itself in saying *“It's more of a broad perspective, more of a social understanding...more of an understanding of what's going on in the world and the community and in the individual clients' lives” (P1). Another described this aspect of artful public health nursing as using a public health lens saying, “[The art] is looking at things with a public health lens, and it's looking at things with the determinants of health lens to really move your community, or move your client closer to health outcomes” (P2). This participant also explained “having those core values of public health in everything that you do, that you bring to the table” was a part of the art of nursing in public health.*

Caring for the Whole Community. Consistent with using a broad perspective in public health nursing, the term client has vast meanings and can refer to individuals, families, groups, communities, populations and even systems (CHNC, 2011). The ability to not only work with multiple types of clients, within multiple contexts, but to also focus interventions accordingly, is an integral part of public health nursing. Furthermore, the notion that nursing practice primarily or only involves nurse - person interactions can act as a barrier for actualizing nursing's broad perspective (Reutter & Kushner, 2010; Falk-Rafael, 2005). A greater philosophical emphasis on the nurse - population health

interaction can help foster a broad practice lens, which is inclusive of policy implementation and community wide interventions (Reutter & Kushner, 2010; Falk-Rafael, 2005).

Throughout the interviews, PHNs discussed the concept of the community as client and caring for a whole community. One participant explained that in public health *“I’m caring about the whole family. And I’m caring about the whole school. And I’m caring about the whole group”* (P1). Another participant also identified that public health is different from other areas of nursing practice, making connection between caring for the whole community and individual illness prevention saying,

I think the art of caring is a little bit different [in public health] because you’re not just caring for that one patient, but you’re caring for your whole community and I always tell people that public health is keeping people out of the hospital. It’s keeping people healthy before they ever get a chronic illness. (P2)

This participant also identified how the concept of community as client influences the relationship stating, *“In public health nursing, and in community health nursing where your community is your client, those are longer term relationships”* (P2).

The three subthemes within *Understanding the Whole* have an interactive dynamic in public health nursing practice and work together to help PHNs be artful in their approaches. Seeing whole individuals by understanding their environments and knowing the social factors that affect their health informs PHNs’ broader population, community and societal interventions. Furthermore, when PHNs use a broad perspective and wide definition of wholistic practice, they are better able to understand how the whole community is their client. In her follow-up e-mail, one participant offered a reflection that fittingly summarizes the theme of *Understanding the Whole*. This participant wrote, *“It seems accidental that things came together but when you look at*

the pieces, you realize that everything was very purposeful and that choices you make early, have outcomes later down the line” (P7).

Focusing on People

The process of interacting with others is threaded through the theme of *Understanding the Whole* and throughout interviews it was evident that participants maintain a strong focus on people. Whether through a one-to-one client interaction, supporting a community group or working with various people to address a public health issue, keeping those involved at the forefront has emerged as an important aspect of artful public health nursing practice. Thus, *Focusing on People* was identified as another theme related to how PHNs describe the art of nursing within public health nursing practice. *Focusing on People* involves subthemes of *Being the Human Connection*, *Empowering Them to take the Lead*, and *Fostering Respectful Community Relationships*.

Being the Human Connection. Public health nursing practice involves forming and maintaining client, family, community and system relationships that are built with respect, trust, listening, honesty, consistency and genuine caring (CPHA, 2010; Olson Keller et al., 2011). Based on the interview questions, many stories discussed during participant interviews were centred on the nurses’ relationships with individual clients. While the theme of *Focusing on People* encompasses all types of clients including individual, family, community, population and systems based relationships, *Being the Human Connection* was primarily discussed in the context of individual client interactions.

Community health nursing standards of practice and core competencies call for PHNs to be client-driven, recognizing each person as an individual with unique needs,

vulnerabilities and strengths, and focusing support on those individual aspects based on the client's readiness (CPHA, 2010; CHNH, 2011). The artful aspects of relationships were reflected within participants' stories as the way in which PHNs go about creating a human connection. Aspects such as establishing a caring relationship, using effective communication and acknowledging clients' strengths were identified as elements of the art of public health nursing. This is well aligned with the idea that caring human relationships are central to the art of nursing and that such relationships are informed by various types of nursing knowledge including nursing science, nursing theory and practical knowledge (Myrick et al., 2011).

Participants discussed the importance of building trusting relationships with clients, which often takes time, involves multiple interactions, and requires a genuine interest in people. One participant described the art of public health nursing as involving a "*spirit of inquiry*" which she went on to articulate as "*the curiousness about where people are coming from. So it's being curious. It's...inquiring within the boundaries of good communication and listening*" (P3). This participant later shared "*public health is very subjective. It's not objective- it does require of public health nurses to be very sensitive, creative and active participators in it. To be empathetic and caring. But [PHNs] actively have to do it [be sensitive, creative, empathetic and caring]*" (P3).

Participants recognized that artfully building trusting relationships requires finely tuned communications skills and a willingness to hear clients' concerns.

The soft skills...[are what] I've always kind of considered the artful side of nursing, so the listening and the being there and being open to having that discussion and building that relationship with her and having to trust. Or that she trusted me at least to provide me with that information. (P7)

Participants also identified that developing a human connection and establishing caring relationships involves the ability to identify and express clients' strengths. One participant expressed this aspect of artful nursing stating, "*[I] greatly believe that one part of the art of nursing is praising and looking at the strengths of people, rather than thou shalt do this and thou shalt do that because that approach just doesn't work*" (P5).

Another participant explained that the art of nursing in the context of public health involved,

getting to know, truly know the client and appreciating the client's assets. And telling the client what his or her assets are, because often times they don't recognize them. And reminding them of those assets...believe in the clients and tell them so. (P4)

This is consistent with public health nursing standards of practice as PHNs are to foster client participation, as well as identify and focus on clients' strengths in order to help them have the capability to access resources and respond to their own needs (CHNC, 2011).

All participants spoke about their meaningful interactions with clients, but the title for this subtheme came from one participant's exemplar when the participant described the art of nursing in public health as a human connection. She explained,

[The art of public health nursing] is connecting with [clients] and respecting them.... and having that human connection, appreciating each other. Laughing, joking, kidding around, having a coffee, and just talking about light stuff, you know? Maybe it's just that human connection. (P4)

What stands out about this exemplar is that it eloquently captures an external reflection of what it means to have a caring relationship, and some of the details that help establish client-nurse rapport. This participant later concluded, "*I see myself as a human*

connection, and I happen to be a nurse and that's all. It's that human connection that caring, that concern" (P4).

The way participants in this study described the process of building connections with clients was consistent with the findings of Tveiten and Severinsson (2006). PHNs approached clients with respect, listened to their perspectives, and directed interventions based on their own identified needs in order to establish dynamic relationships (Tveiten & Severinsson, 2006). PHNs also valued sharing thoughts, experiences and reflections (Tveiten & Severinsson, 2006).

Within the current study PHNs discussed the art of nursing in public health as using communication skills to establish trusting and caring relationships with clients, focusing on clients' strengths and being a human connection. These conversations were largely in the context of interactions with individual clients and families. However, PHNs were also able to focus on people even when working within groups and systems. Establishing respectful relationships, and creating a human connection, is important when PHNs work with individuals who are a part of larger community groups and partnerships.

Empowering Them to Take the Lead. Regardless of whether the client is an individual, a family, a community group, a system within a community, or the community as a whole, PHNs engage the people involved as active partners in identifying needs, understanding multiple perspectives, and then guide or manage expectations (CHNC, 2011). Falk-Rafael (2005) explains that with both individuals and communities, trusting relationships help PHNs address the needs identified by the client. Being the human connection, and fostering respectful relationships, allows the PHN to

better understand what those needs are and how to direct support. Through participant interviews, it was clear that focusing on people means working towards the clients' long-term goals and empowering clients to take the lead in their journeys. In discussing a complex client interaction one participant explained,

We had to kind of define how this was going to look on the other side and if [the client would] be ok with those choices and how we were going to get there. So buried in that situation is the empathy to understand her experience and to try and use our knowledge and skills to make sure that [the outcome] met her goals in the long run (P3).

In discussing the meaning of this situation on her practice, this participant also explained their learning noting, “*you have to come from where the patient is at. Create the patient-centred environment, so that you're doing what they want, as opposed to what we want as providers*” (P3). Nurses' abilities to empower clients to take the lead is connected to the quality of the relationship they have with clients. In making this link, another participant stated,

In my books [the art of nursing] is all about developing that trusting working relationship and really connecting with the client. Finding out what they want and working together, and you know, taking their lead, being in sync with them. Checking back with them, clarifying (P4).

