STATE CERTIFICATION OF COMMUNITY HEALTH WORKERS AND NURSES
PERCEPTION OF TEAM CLIMATE

Authors: Mark Siemon, RN, APHN-BC, MPH, CPH; Geoff Shuster, DNSc, RN; Blake Boursaw, S,BSM

Purpose/Aims: The purpose of this research was to determine if there is a difference in the team climate between registered nurses (RNs) who work with state-certified community health workers (CHWs) and RNs who work with non-state-certified CHWs. A number of states have developed certification programs for CHWs to increase oversight, allow for direct funding, and improve recognition of CHWs as members of the health care team. More states are considering CHW certification to increase the use of CHWs by health care organizations with the hopes of improving health outcomes and decreasing health care costs. There has been little research about impact of state CHW certification on the adoption and diffusion of CHWs into the existing health care system.

Rational/Conceptual basis/Background: The impact of state certification of CHWs on team climate was examined within a conceptual model for the diffusion of innovations in health and service organizations. The model includes both inner and outer contexts related to organizations that promote or inhibit the adoption of innovations in health care organizations (Greenhalgh, Robert, Bate, Macfarlane, & Kyriakidou, 2005).

Methods: An Internet-based survey using SurveyMonkey® was distributed nationally using snowball sampling technique. Study participants completed the Team Climate Inventory (TCI)-short form questionnaire and demographic questions about themselves and their organizations.

Results: Analysis of survey responses using independent t-tests found no significant difference between mean TCI scores and TCI subscale scores for RNs from states with CHW certification (n = 81) and RNs from states without CHW certification programs (n = 115). Multiple regression analysis of TCI and TCI subscale scores found significant, p < 0.05, but weak correlation between TCI and TCI subscale scores and predictor variables including organizational type, metropolitan or rural work sites, and team member type.

Implications for research, rural health and/or rural practice: Decreased federal and state funding for health programs in many states has contributed to a decrease in public health services in many communities, especially in rural areas. This research adds information on one factor of organizational change that may assist in developing innovative policies for health care delivery reform for rural communities. The Patient Protection and Affordable Care Act of 2010 includes funding for the development of innovative health care workforce and care programs through area health education centers that would develop interdisciplinary training programs involving licensed health care providers and CHWs. Registered nurses are the largest part of the professional health care workforce; their ability to collaborate and work with CHWs is critical to the integration of CHWs into existing health care organizations.

Grant Funding: This research was funded by the Robert Wood Johnson Foundation Nursing and Health Policy Collaborative at the University of New Mexico, College of Nursing. Greenhalgh, T., Robert, G., Bate, P., Macfarlane, F., & Kyriakidou, O. (2005). Diffusion of innovations in health service organizations. Malden, MA: Blackwell Publishing.