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"Not everybody approaches it that way": Nurse-trained health department directors' leadership strategies and skills in public health

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Abstract

Evidence points to nurses as possessing particular skills which are important for public health leadership; in particular, investigators have found that a nurse public health director is strongly associated with positive health department performance. To better understand this association and to guide the effective deployment of nurse leaders, researchers sought to explore the specific leadership strategies used by nurse public health directors, using a critical thematic analysis approach to examine these leadership strategies in the context of certain ideologies, power differentials, and social hierarchies. Data were collected via semistructured interviews conducted from July to September 2020 with 13 nurse public health directors from across the United States. Major themes illustrate a distinct picture of the *nursing* approach to public health leadership: (a) *approaching their work with an other-focused lens*, (b) *applying theoretical knowledge*, (c) *navigating the political side of their role*, and (d) *leveraging their nursing identity*. Findings articulate the nurse public health director's distinctive combination of skills which reflect the interprofessional nature of public health nursing practice. Such skills demonstrate a specialized approach that may set nurse leaders apart from other types of leaders in carrying out significant public health work.

KEYWORDS

critical analysis, health department, health equity, leadership, leadership skills, nurses, public health nurses

1 | INTRODUCTION

The COVID-19 pandemic has highlighted the need for a responsive and effective public health system; strong public health leadership is an essential part of this. Public health workforce literature points to the particular need for leaders who possess skills in policy development, persuasive communication, systems thinking, and coalition-building (Fraser et al., 2017; Wolf et al., 2019). In the United States, the local health department (LHD) director is an important part of this public health leadership, responsible for setting the LHD's vision and strategy as well as ensuring the availability of needed resources to carry this out (NACCHO, 2020). In addition, the LHD director is a critical part of ensuring priorities shift toward work that addresses factors perpetuating health inequities (Betancourt et al., 2017). This demands a leader who approaches their work holistically, who can work effectively across disciplines, and who understands their role within the context of the larger public health system (Fraser et al., 2017). Experts note that failure to develop and identify leaders with these skills will undermine public health's ability to address and achieve equitable population health outcomes (Fraser et al., 2017; Wolf et al., 2019).

Evidence points to nurses as having been educated in and possessing particular skills that are important for public health leadership including collaboration and partnership development, a transformational leadership style, and a broad knowledge base with respect to different populations and communities (Martsolf et al., 2018; Reyes et al., 2014; Swider et al., 2017). Literature focused on hospital nurse executives describes these nurses' excellent communication skills, as well as an ability to hold a "total organization view" (Lúanaigh & Hughes, 2016). In addition, several studies have found that an LHD director with a nursing degree, in comparison to LHD directors with other backgrounds, is strongly associated with positive LHD performance of essential services as well as reduced Black–White mortality disparities (Bekemeier & Jones, 2010; Bhandari et al., 2010; Kett et al., 2021; Scutchfield et al., 2004).

Despite evidence pointing to nurse leaders as being important partners in public health work, the percentage of LHD directors with nursing degrees in the United States has decreased by 11% since 2010 (NACCHO, 2020). This comes amidst a larger decline in the US public health nurse workforce overall. Since 2008, the estimated number of public health nurses (PHNs) has decreased by 36% (NACCHO, 2020). Such a decline is concerning, as nurses provide a wide range of services in public health which will be limited as their employment is reduced (Swider et al., 2017). Yet, due to a lack of clarity regarding what comprises the various roles of PHNs, including public health nurse leaders, and the value they bring to public health, this decline is predicted to continue (Kub et al., 2017).

The small number of studies focused on nurse LHD directors have been quantitative in their approach and lack depth in providing a clear understanding of how such directors approach their work (Bekemeier & Jones, 2010; Bhandari et al., 2010). Only one qualitative study was identified that explored the practice and experience of nurse leaders in public health; that study limited its focus to directors of nursing in LHDs, not public health directors (Reyes et al., 2014). The director of nursing role has a different scope of practice and set of responsibilities than the LHD director as it is explicitly focused on the practice of the nurses in the health department. A deeper examination of the broad oversight expected of the LHD director and how nurses approach those responsibilities has not been addressed.

The aim of this qualitative study was to explore the specific strategies used by nurse LHD directors to identify what nurses uniquely bring to LHD leadership and how that might be connected to evidence regarding their apparent influence on LHD performance. The need for skilled and effective leaders in public health is clear; such leadership can be found among nurses. Evidence demonstrates public health nurse leaders are positively associated with public health performance, but very little is known regarding their practice and approach in this leadership role (Bhandari et al., 2010; Scutchfield et al., 2004). Through exploring public health nurse directors' leadership strategies, this study seeks to better understand their association with LHD performance and to guide the effective deployment of nurse leaders.