These examples are based on one-to-one interactions, however the concept of having the client take the lead is similarly important when *client* refers to groups, communities, organizations and systems.

Within public health nursing practice, PHNs work collaboratively to develop initiatives that are based on assessment and understanding needs (CPHA, 2010). One participant explained this dynamic using the example of working with workplaces as the client, commenting,

It's very important that we include the workplaces and the employees to tell us where they would like us to focus. We could easily go in there and say you need to focus on smoking, physical activity and stress reduction and healthy eating. But we really need to find out what employees want. (P2)

Another participant used the example of working with a particular group to address something the group identified as an issue. For example,

letting them kind of develop their own way of moving things forward. So allowing them that kind of openness and then just providing them with the background information. So, I don't know how to describe that....just that community development type work. (P7)

In explaining the meaning of this situation this participant explained, “[it] emphasized for me the importance of connections with...community members in this case...having that buy-in [with the group]. It helped, I think, to push things forward, rather than going in and having your own agenda” (P7). This exemplar helps explain that when PHNs involve the population or group in the process, it encourages the group to be engaged and have a vested interest in both the process and the outcome.

One of the benefits of empowering clients to take the lead is that they are able to come to their own understanding about situations, and thus the outcome is more meaningful to them. One participant summarized the art of nursing in public health as “empowering your client to come to her own conclusion that healthy choices are much better for herself and her children than choosing not so healthy choices”(P5). This participant threaded the concept of empowering clients to come to their own conclusions throughout her stories of artful public health nursing. Based on a one-to-one interaction with a mother, this PHN explained, “I let her come to that conclusion. So to me that's an art....talking the mother through what her concern was and helping her understand that

maybe it wasn't as bad as she thought it was" (P5). From an experience of working with a group the participant explained,

The groups taught me that it was better to come from the group than to come from myself and the co-worker. We could give them facts and information, but often it was more significant to the people in the group when [the information] came from the group members themselves. (P5)

Empowering clients to take the lead helps PHNs maintain a focus on the person or people involved, it engages clients, and it creates greater connections as the end result.

Fostering Respectful Community Relationships. Keeping in mind that client can refer to individuals, families, groups, communities, populations and systems, PHNs adjust their focus and their caring approach depending on the nature of the client (CHNC, 2011; Olson-Kellar et al., 2011). This means that when the client is a community group, PHNs establish a caring relationship by being a valuable partner to support positive change, or if the client is a broader system, PHNs collaborate with individuals working within many sectors to address larger community issues (Olson Keller et al., 2011). PHNs understand the importance of collective wisdom, and support ideas and planning that come from the community (CPHA, 2010). Regardless of the type of client, PHNs focus on the people who engage with them throughout the process, and the people who will eventually be impacted by the outcome. When participants in this study described their stories of artful public health nursing practice from a population or community perspective, the principles of respect, mutual collaboration and maintaining group dynamics emerged as fundamental factors.

Through participant's stories it was clear that the particular approaches used by PHNs to foster community relationships are an important aspect of artful public health nursing. One participant shared her experience of learning how to foster relationships and

how positive relationships can enhance the work of PHNs. As the participant explained, this learning experience occurred by observing another experienced PHN. She shared,

I just thought the woman was amazing. And when I got to work with her on the school team, I got to witness how she talked to every school principal, how she talked to every secretary. I got to shadow her for a little bit at some of her schools when I was orientating and just the way that she respected every single person that she came in contact with, made eye contact, got to know everybody. She built those relationships from the moment she walked into the school community till the time she left. And it didn't matter who she interacted with, she always would, you know, stop to say hello, introduce herself and everybody knew her. So when she came to the table to ask for something people would say yes, whether it was a parent advisory council or the principal. If there was an event, or if there was a campaign that she wanted the school to be involved with, people came to the table because of the relationships that she built along the way. (P2)

This exemplar helps explain how the smaller actions PHNs take can collectively add up to have a large impact on building relationships in the community. This example of community relationship building also demonstrates how reciprocity, which was identified by Gramling (2004) and Finfgeld-Connett (2008a) as a potential result of artful nursing practice, is important within public health nursing.

PHNs intentionally use communication, facilitation and mediation skills within groups to support collective decision making, establish joint respect and work effectively as a team (CHNC, 2011). The same participant who shared the scenario above discussed the value of mentorship in demonstrating how to enact the art of nursing within community relationships commenting,

A public health nurse with experience and with good mentorship, has an art about it [the way she goes about her work]. A way about building those relationships, fostering them, making sure that all voices are included and making everybody feel like they're a part of the solution and a part of a community. (P2)

Interestingly, this participant also discussed similar intentional and thoughtful approaches that were identified as part of *Using a Broad Perspective* in the theme

Understanding the Whole. In this example however, intentional and thoughtful approaches were used in fostering relationships. The participant said,

It's a very well thought out, systematic way of approaching something to make sure that everybody is included in the final outcome and that all things are addressed.... So I think that's the part that makes it artful [and] that a novice nurse or a nursing student might be a bulldozer that comes in there and says well we gotta do this and this is why. (P2)

There are times when ensuring positive group dynamics can be challenging.

Mediation is an important part of public health nursing practice that helps build mutual respect, and collective decision making (CHNC, 2011). Some participants shared situations within their practice where not everyone in a group agreed, but resolutions were found. One participant explained,

It was a real give and take and it [referral protocol] was finally approved by both the [community partner] and us. So it was helpful in the sense that we had a better understanding of what each program did. Because sometimes you think you know what a program entails and then when you start to look at it really closely, you've got the wrong impression.... We got to understand each other's roles very, very well. (P5)

This exemplar helps explain that part of the art within public health nursing is how PHNs go about handling conflict situations that inevitably occur within community relationships. Exploring positive and negative responses and feelings is an important part of establishing relationships (Falk-Rafael, 2005). Another participant shared that the ability to manage barriers is impacted by a willingness to understand the other's perspective noting, *"I think when you're met with barriers...it's ok to have that, and you just kind of accept it and respect their view point, and try to understand where they're coming from"* (P4). This participant went on to share that sometimes creating respectful distance is a helpful tool saying, *"give it some time, give it some distance, respectful*

distance and then go back again and see where everybody's at. I guess it's just that respect" (P4).

In reflection regarding these challenging situations, what helped these groups work through barriers was that they had a common goal that they were collectively working towards. P4 shared “*one thing they did agree on...that we had in common is that we wanted to see something better. We wanted to see something that was addressing the problem and to try to find that common link going forward.*” P5 shared how having a common goal helped her realize a partnership commenting,

I think very enlightening for me was that they were partners, that we all had the same goal in sight, we wanted what was best for the baby, or the toddler, or the older child. And we wanted to parents to feel that they were in control and they were happy with being parents. (P5)

There are various types of people who interact with PHNs in their communities. People are individual clients, people are community partners, people are members of groups that are a community client, people are community resources for other clients, and people are decision makers within agencies and communities. Regardless of the type of client PHNs are working with, PHNs are routinely interacting with people. Further, sometimes PHN may even work with the same people in different capacities. For this reason, maintaining respectful relationships and focusing on people requires an artistically abstract approach.

Creating Meaningful Connections

Because of the dynamic and varying relationships PHNs have within their various roles and responsibilities, *Focusing on People* is the foundation for next theme - *Creating Meaningful Connections*. In addition to the sheer importance of being the human connection for individuals, empowering clients in all forms, and fostering respectful

community relationships, PHNs recognize that maintaining these relationships with individuals in various capacities enables them to more effectively link clients, groups or other agencies. Within this study there were two main functions within *Creating Meaningful Connections; Bringing People Together for Change*, and *Linking Supports and Resources*.

Bringing People Together for Change. Throughout participant interviews, PHNs spoke about experiences working with groups to make positive changes in their communities. Olson Keller et al. (2011) explain that PHNs “bring community partners to the table” to facilitate collective action to address challenges in the community (p. 256). In these types of interactions, community groups, coalitions, or organizations are viewed as partners. During interviews, some participants spoke about their roles in motivating and bringing people together. One participant explained,

Something that makes public health nursing a little bit different is that we're able to rally groups, we're able to get people to see our visions. We're able to get people to come to the table and help us make change. (P2)

Another participant discussed a joint partnership that was not only able to provide motivation for community change, but also be effective in making the community aware of health unit support.

We've kind of been the driving force, [for car seat safety], myself plus [community partner] and a few of the staff that worked there.... I just think we've done such a great job of putting it in the community and getting it out there and being the two places to go to get help. (P1)

While bringing people together for change is an important aspect of public health nursing practice, the art of nursing in public health lies within how PHNs go about doing so. When bringing people together, artful PHNs help establish environments where members can speak openly and be heard. This involves developing an open group

dynamic, fostering communication, clarifying processes and roles, and inspiring engagement and participation (CPHA, 2010; Aston, Meagher-Stewart, Edwards, & Young, 2009). Based on participant interviews, the artful aspects of bring people together for change involves starting small and building momentum, along with working with different types of people, including both new and existing relationships.

Based on participant interviews, building momentum involves various people or agencies engaging in change activity for the same issue. Sometimes this occurs unexpectedly, and many times the process is less tangible. PHNs often start with smaller initiatives that grow into a larger initiatives with more far reaching impact. One PHN explained a change in the community around car seat safety as this ripple effect saying,

You start with a little tiny pebble ripple and it spreads and spreads, and spreads, and spreads and spreads and eventually it becomes huge. Just a wide body, a wide knowledge. Like everybody starts to know it all, and everybody knows the same thing. So instead of just one person having it [knowledge]. (P1)

In reference to Smoke-Free- Ontario legislation, another participant explained the momentum that can spread across the province as other health units start to make changes about the same issue, noting,

I know that that policy piece in [a community] was a small piece that build momentum across the province cause other public health units and other public health nurses were battling the same fight in different regions and it's that momentum across the province that got this province smoke free. (P2)

This participant explained how the momentum makes a difference by explaining “it’s that momentum, it’s that continuing advocacy work for policy that makes such a huge difference. So I think, when I reflect, it makes you passionate” (P2).

While PHNs help motivate, cast vision and bring people together, there are many others that contribute to making change and building momentum. Supporting community

groups and partners to plan, manage and cope with change requires PHNs to provide leadership and work well with others from different organizations, backgrounds and perspectives (CHNC, 2011). Participant 2 expressed, “*we had the Mayor’s support and some great grassroots members, and we convinced our town that it would be ok if they went smoke-free, and things went well.*” This participant explained that using a caring approach and fostering equality are where the art of nursing comes into play concluding, “*It’s the caring approach. And it’s making sure that everybody’s treated as an equal at the table, that everybody is heard, that things are addressed*” (P2).

PHNs can utilize existing relationships to help sustain momentum and strengthen the impact of like-minded collective initiatives. When PHNs know what issues are important to their community partners, they can quickly respond. One participant explained a situation where she was able to look for support from a group she had previously supported on a similar topic. Here is her example.

Having that relationship in place meant it was easy for me to call on them when I needed [to]. They [provincial government] were looking at the provincial legislation and they were looking for letters of support. So, you know, I could send them [community partner] an e-mail off and say ‘are you guys willing to write a letter of a support for this?’. (P7)

This exemplar continues to demonstrate the importance of relationships, it provides another example for reciprocity in artful public health nursing practice, and it demonstrates how a community group that is a client at one point, can also be a community partner at another. PHNs build wide networks of partnerships and relationships with many different types of organizations, people and communities including volunteers, faith-based communities, and business sector helping foster a

variety of inter-sectorial relationships (CHNC, 2011). When PHNs build a wide range of meaningful relationships, this ultimately has a positive impact on all clients.

Linking Resources and Supports. Establishing and maintaining professional relationships means that when resources are needed PHNs are able to create the necessary linkages. These relationships also directly benefit their clients because PHNs are able to efficiently create connections between the client (including individuals, families, communities or systems) and community resources suited to the client's specific needs (CHNC, 2011). PHNs often link and connect people in ways that cross over multiple sectors and disciplines and involve colleagues, community partners, and other members of the health care team to meet the needs of clients, families and community groups (CHNC, 2011).

One participant shared an experience where she used her knowledge of resources, and ability to make connections, to help a client obtain an Ontario Health Insurance Plan card, pay for bus fare and set up a clinical appointment in another community all within a matter of hours. The PHN recalled,

I connected with public health in [city] and made sure that a nurse would be on the receiving end of this girl arriving and finding her way to the clinic with some type of supports in place. In the end, we ended up in a successful situation in that she ended up having a safe abortion, and ended up coming back. I think it was the piece where, you know, you had to be intentionally creative and use your knowledge and the skills and expertise that we have in the connection. (P3)

When describing the art of nursing in public health, this participant also explained,

We've been given the skills and the knowledge and the ability, [the] education to understand different ways that they may be experiencing their illnesses, in that we can help them find the community resources, find the pieces that they need to fulfill their goal. So I guess to me, that's an art. (P3).

Similarly, another participant explained the art as “*making the connections to the family resource worker and then the community as a whole. I think of that as kind of an artful piece of practice*” (P7). A third participant recalled how making a referral to necessary support notably helped the client’s situation progress. Here is her example.

He was using marijuana, like over using it with his life. I got him into an addictions counsellor, which got him into the psychiatrist, which got him a diagnosis. And you know, it really moved things along. (P4)

This participant had described the art of nursing in public health as “*creative thinking, and problem solving, investigating all of the options with the client, and building on relationships and often it is who you know, and how they can help the client*” (P4). Being well networked in the community allows PHNs to be aware of current services and resources, and existing partnerships, which in turn enables them to better support clients.

Making links, building connections and bridging resources is not always in the context of an individual to a service. Making connections can involve connecting different groups together or working with multiple groups on similar projects. One participant shared a comment about a time when she worked on different initiatives simultaneously that involved the same stakeholders reporting, “*I was also doing the other community development piece.... that was related again to this [initiative] in some regard and I knew all those players already*” (P4). This participant explained how already having a connection in place helped the process saying, “*I knew who to call and who to connect with because I’d already been working on the other.... so it was a little bit easier to meet with them*” (P4).

Another participant explained how she established a meaningful connection in order to provide information and support, as well as other important contacts, to a group already working towards an issue.

They were bringing together kind of a [group] and so I made the connection with that group and the [group of participants] and actually linked up with them and provided support for their work. So they were...doing this policy, advocacy work. And as the nurse at the health unit I was providing them a lot of background information and a lot of support in terms of who are the different contacts...cause they were just kind of getting their feet under them. (P7)

Because of the vast array of roles and relationships that PHNs have with different groups, agencies, communities and populations, there are times when a community partner can be a PHNs' client, their community partner, and a resource for other clients all at the same time. PHNs balance this dynamic as they make meaningful connections throughout their community.

In addition to balancing connections outside of public health organization, PHNs also saw the importance of making links internally within their health units. Health units have many different programs and services. One participant explained, “[*The project involved*] a lot of talking, at a lot of communication. Even just within the health unit too, because when you work everybody has such different roles” (P1). There are, however, often times when broader approaches, populations and philosophies overlap. This requires connections internally within the health unit as well. In linking the importance of making connections to the art of nursing in public health, one participant explained,

I really see that as kind of a really integral thing that nurses do that I think is artful is making the connections between groups. And that we also have a networking group within the health unit with different departments. So really kind of making connections between what's happening in our department and what's happening in other departments. (P7)

Being aware of what other health unit programs are doing allows members from different teams to be a resource and source of support for each other and to build their internal capacity.

Just Knowing What to Do

During their stories about artful public health nursing, participants spoke about the times when they used their nursing knowledge, skills, and judgment to do something, sometimes without fully thinking about why they had taken that particular course of action. One participant in particular selected the phrase “*just knowing what to do*” (P2) to describe the art of nursing within public health nursing practice. Her phrase became the title for the final theme. This theme is comprised of two subthemes that PHNs used to help them know what to do, *Thinking Outside the Box to Reach Creative Solutions* and *Trusting Your Instincts*.