2 | DESIGN AND METHODS

This qualitative study employs a critical thematic analysis approach in analyzing all data, using the process informed by Lawless and Chen (2019) and based on the original method for thematic analysis developed by Braun and Clarke (2006). This methodology seeks to identify, analyze, and report patterns in the data using a critical lens. It gives space, during analysis, to explore the individual and shared experiences of participants while being acutely aware of external influences such as the economic, social, historical, and political contexts; social and hegemonic structures; and institutional power. There are two main reasons this approach was used. First, many nurse public health directors are women and many women in leadership positions face challenges related to gender inequities in the workplace (Aspinall et al., 2019; Holmes, 2005). Studies show that women are required to navigate leadership in specific ways to access important resources and positions (Holmes, 2005; McMillan & Perron, 2020). For example, in comparison to their male counterparts, women are expected to strike a balance between authoritative and relational communication and are required to earn respect, as opposed to the authority that is frequently conceded to men (Aspinall et al., 2019; Holmes, 2005). Second, nurse public health directors work amid a hierarchical governmental system that, due to funding directives and public policy, operates predominantly from a medicalized perspective (McMillan & Perron, 2020). Nurses do their work in a unique way due to training grounded in social justice and a holistic view of health—this approach may be less valued in such a system and results in additional challenges in accomplishing their work (Aston et al., 2016). By engaging in a critical thematic analysis approach, practices and strategies that the nurse lead executives describe can be analyzed in the context of these systems, providing insight into the distinctive way they accomplish their work.

2.1 | Participants

Participants were recruited via a snowball sampling approach, with initial contacts made through e-mail either to LHD directors known to the lead investigator or through public health practitioners with strong connections to other practice leaders. Inclusion criteria were as follows: (a) current position as an LHD director, (b) possession of an active nursing license, and (c) at least 3 years of experience as a nurse public health director in an LHD. Efforts were made to recruit participants from across the United States and from both rural and urban settings.

2.2 | Data collection

One-on-one audio-recorded semistructured interviews which lasted 45–60 min were conducted virtually with nurse public health directors around the country. Data were collected between July and September 2020. Interview questions focused on the nurse's

experience as an LHD director, strategies used to accomplish their work (including strategies to support public health performance and health equity in the community), how their education and training as a nurse influenced these strategies, and any challenges they faced as nurse leaders (see Supporting Information).

Interviews were conducted in a conversational fashion, giving space for participants to focus on areas of greatest importance to them (Bhavnani et al., 2014). Care was taken to establish a non-hierarchical environment, ensuring interviewees understood there were no expected answers and that they could decline to answer at any time (Bhavnani et al., 2014). All interviews were audio and video recorded with permission and audio recordings transcribed verbatim. The lead researcher utilized the video recordings to clarify wording if the audio recording was unclear. Consent to participate was given verbally before the interview. This study was considered exempt from Human Subjects review by the University of Washington and data were managed in accordance with University of Washington's privacy and security standards.

2.3 | Data analysis

In following the process for thematic analysis, the lead researcher familiarized themselves with the data, reading through each transcript and making notes on initial impressions (Braun & Clarke, 2006). As part of the critical thematic analysis approach, codes were then generated using a two-step coding process (Lawless & Chen, 2019). First, the researcher engaged in open coding, paying close attention to repeated or recurring patterns in the data to honor what participants were revealing about their experiences. Second, the researcher then conducted a closed coding process, whereby the researcher used repetition and recurrence to analyze connections between interview themes and social and political contexts, positions of power, and hierarchical structures. The following steps were then taken, (a) codes were grouped into themes, (b) themes were reviewed, refined, and connected visually via a thematic map, and (c) final themes were defined and named (Braun & Clarke, 2006).

2.4 | Rigor

Multiple strategies were employed to assure rigor and reflexivity throughout the study. One transcript was coded in conjunction with a study team member to establish an interrater agreement. Additional strategies for maintaining rigor included memo-writing for individual interviews and regular check-in meetings with study team members. A final summary of major themes was shared with participants before publication to ensure their experiences and perspectives were portrayed accurately (Bhavnani et al., 2014; McMillan & Perron, 2020).

Researcher assumptions were also elicited at the onset of the study and were checked against knowledge gained from participant experiences. The assumptions held were that (1) nurses see the world and do their work in a unique way due to their education and experience, (2) public health nurse leaders work within a rigid and authoritative system which is influenced by a biomedical lens and face additional challenges due to gender inequities, and (3) nurses' work can be influenced through operating in spaces where they are not the group with the most power. Our study team collectively had a background in public health, organizational theory, and interpretive methodologies using a critical lens.