Thinking ‘Outside the Box’ to Reach Creative Solutions. Participants used various descriptions to express that the art of nursing within public health nursing practice involves a certain way of thinking. Multiple phrases such as “*abstract thinking*,” “*not thinking in black and white*,” and “*thinking outside the box*” were used by multiple participants during interviews to express that the art of nursing within public health nursing involves the ability to be creative, innovative, and solve complex problems. This is supported by the notion that effective PHNs are able to overcome potential barriers found at various layers of public health nursing interventions (Abrams, 2008). Further, public health nursing competencies need to encompass multiple dimensions such as critical thinking and professional judgement (Kaiser & Rudolph, 2003). One participant

shared a story about a complex and challenging situation involving distribution of a large vaccine clinic during the H1N1 pandemic,

[The situation] was quite disruptive, but in the end, we were creative in using the resources around us. So, in the situation, it required a lot of interpretation, imagination, active participation by all kinds of people involved, and using the resources that were available to us at the time...we were in the end, able to carry on and achieve a goal, where others may have given up. Like if it was just a straight forward [pause] if you had a leader there who was not able to see creatively or look at all the pieces that you know needed to happen, I don't believe it would have happened. I think they would have shut it down. (P3)

This participant related this situation to the art of nursing by explaining,

So the concept of being able to interpret the situation and react to it in a creative way, cause I think that's what makes public health so vital. And I think that's an art. I don't think it's something that you open a book and reference how to do stuff. (P3)

Browne, Hartrick Doane, Reimer, MacLeod and McLelland (2010) identified that there has been limited literature about how PHNs actually use their clinical judgement and decision making skills. This exemplar helps identify the important aspects of actively interpreting the situation, participating in establishing the solution, using creative thinking, and even being imaginative about possibilities.

Another participant expressed that abstract thinking, although sometimes challenging, is an important part of public health nursing saying,

Public health nursing done well understands those abstract concepts of how you're working towards those [long term] goals. Research and evidence-based, but I think a black and white, task oriented nurse might not see those connections and I think that's the difference of public health nursing. (P2)

Similarly, another nurse expressed that being able to explain PHN roles throughout the grey areas in nursing practice is part of the art of nursing.

I think [the situation] was artful in the negotiation and being able to explain yourself. There's a lot of stuff that isn't black and white. There's a lot of grey areas and to be able to explain that and why we were involved or what we saw as

our role. And a lot of times it was very soft. It was very difficult, like it wasn't you do this, and you get that result. (P5)

Optimal use of innovation and creativity often involves taking a step back to assess and interpret the situation before deciding on an appropriate course of action, which naturally engages thinking about previous experiences (McNichol, 2002). There is a clear relationship between reflective practice and PHNs' abilities to effectively solve problems (Brown et al., 2010; Falk-Rafael, 2005; McNichol, 2002). Thus, both reflective practice and previous experience become important factors in expressing ideas and thinking outside the box to reach creative solutions. One participant explained,

I have to do a lot of that stepping back and looking at the whole situation. But each one of these [situations] does influence how I handle another client, like the next situation. It definitely does. Cause you build on all of that. (P4)

Another participant explained a situation where stepping back allowed her to maintain flexibility to meet the needs of the group. This participant had to “*just step back, regroup and just move forward without getting flustered.... I just was very proud of the fact that I could just get to where they were at and just go with it*” (P6).

When PHNs go into situations, they are often unsure of what the outcome will be until after the interaction has occurred. One participant expressed,

For a black and white thinker, it's very difficult to explain why you do the things you do and why you know you're making a difference, unless you evaluate and the [participants] are telling you 'this is making a difference.' (P2)

However, Abrams (2008) explains that “being a change agent is, however, to live with uncertainty about the outcome” (p. 287). This means in order to bring about positive change, PHNs need to gain a certain comfort level in the abstract and unexpected aspects of practice. The notion of being comfortable with ambiguity helps link outside the box thinking to the art of public health nursing. Thinking outside the box requires a certain

artful and creative approach, but because the art of public health nursing is abstract and often less tangible, the PHN must also think outside the box to see the artful aspects of public health nursing practice. Based on the complex nature of nursing practice, there are times when judgment, experience, critical thinking, interpretation and analysis all come together to form an instinctive response.

Trusting Your Instincts. Many participants expressed that aspects of artful public health nursing practice do not always have clear explanations and referred to this dynamic as “*intuition*,” “*a gut instinct*,” “*second nature*,” or “*just knowing it is the right thing to do*.” For this study, the art of nursing is viewed as a practical art. The practical aspects of nursing art have continued to be evident throughout interviews and literature (Smith Battle et al., 2004; Green, 2012). Green (2012) refers to the intuition that occurs within nursing practice as “practical intuition” (p. 98). Nursing practice intuition is composed of multiple factors including: embodied knowledge that becomes second nature, well-trained and attentive sensory perceptions, a significant store of pertinent conceptual knowledge, and a history of habitual actions intentionally directed towards achieving the best outcomes for patients (Green, 2012). This concept of practical intuition was evident during participant interviews as PHNs expressed learning to trust their instincts while relying on evidence, having justification for actions and maintaining the best interest of clients.

One participant expressed how there often is an inability to plan aspects of the intervention in advance noting, “[*The art in public health nursing*] is not something that is defined anywhere and in some clinical pathway of creating a solution....you can’t map it out ahead of time, because of the variability of the experience” (P3). P3 further

explained, *“It’s less prescribed due to the nature of the actual work. Public health is not as prescribed as [some] clinical pathways.”* Another participant expressed, *“when I think of artful stuff it is not necessarily theoretical or empirical. It is your gut intuition of how to respond to that person”* (P5). Green (2012) validates that there are times when nursing intuition in complex situations cannot be easily explained because of the multiple factors that could influence the situation to progress in a number of different ways.

Participants spoke about how experience influences their ability to just know what to do and gives them confidence to do it. One participant explained, *“to me [the art] is where I take all of my experiences and to kind of do it”* (P6). In explaining this further P6 stated, *“I don’t know if just intuition is a proper word, or just a gut feeling, or it just feels right. It’s just the right thing to do.”*

This participant also discussed how experience helps improve confidence in making decisions by explaining,

I think you can read stuff in a text book and you can know your stuff. But it’s that other stuff [the art] that you need experiences whether it’s your own, or observation of things, help you in making a decision that you know in your heart is the right decision. (P6)

Another participant explained that even with good explanation, experience helps PHNs understand what to do and why. Specifically,

you jump in there and you do it. And you can explain it to a novice nurse, or a nursing student but it takes some years to build that experience to know what a public health nurse does and why you kinda do it. (P2)

Part of just knowing what to do is the ability to *think* outside the box, but another aspect of knowing what to do is understanding when to *act* outside the box. One participant explained, *“I go probably outside of the box more....so outside of the box*

thinking and action” (P4). Another participant explained that the experience of working outside of the normal boundaries provides a sense of satisfaction for PHNs saying,

What is gratifying to most public health nurses that I think of as really great public health nurses, is that they're able to go kind of go past the boundaries of what a usual solution would be. It's the out of the box thinking. It's the practicality of looking at what the patient's facing [and] overcoming the barriers to what they're needing. (P3)

Experience was an important factor for participants who felt they could trust their instincts to know when it was appropriate to work beyond the norms and boundaries.

This is expressed in the following exemplar,

I think just because of years of experiences as I interact with my different clients, that I can do a unique perspective. I think knowing that there are rules and I think I know when they're shades of grey and when I can sort of bend them a little bit. That's just kind of who I am. I'm not a black and white person. And I love rules, they're great, we need them. But when they're rules and not laws of physics, I guess I figure I have enough knowledge and I can explain myself. So if I make a decision, it's because of this and I can articulate why. (P6)

The notion that instincts are informed by experiences and previous interactions is supported by Pearson (2013) who explains that intuition in nursing practice is dependent on the judgment, perception and experience of the nurse, and is based on the context of the particular circumstances being addressed. The concepts addressed within theme of just knowing what to do reflect the idea that each PHN's practice is a compilation of each practitioner's individual experiences including education, training, mentorship and practical learning.

Chapter 6 Discussion

The purpose of this study was to explore how PHNs describe the art of nursing within public health nursing practice. Findings were based on stories and experiences of participating PHNs. This discussion builds on the four themes of *Understanding the Whole, Focusing on People, Creating Meaningful Connections, and Just Knowing What to Do* to further explore factors influencing the art nursing in public health. A theoretical framework that portrays the themes, and factors influencing the art of nursing in public health, are also explained (see Appendix F). As well, implications for public health nursing practice, theory, and research are described.

Factors Influencing the Art of Nursing in Public Health

Throughout their stories PHNs shared many insights regarding factors that support artful nursing practice within public health including: mentorship, building their own experience, opportunities to discuss practice issues, and using theory to guide practice. These particular supports for artful nursing practice are integrated into the practice setting and provide the foundation for artful nursing practice. Based on the analysis it is also apparent that other factors such as critical thinking, intuition, and reflection also contribute to the art of nursing within public health nursing practice.

Supports in the Practice Setting. Mentorship in nursing practice is a flexible process used to help nurses transition into new practice areas, foster professional growth, and develop of a wider knowledge base for the less experienced mentee (Ellis & Chater, 2012). Ellis and Chater (2012) explain that in community based nursing settings, including public health, the process of development of trusting community relationships is improved when new PHNs are supported through the relationship building process,

and utilize pre-existing connections of colleagues. This is consistent with the theme of *Focusing on People* where relationships were identified as an important aspect of artful nursing practice in public health. For example, one participant spoke in great length regarding the value of her mentorship experiences as a new PHN saying,

I think that the mentorship piece is key [to artful public health nursing]. The years of experience that I got to benefit from....we have nurses who've been doing public health nursing for 30, 35, 41 years at our health unit, so we're able to draw upon that experience and their mentoring and their role modelling that caring, and the public health nursing for us. So we kind of see what it's all about just by being in the work environment. (P2)

This participant also explained that mentorship from experienced PHNs was fundamental in establishing her own ability to practice the art of nursing in this setting noting,

When I look at my own experience, because I had amazing public health nurses to mentor me and to give me that positive regard and to teach me, and to allow me to shadow.... I think that's how you learn it [the art of nursing in public health]. (P2)

Because the art of nursing is expressed through the way nurses go about doing what they do, it is valuable for PHNs to spend time observing the subtleties and processes that create artful moments. Further, because nursing in public health is abstract, autonomous and involves complex systems, mentors play a significant role in public health nursing practice in general. Perhaps some things can be taught best through modelling.

Similarly, nursing experience was discussed throughout participant interviews and was reflected in the exemplars of every theme. Participants discussed how their nursing experiences influenced their practice and their abilities to enact artful nursing practice. They also shared how both their own experiences and the experiences of others helped direct their decisions, actions and approaches in future situations. In nursing,

unstructured learning inevitably takes place through practical experiences, and nurses' ability to practice artfully is influenced by their life experience, as well as their professional and personal maturation (Finfgeld-Connett, 2008b). Thus, experience is another practice-based factor in building a supportive foundation for artful nursing practice.

Two other factors that were discussed by participants as supporting artful nursing practice were professional development, and theory-based practice. These two factors are interrelated because nursing theory often provides the content for professional development. This was the case for one participant who spoke about a time when a nursing theorist spoke at her health unit and how it helped her practice. She first explained the challenge saying, "*we didn't feel we had any real foundation or infrastructure....there were too many unknowns....the actual public health nursing practice didn't really [have] what we needed...that infrastructure* (P4). When she learned about a specific nursing theory that suited the situation it was very enlightening. P4 shared,

She [the nursing theorist] came down and spoke during Nurses' week.... I just felt like having her there, and having that theory underneath of us, it just supported everything that we were doing. And finally we found our niche.... She had more of her articles that she had written and it was really, it was like eureka.

Another aspect of professional development that was identified by participants as helpful in practice was having the opportunity to engage in dialogue with others about the less tangible aspects of nursing practice. Through follow-up e-mail correspondence one participant reflected on the role of dialogue noting the importance of "*having time to network with colleagues and see what is happening across the agency, departments or even within teams and taking opportunities to reflect on the bigger picture of public*

health not just your particular narrow focus” (P7). This desire for networking opportunities and greater understanding of others’ work further supports the value of building on other’s experiences to improve one’s practice. Based on the discussion of participants, the practice environment has an important role in supporting artful public health nursing by fostering mentorship, encouraging PHNs to share their experiences, supporting the integration of nursing theory, and providing opportunities for networking.

Critical Thinking and Intuition: Guiding Artful Practice. Woven throughout their stories of artful public health nursing, PHNs shared situations that demonstrated their ability to deal with complex situations and solve problems. Some PHNs shared times when they were led by their feelings or gut instinct during these situations. Further, participants’ stories reflected the complexity of the presence of emotion when making nursing judgments and decisions (McNichol, 2002; J.A. Johnson, 2013). The results and analysis of this study point to a pendulum between critical thinking and intuition that helps guide PHNs in the specific moment to enact the art of nursing. While critical thinking and intuition were present in all themes, they were most apparent in the theme *Just Knowing What to Do* through the subthemes of *Thinking Outside the Box to Reach Creative Solutions*, and *Trusting Your Instincts*.

Critical thinking involves a reflective process that strives to better understand a particular circumstance, and determine an appropriate course of action, including the sound rationalization of that act (Forneris & Peden-McAlpine, 2007). In nursing practice, critical thinking is an intentional process that involves accounting for the contextual aspects of the situation in order to reach positive outcomes for clients (Forneris & Peden-McAlpine, 2007). Keeping in mind that PHN’s care for individuals, families, systems

and communities at large, the scope of their critical thinking process and the reach of their decisions can be extremely broad. As critical thinking is an intentional thought process, when PHNs artfully and purposefully think outside the box beyond normal expectations, they enhance their ability to see situations in new ways, thus building their capacity to come to creative solutions. In the midst of challenging situations, PHNs employ critical thinking to help determine and guide their artful approaches.

In addition to this valuable role of critical thinking, as highlighted in the subtheme of *Trusting Your Instincts*. There are times when PHNs use an internal feeling to guide actions. P5 called this “*your gut intuition of how to respond to that person.*” While critical thinking seeks a rationalization and solid justification for action, intuition is more of a subjective and sensory experience based on a real-time analysis of the situation and surroundings (Pearson, 2013; Green, 2012). One participant expressed this dynamic as “*somehow you just know the right thing to do and you don’t know why*” (P6).

Based on the results of this study, intuition helps guide artful nursing practice, yet Pearson (2013) asserts that artful nursing practice is what enables nurses to use intuition to inform practice. This coexisting relationship is similar to the previously identified dynamic between the art of nursing and thinking outside the box, where one is needed to achieve the other in a reciprocal relationship. Green (2012) asserts that an individual nurse’s ability to recognize and confidently use intuition is unique to her individual knowledge base, experiences, and who she is as a person. These contributors to using intuition were also acknowledged in the theme *Just Knowing What to Do*.

Reflective Practice: The Catalyst for Understanding. Based on the analysis of participant interviews, reflective practice is a primary factor in enabling PHNs to

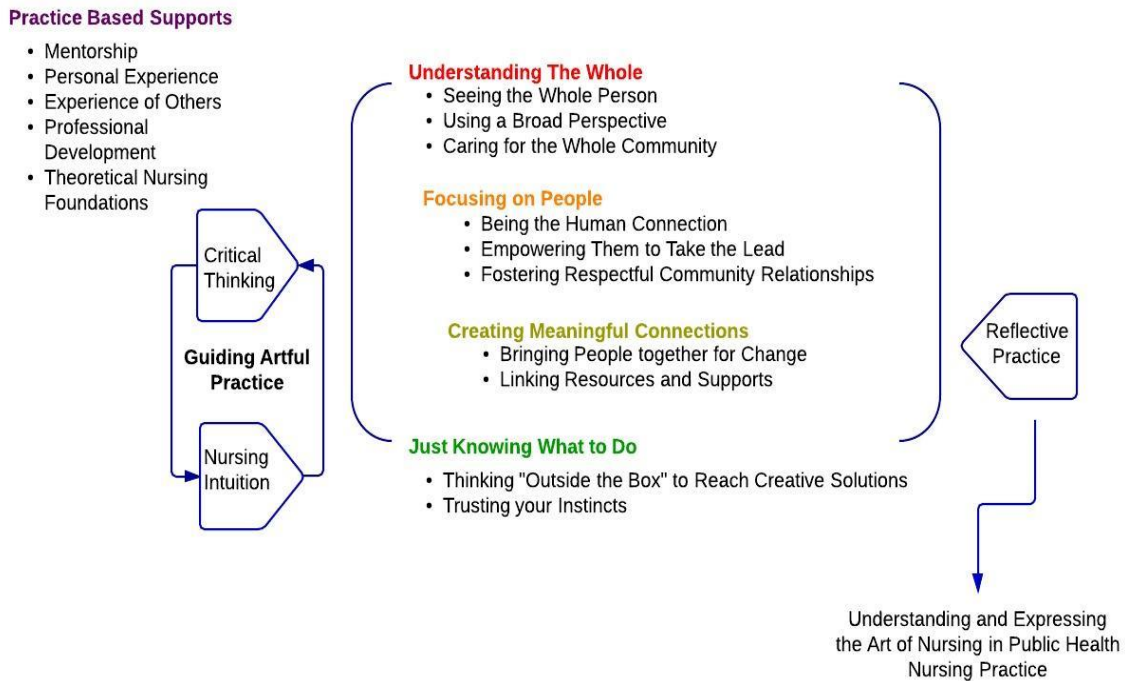
understand when they have integrated artful nursing into their practice. Reflective practice involves a cognitive process that is used to better understand significance and meaning in practical situations (Forneris & Peden-McAlpine, 2007; J.A. Johnson, 2013). Reflective practice allows nurses to understand their experiences from different perspectives, develop assessment skills, understand individual strengths and weaknesses and foster critical thinking (J. A. Johnson, 2013). Nurses are able to use reflection as a way to examine their own feelings about a situation, both positive and negative, and thoughtfully evaluate the outcomes (Beam, O'Brien, & Neal, 2010). Reflective practice is valuable for learning and involves more than simply thinking about experience, but mindfully engaging one's thought process for the purpose of furthering practice (Forneris & Peden-McAlpine, 2007; J.A. Johnson, 2013). Reflection can happen both in-action, at the time of the situation, and on-action in the aftermath of examining what occurred and how things could be different in future situations (Beam et al., 2010). Because the art of nursing is a multifaceted process, interconnected with complex concepts like critical thinking and intuition, it requires a mindfully engaged thought process in order to be recognized.