3 | RESULTS

A total of 13 LHD directors with a nursing degree were interviewed; 12 identified as female and one as male. Participants directed health departments in rural and in urban areas that were located in Southern, Midwestern, Central, and Northwestern regions of the country. No participants from the Northeast or the Southwest participated. Collectively, participant experience as a director ranged from 3 to 20 years.

Participants described both *what* strategies they employed to support LHD performance as well as *how* they employed these strategies. A short summary of the former—what strategies are employed—is presented here as these strategies are an important part of supporting LHD performance and health equity work; however, the major themes detailed below focus on the "how" as they provide a distinct picture of the *nursing* approach to public health leadership (Figure 1).

3.1 | Strategies employed to support LHD performance and community health

Participants described a number of strategies they employed to promote LHD performance and health equity. They affirmed their role in "setting out the strategic direction and vision" of the department and ensuring the work of the LHD was in line with this vision. Within this, they discussed the importance of inspiring and growing a competent staff, emphasizing the importance of creating staff buy-in as well as asserting the expectation for staff to set and accomplish goals. Beyond this focus within their agency, participants discussed the importance of developing and maintaining partnerships with community organizations in building capacity to carry out the agency's services. Finally, participants discussed their work with and in the community. They stressed the department's responsibility for protecting and promoting the community's health. Participants stated being connected to and "visible in" the community—through participating on community committees, attending neighborhood meetings, and offering avenues for community feedback—is an essential part of being able to readily respond to changing needs.

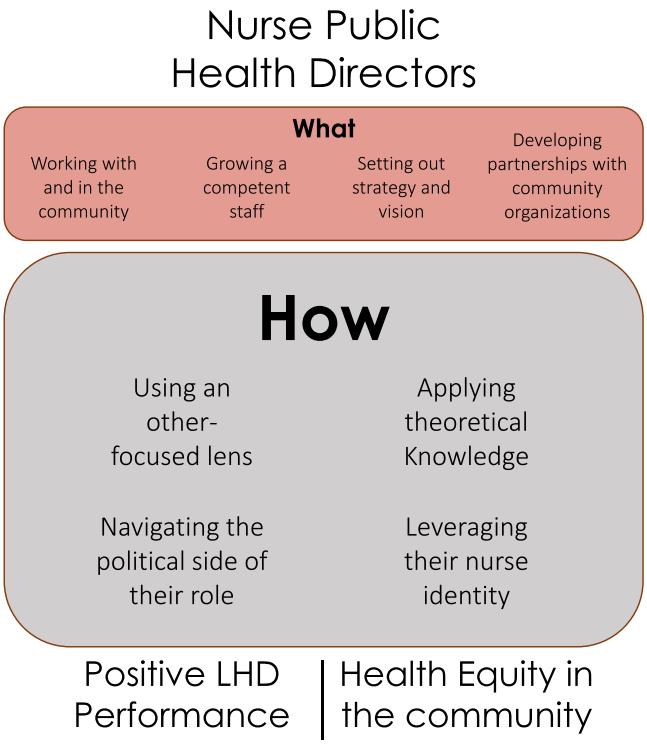

FIGURE 1 The strategies and skills employed by nurse public health directors to support health department performance and health equity

3.2 | How participants employ strategies

Themes identified through the interviews regarding how they employ these strategies above included *approaching their work with an other-focused lens*, *applying theoretical knowledge*, *navigating the political side of their role*, and *leveraging their nursing identity*.

3.2.1 | Approaching work with an other-focused lens

Participants described entering public health as a "calling" and illustrated an other-focused lens that was *grounded in empathy*, *inclusive*, and *valued integrity*. Several participants stated that as nurses, having "a different way of looking at the world" gave them an advantage as public health directors.

Grounded in empathy

A majority of the interviewees had had previous direct care experience and cited this as being an important part of their ability to employ empathy in their work. One participant spoke specifically to their background in case management and how "getting in the muck of the daily grind" of the challenges their clients faced greatly influenced their current work. Such experiences allowed them to understand other perspectives and diffuse tense situations skillfully. Another participant, in discussing the value of empathy, stated:

> *I think that really helps a lot in dealing with people and situations. I think that kind of having an empathetic approach, trying to figure out "Okay, why is this person asking this question?" I think that's…important and maybe not everybody approaches it that way.*

Empathy influenced how participants communicated and helped them tailor their messages as needed, depending on their audience. Empathy was described as instrumental in their developing a positive reputation in the community, bringing partners together, and maintaining their place as a trusted entity. Participants noted their ability to listen and be present in the midst of difficult or "intense" moments as a reason for their successes.