One participant explained understanding artful practice through reflection through her follow-up e-mail correspondence by stating, *"I feel like you don't really know you are being artful until you look back at the work and think about how beautifully everything pulled together into one complete whole – that is the real art"* (P7). Another participant shared, *"I don't know that I felt [the situation] was artful at the time. But I think it's just the retrospective look and the fact that after 6 or so years the manager still brought it up in a conversation"* (P6). This particular comment also highlights the role

that other nurses can have in helping one another acknowledge and communicate about artful nursing practice. Beam et al. (2010) explain that reflective practice can involve a number of steps, and that it incorporates discussion with colleagues and managers alike.

In order for PHNs to use reflective practice effectively, public health leaders within agencies and program managers need to support and value the process of reflection, and reflective practice needs to be integrated into the organization’s culture (Beam et al., 2010). Both reflection and integrating the art of nursing into nursing practice have meaningful implications. In order to more clearly express the four themes in this study, as well as the roles of the factors influencing the art of nursing in public health, a visual representation of the findings has been created (See Figure 2).

Figure 2: Visual Representation of Findings



The four themes, *Understanding the Whole*, *Focusing on People*, *Making Meaningful Connections*, and *Just Knowing What to Do* are listed in the centre of the image, with their respective subthemes. As represented in the diagram, the themes

Understanding the Whole and *Just Knowing What to Do* are both overarching themes, whereas *Focusing on People*, and *Making Meaningful Connections* are centralized themes. As mentioned with the results, *Focusing on People* provides a basis for *Making Meaningful Connections*. In addition to listing the four themes, this diagram captures the progression of the artful public health nursing experience. Practice based factors that support artful practice, as well as intuition and critical thinking are identified before the four themes to portray guiding nature of these concepts. However, reflection is situated after the themes to represent the retrospective review of the artful situation, which acts as a bridge to better understanding of the experience. This image represents how the themes and supporting factors identified in this study each have a role in the process of artful public health nursing.

Implications for Public Health Nursing Practice

The results of this study point to various implications for public health nursing practice. First, the identified factors influencing the art of nursing in public health highlight some practical implications for adequately preparing new PHNs to face the complex challenges that occur in this practice setting. Second, this study can improve the ability of PHNs to communicate about ambiguous and less tangible aspects of their practice. The four main themes outlined in this study provide a structure for comprehending artful public health nursing practice.

Practice Based Preparation of PHNs. The practical concepts of mentorship, professional experience, critical thinking, and intuition are abstract and inconsistent processes that can be difficult to learn and explain. Despite their complexities, based on the results of this study, critical thinking, intuition and reflection should be fostered in

public health nursing to help support artful practice. Bishop and Scudder (2009) refer to nursing as a practice, and assert that nurses develop expertise in their area of practice when they creatively use available resources to promote wellbeing. Because nursing is a practice based discipline, there is a certain amount of expertise and knowledge that can only be developed from working in the practice setting.

Practical knowledge helps inform intuition, instinct and inclinations in practice, as well as directs how to use these concepts along-side scientific knowledge (Green, 2012; Pearson, 2013). Green (2012) asserts that training sensory perception, building memory and fostering neural synapses in the brain are important aspects in learning instinctive responses to situations. In nursing this process relies on a plethora of knowledge including the nature of caring, anticipated client responses, and nursing science in order to train an objective and compassionate thought process (Green, 2012). Thus, learning that occurs within the practice setting allows new nurses to establish a foundation for intuition, professional judgment and critical thinking (Green, 2012). In the case of the public health setting, PHNs can be in a number environments and situations in a given week, month or year. The development of practice based knowledge can take longer than other nursing practice settings, and pose unique challenges. Developing intuition and the confidence to use it, takes time, skills and a solid knowledge base of the practice area (Green, 2012).

Integrating mentorship, professional development and reflective practice into public health nursing settings is a valuable way to sustain learning while learning progresses. Because just knowing what to do takes time, skill, knowledge development and experience there is a need for public health Chief Nursing Officers, administrators

and professional practice leaders to support learning transitions by creating orientation processes that integrate mentorship and job shadowing. To effectively support nurses in practice, agencies must respect the practice based nature of the nursing discipline.

Further, experienced PHNs should integrate concepts such as critical thinking, instincts, intuitions and nursing judgment into their daily lexicon and be mindful to point out specific examples when mentoring new PHNs.

Improving Knowledge and Abilities to Communicate Nursing Practice.

Having an increased understanding of public health nursing practice, including the art of public health nursing improves role clarity, and allows PHNs to better communicate their contribution to public health. The four themes from this study help express the less tangible aspects of public health nursing practice, and participant exemplars help bring their meaning to life. As reflected in the theme *Understanding the Whole*, the ability to see all the pieces of a concept and utilize them in the most fitting way, is one part of artful of public health nursing. Based on the stories shared by PHNs in this study, PHNs use different aspects of artful nursing depending on the context of the situation at hand. The art of nursing in public health can also mean something different from one PHN to another. Having a solid understanding of their own practice and maintaining the ability to effectively communicate PHN roles to one another, clients, community partners, members of the public, decision makers, other members of the public health multidisciplinary team, is important for PHNs for a number of reasons.

First, public health nursing practice has had a consistently changing scope of practice throughout history (Falk Rafael & Betker, 2012b). These changes however, have been largely influenced by sources outside the discipline (Falk Rafael & Betker, 2012b).

From early pressures such as gender and class norms, through the authority of the medical model, to government, corporate and administrative constraints, outside factors still contribute to changes in public health nursing practice and scope (Falk Rafael & Betker, 2012b). The exploration of artful public health nursing practice improves understanding PHNs roles and provides leverage for PHNs to guard the artful and caring aspects their practice.

Further, understanding the historical elements of public health nursing practice helps inform the future of the discipline. In discussing the factors that nurses draw on to support artful nursing practice, one participant explained,

Reflection on the roots of public health nursing practice has been really helpful for me...the roots that really belong to nursing practice in Nightingale and nurses like Lillian Wald. I think it would be even more helpful if there was some recognition within the broader public health system. (P7)

Falk-Rafael (1999b) discussed the importance of being grounded in nursing traditions, understanding nursing practice, and being aware of political and administrative influences on nursing practice, specifically in the context of health promotion. Falk-Rafael (1999b) cautioned that if PHNs are not able to endure outside pressures, they risk losing their distinct approach in promoting health. The results of this study provide support for sustaining the unique roles that PHNs have within public health.

Historical public health nursing approaches are also pivotal in meeting the OPHS (2008) mandate that emphasizes supporting priority populations and focusing on the social determinants in public health. As evidenced in the literature review, nursing has a rich history in social determinants of health, meeting the needs of marginalized and vulnerable groups, and considering the social constructs that influence health. 'Social determinants of health' is not a new concept to nurses. In fact, the hallmark of PHNs is

their ability to care for both individuals and societies (Falk-Rafael, 1999b). As evidenced in the theme *Understanding the Whole*, the results of this study illuminate the ingenuity that PHNs use in their daily practice to understand and address the whole context of individuals, community groups and the population at large.

PHNs make necessary health connections from individual to societal levels and back again. In order for PHNs to participate as strong members of a developing multidisciplinary public health team, they must be aware of the specific roles and challenges within their own discipline. While there are many positive aspects of multidisciplinary approaches within public health, a complex interdisciplinary dynamic can cause lack of clarity regarding the unique roles, knowledge, and perspectives of PHNs (Issel, Bekemeir & Kneipp, 2012). Thus, understanding artful, ambiguous, intangible and ever changing aspects of public health nursing becomes invaluable to sustaining public health nursing practice.

Implications for Public Health Nursing Theory

In addition to implications for practice, the findings of this study also have theoretical nursing implications. This study was founded in existing nursing theories and builds on nursing knowledge specifically in the practice area of public health nursing. One theory that was apparent in both the literature review and the interview process of this study is Falk-Rafael's Critical Caring Theory (2005). Some of the key elements of the four themes that emerged in this study parallel concepts imbedded in Falk-Rafael's Carative Health-Promoting Process, such as relationship building, using systematic approaches, and employing creative problem solving. In contrast, participants described some well-known nursing concepts using words and phrases that have not been well

captured in public health nursing literature, such as “*just knowing what to do,*” “*following their [clients] lead*” and “*thinking outside the box.*” Sometimes being able to express foundational concepts in new and different ways can inspire practice and allow PHNs to see longstanding ideas in a new light.

There is great importance for nurses to understand nursing theory and how it applies to practice. In practice based disciplines, theory provides a foundation that helps withstand changing times and outside influencers, yet continues to support the variations of practice that emerge along the way (Falk-Rafael, 2005). In a lifecycle fashion, solid nursing theory is fed by the very practice that it works to inform (Falk-Rafael, 2005). The main themes in this study were based on the practical stories of PHNs enacting artful nursing. The themes build on nursing literature as a whole to help feed the body of theoretical knowledge specifically formed in public health nursing.

Silva (2006) asserts that as information is being created at a faster pace and is more readily available, the ability to express and understand past and present nursing theory is becoming even more important than in the past century, especially as the opportunity for multidisciplinary approaches grows. Nurses cannot work as an island unto themselves, but they do need to be aware that nursing theory, past and present, informs nursing theory of the future (Silva, 2006). Having the ability to put into words the artful aspects of public health nursing practice, and furthermore express their importance, helps emphasize the value of using philosophical concepts to inform future public health nursing practice.

Implications for Public Health Nursing Research

The cycle of using nursing theory to inform practice, and drawing on practical knowledge to inform theory development, emphasizes the importance of generating nursing knowledge specific to the practice setting. In this study the findings point to some areas where further public health nursing research is needed. These areas include the use of intuition, critical thinking and professional judgment in public health nursing, and PHNs mentorship approaches that fosters artful public health nursing practice.

In Canada, PHNs use documents that outline roles, activities and standards of practice for community health nursing to guide their practice (CHNC, 2011; CPHA, 2010). There is also a growing body of literature about public health nursing practice in Canada and Ontario (Falk-Rafael, 2005; Falk-Rafael et al., 2005; Falk-Rafael & Betker, 2012a; Falk-Rafael & Betker, 2012b; Reutter & Ford, 1998; Meagher-Stewart et al., 2010; & Cohen & Reutter, 2007). The themes identified in this study have been fairly well supported by Canadian community health nursing and public health nursing literature, with the exception of the theme of *Just Knowing What to Do*. There is limited practice information that helps explain the process of using instincts, intuition, professional judgment, and critical thinking within public health nursing. Furthermore, existing nursing literature on intuition is based in the context of direct client interactions and clinical caring only (Green, 2012; Pearson, 2013). Thus, more research is needed regarding the development and application of intuition, critical thinking and professional judgment in public health nursing practice. More specifically, there is a need to explore research questions such as: “What is the meaning of nursing intuition within public health nursing practice?,” “What factors support PHNs in making professional judgments

during complex situations?,” and “How do PHNs develop critical thinking skills?.”

These questions are supported by the idea that public health nursing research should involve practicing PHNs, and focus on what is meaningful in their practice (Issel et al., 2012; Diaz Swearingen, 2009).

As nursing is a practice based discipline, the final steps in becoming a nurse takes place in the practice setting and is an ongoing process. Transferring knowledge about the way PHNs go about understanding the whole, focusing on people, creating meaningful connections, and just knowing what to do is a complex task that requires leadership, mentorship and intentional acknowledgment of the art of nursing in public health. More research is needed to better understand the orientation, learning, and mentorship processes currently taking place within health units, particularly with regards to fostering the artful and less tangible aspects of public health nursing. The research needs identified though this study are well aligned with Issel et al. (2012) who also state that future public health nursing research should focus on an improved understand of PHNs’ working environments, including the support they receive to provide quality public health nursing practice.

Chapter 7 Conclusion

This qualitative descriptive study regarding the art of nursing in public health builds on existing literature and offers greater understanding to both the art of nursing, and public health nursing practice. There were many aspects throughout the research process that supported the reliability, credibility and trustworthiness of this study. This final chapter will discuss both the qualitative rigour and the limitations of this study, and reiterate the contributions this study brings to the body of public health nursing knowledge.

Qualitative Rigour

The methods used in this study were consistent with qualitative research philosophies and qualitative description. Methodological congruence is necessary for qualitative rigour (Richards & Morse, 2013). Factors to facilitate congruence within this qualitative description study included: purposive sampling, use of semi-structured interviews, simultaneous data collection, management and analysis while staying close to the data, the use of content analysis, and ongoing researcher reflection. As outlined in the design, each of these processes is important for a qualitative description study.

A reflective journal was used to store personal thoughts and learnings. These reflections augmented the processes captured within a methodological journal and contributed to auditability of the study. The importance of reflective and methodological journaling to improve qualitative rigour is well supported by literature. Loppie (2007) describes a reflective journal as a place to thoughtfully capture reactions, intuitions, and initial interpretations. Richards and Morse (2013) also explain that ongoing researcher reflection throughout the study helped facilitate methodological congruence and

strengthen validity. The honest explanation of the research process improves the integrity and credibility of a qualitative descriptive study (Milne & Oberle, 2005). Furthermore, Koch (1994) explains that researcher journaling contributes to qualitative rigour by presenting a clear description of how decisions were made throughout the research process, providing an auditable trail.

In this study, credibility was also supported by returning an electronic copy of participants' interview scripts following their interviews for review and comments. All participants reviewed the transcripts for accuracy and corrections and one participant provided additional detailed comments and reflections. Participants also had the opportunity to have information removed from the transcript that they are uncomfortable sharing. Despite the many strengths of this study, there were also some noteworthy limitations.

Limitations

The limitations for the study should be considered when using, interpreting, and making meaning of the results. First, the small number of participants is a limitation to this study. Because the results of this study are based on the in-depth experiences of a small sample size, there is potential for limited transferability to other public health practice settings. This limited transferability should be taken into consideration when applying findings, and transferring knowledge gained from this study.

The use of telephone interviews was also a limitation. While the researcher was able to rely on tone of voice and verbal cues, the researcher was unable to use facial expression and body language of participants to assist in interpretation and analysis of the data. The use of telephone interviews, did however allow for participation from a

broad geographical area. Last, this study was conducted by a novice researcher, and this inexperience may be reflected in the research process, analysis and interpretation of the findings.

Contributions to Public Health Nursing

This study was conducted in order to improve understand of how PHNs describe the art of nursing with public health nursing practice. In 2009, Diaz Swearingen explained that future research regarding public health nursing should focus establishing a deeper understanding of how PHNs actually go about their practice. This research study has contributed, in part, to that deeper understanding. The four themes of *Understanding the Whole, Focusing on People, Creating Meaningful Connections, and Just Knowing What to Do*, and the coinciding sub themes provide a variety of descriptions that PHNs can use to explain *how* they fulfill their roles and contribute to broader public health functions. The value of expressing their roles and contributions to practice is supported by Diaz Swearingen, who explained that based on their nursing education and experiences, PHNs provide a unique perspective on the work taking place within the public health sector.

While there are many implications for public health nursing practice, theory, and future research, the specific theme *Just Knowing What to Do*, sheds light on the need for greater research regarding the roles of critical thinking and intuition within public health nursing practice. The findings of this study also point to the practical aspects of public health nursing that contribute to developing artful nursing in public health including: mentorship, experience of self and others, professional development and public health nursing theory. As identified in the discussion, because it is a practice based discipline,

nursing relies on the practice setting to further develop nursing knowledge, practical judgement, and artful nursing practice. Results also suggest that reflective practice as an important catalyst for understanding and expressing the artful experience. The results of this study call for administrators and executive members of public health agencies to acknowledge the role of workplaces in fostering artful public health nursing, and to take measures to build cultures of reflection, and supportive practice environments within public health organizations.

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Appendix A

Sample Recruitment Poster

Are you an artful Public Health Nurse, or do you know someone who is?

Public Health Nurses are invited to participate in a qualitative research study regarding the art of nursing within public health nursing practice.

The research question:

How do Public Health Nurses describe the art of nursing within public health nursing practice?

- Participants will be asked to share various descriptions and stories from their experience that they feel demonstrate artful public health nursing practice.
- Consideration will be given to both direct client care interactions and broader community activities.

What are you asked to do?

- Participation includes a one-to-one telephone interview with the researcher, followed by e-mail correspondence with the researcher using an e-mail address provided by participants.
- Telephone interviews (approximately 1 hour long) will take place on evenings and weekends during a mutually agreed upon date and time.

Inclusion Criteria:

- Staff level Public Health Nurses employed by an Ontario public health unit
- Public Health Nurses with at least one year of public health nursing experience
- Public Health Nurses who have access to a computer and a personal e-mail account

For more information or to volunteer to participate in this study, please contact XXXX@athabascau.ca by xx/xx/xxxx

Ruth Walker, BScN, RN Researcher
Master of Nursing Student
Athabasca University

Appendix B

Consent Form

As a Public Health Nurse, you are invited to participate in a research study titled:

The Art of Public Health Nursing

This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please contact the Office of Research Ethics at 780-675-6718 or by e-mail to rebsec@athabascau.ca.

Please read the information and consent form carefully. I am willing to answer any questions you may have about the nature and implications of this study.

Researcher: Ruth Walker, RN, BScN
Master of Nursing Student
Centre for Nursing and Health Studies
Athabasca University, Alberta
Cell phone: 705-957-0414
E-mail: ruthwalker@athabascau.ca

Thesis Supervisor: Dr. Beth Perry, RN, PhD
Professor
Centre for Nursing and Health Studies
Athabasca University, Alberta
bethp@athabascau.ca

Purpose:

The purpose of this study is to explore how public health nurses describe artful nursing practice from the perspectives of direct client interaction as well as broader community or population health.

Research Description:

Public health nurses who agree to participate in this study will engage in a one-to-one telephone interview and as well as follow-up e-mail correspondence with me. The interview will start with a few brief demographic questions related to years of experience, current and past areas of public health nursing practice and education background. I will then ask you to describe memorable situations within your public health nursing experience that demonstrate the art of nursing. You will be asked to describe what made these situations especially meaningful to your practice and what made them artful in nature. You will be asked to consider the aspects of nursing

discipline that are integrated into being an artful public health nurse. These interview questions will be sent to an e-mail address you provide in advance of the interview.

This telephone interview (approximately one hour) will be audio recorded and then typed out in full - without your name or other identifying details. The typed data transcript will be returned to the e-mail address that you provide for your review for accuracy and any additional comments or reflections, if you choose to add anything. You will be able to ask that anything in the transcript you are uncomfortable with is deleted, and it will be deleted without question.

Potential Benefits:

While there are no direct benefits to participants, it is anticipated that this research will enhance knowledge related to public health nursing practice within Ontario and be of use to public health nurses, managers and formal leaders within public health units to improve and foster excellence in public health nursing practice.

Potential Risks:

There are no foreseeable risks for participants within this study. Still, recalling your nursing stories may prompt an emotional response. You will be supported with respect and sensitivity and additional resources will be accessed for you if needed.

Privacy and Confidentiality:

Your participation in this study will be kept confidential. All study data will be kept in password protected electronic files and any hard copy data will be stored in a locked file cabinet in my home for a period of five years. After five years all data will be destroyed. Only me, and the supervising Athabasca University faculty member, will have access to the original data. Data will be published in an aggregated form and no identifying information will be used.

Participation and Right to Withdraw:

Your participation is absolutely voluntary. Please understand that you do not have to answer all the questions and that you can decide to withdraw from this project at any time without penalty. If you choose to withdraw from the study, you may choose if you would like to have your data withdrawn or to still have it included even if you withdraw.

Participant Consent:

I, _____, have read and understood this introduction letter for this research study regarding the art of public health nursing. I agree to participate in the study, with the understanding that I am free to refuse to participate or

withdraw from the study at any time. I understand the issue of confidentiality and that my information and involvement in this study will be kept confidential. I have had the opportunity to ask questions and my questions have been fully answered.

Signature: _____

Date: _____

Appendix C

Interview Questions

Demographic Questions

In order to better understand your experience in public health nursing, I'd like to ask you a few brief demographic questions related to years of experience, current and past areas of public health nursing practice and education.

1. How many years have you been a public health nurse?
2. How many years, in total, have you been a nurse (including other areas of practice)?
3. What program area do you currently work in?
4. What other public health programs have you worked in prior to this assignment?
5. Have you worked at any other health unit than your current place of employment?
6. What is the highest level of education that you have obtained?

Introductory Statement

In nursing we use various types of knowledge to guide our practice. We use scientific knowledge/evidence based practice - which is often referred to as empirical knowledge. We use knowledge from our own personal experiences within our practice, or other nurses' experiences. We also use our ethical knowledge to guide our work. I am interested in learning about artistic or aesthetic knowledge within public health nursing practice and would like to hear about situations that public health nurses describe as particularly artful within their practice as public health nurses. What I mean by the term *artful* is: the pieces of public health nursing that cannot be articulated through other forms of information and the ways in which PHNs go about completing the less tangible aspects of their work.

Interview Questions:

1. What words or phrases would you use to describe the art of nursing specifically within public health nursing practice?
2. From your public health nursing experiences, tell me about an interaction with a specific client that provides an example of artful public health nursing practice.
(This could be an interaction with a client in a class, over the phone, at an event, in a clinic etc.).
 - a) What about the situation made it artful?
 - b) What made this situation especially meaningful to your practice?
Prompt: how has it influenced similar situations since?
3. Tell me about an experience when your work focused on community or population health and you were artful in the way you addressed the situation.
(This could include working with community groups, collaborating with community partners, promoting health, or participating in advocacy efforts and policy development etc.).
 - a) What about the situation made it artful?
 - b) What made this situation especially meaningful to your practice?
Prompt: how has it influence similar situations since?
4. What aspect of the nursing discipline as a whole (or in totality) do public health nurses draw on to be artful specifically within their public health nursing practice?

5. In reflection of the stories that you've just shared, how would you summarize the art of public health nursing? (*Do you have anything to add to or remove from your initial description?*)

Appendix D

Sample Follow-up E-mail

Dear XX XXX:

Thank you for your participation in the telephone interview and this follow-up e-mail. Attached is an electronic version of the script from your interview, with your name removed. Please review the transcript for accuracy and inform me of any needed changes. [If needed] An area of the transcript that I would appreciate clarification for is XXX.

I am also interested in receiving any additional comments or reflections you may have regarding the interview questions. Please let me know if there are additional remarks that you would like included or comments made during the interview that you want to change or delete.

Kind regards,

Ruth Walker, BScN, RN

Master of Nursing Student

Athabasca University

Appendix E

Ethics Approval



MEMORANDUM

DATE: September 13, 2013

TO: Ruth Walker

COPY: Dr. Beth Mahler
Alice Tieule, Secretary, Athabasca University Research Ethics Board
Dr. Vive Kumar, Chair, Athabasca University Research Ethics Board
Eileen Paluck, Ass't to Dean, FHD
Dr. Sherri Melrose, Chair CNHS Research Ethics Subcommittee

FROM: CNHS Research Ethics Review Sub Committee

SUBJECT: **Ethics Proposal #CNHS-13-02-:** *"The Art of Public Health Nursing"*

Thank you for providing the additional information requested by the Centre for Nursing & Health Studies (CNHS) Research Ethics Review Committee.

I am pleased to advise that the above-noted project has now been awarded **APPROVAL TO PROCEED**. You may begin your research immediately.

This approval of your application will be reported to the Athabasca University Research Ethics Board (REB) at their next monthly meeting. The REB retains the right to request further information, or to revoke the interim approval, at any time.

The approval for the study "as presented" is valid for a period of one year from the date of this memo. If required, an extension must be sought in writing prior to the expiry of the existing approval. **A Final Report is to be submitted when the research project is completed.** The reporting form can be found online at <http://www.athabascau.ca/research/ethics/>

As implementation of the proposal progresses, if you need to make any significant changes or modifications, please immediately forward this information along with an e-mail of support from your research supervisor for the changes, to the CNHS Research Ethics Review Committee via rebsec@athabascau.ca for further review.

I wish you all the best with your research