Inclusive

Participants described an ability to think and view situations in an inclusive way as being influential in their leadership. This was evident in explicit statements using words such as "inclusive," "holistic," and "whole" when describing their view of health and what sets them apart as a nurse. While discussing how they model an inclusive mindset for staff, one participant stated:

> *I'am always asking those questions [such as] have we included everybody? Have we left out something? And just really asking those questions and kind of setting that expectation so hopefully when I'm not in the room somebody else is asking those same questions, right?*

Inclusive thinking was also evident in how they partnered with the community. It was clear that most cared about establishing an equal partnership with community members, one in which the community had power in decision-making, where community expertise was sought, and where all who were affected by an issue had a seat "at the table." They used phrases such as "learning with," "learning from," and "meeting them where they are at" to emphasize this.

Several participants made comparisons to their non-nurse predecessors, noting that difficulties faced under previous leadership may have been related to their predecessors' interest in doing what they saw as right or as "popular" rather than operating based on community and staff involvement. One participant, in discussing community involvement in decision-making, stated that they now avoid the term "engagement" as it did not make a strong enough statement about community partnership:

> *There's a lot of health departments that want to figure out how to engage the community. I think the community gets sick of being engaged. They want to be ethical.*

This participant clarified being "ethical" was in reference to ensuring the community drove and was a part of the work. Other participants stated that "being ethical" meant finding opportunities to "lift up [the community's] perspective and voices where they might not be present."

Value integrity

Participants also operated through a core value of integrity in their other-focused approach. They cared that the community trusted them to follow through and hold themselves accountable to their work. One participant described this as being an important part of managing high stress situations:

> *[I want to make] sure that people know that we are who we [say we] are […] here at the health department regardless of one specific decision under stress and duress that you may or may not agree with…*

Integrity was important for communicating the limits of public health—what they could and could not do. Participants saw this as a foundation for trust with the community. This included such actions as demonstrating good stewardship of resources, owning up to mistakes, committing to the work of changing systems, and eliminating structural inequities. One participant pointed to this with regard to addressing racism:

> *Institutions will want to stay how they are […] and so if we're really going to address racism, you have to be into it for the long haul and you have to understand how you're going to show up as a leader. My nursing education particularly […] shaped that.*

3.2.2 | Applying theoretical knowledge to their work

Participants viewed their theoretical knowledge and background gained in their nursing education as an asset in their work. They stated that they *employ the nursing process*—assessment, planning, diagnosis, and evaluation—frequently in their job and find that their ability to *engage in systems thinking* to be a key to their success.

Employ the nursing process

Participants discussed a number of ways that they use the nursing process in their daily work, highlighting the way it sets them apart from other types of leaders in their ability to observe and understand human behavior as well as assess and work through complex situations. Many described it as "ingrained" in them since their education in nursing school.

> *[…] You would never just do something without checking things out first. You just innately do that and I think if you are someone who can apply that to the other pieces of work, managing staff, whatever it is, you're going to be more successful.*

Use of the nursing process was particularly emphasized with respect to managing change in the organization. One participant described using all components of the nursing process to address staff resistance to a program. By assessing for and identifying the issues, developing and implementing a plan to address concerns, and evaluating the overall process, they gained buy-in from many of the previously resistant staff.

Their ability to engage in the nursing process was also an important part of managing multiple types of programs and overseeing a staff with many different specialties. This was particularly useful when working through situations that were outside of typical nursing areas of expertise. One participant described learning this through an experience related to environmental health. They stated that by using the nursing process to assess complex environmental situations, they were able to identify all the needs that were present—social, health, and technical—to successfully address the problem.

Participants used the nursing process in their work with communities as well. As one participant noted:

> *You have to define assessment with a few new tools that you didn't have originally. Maybe your stethoscope doesn't work in the community, but…maybe you listen in to social media, you know, social media is your stethoscope. What are people talking about? What are people saying? What is the issue? So how do we diagnosis this? How do we find and evaluate it?*

This deeper understanding of how the nursing process applies to communities facilitated their going beyond surface-level questions of "what is happening" to, more deeply, "why is this happening" or "how did this happen?" They noted that in this way, they were better able to understand what was and was not working in the community. Such an understanding facilitated their targeting of resources to current needs as well as their readily knowing when needs had been met. They also discussed the way it supported their ability to assess the community's readiness for change.

Engage in systems thinking

Participants stated that to really succeed in this leadership role, systems thinking was critical. They emphasized it was essential in being able to plan long-term for their agency and for what will be needed to improve health in the community while balancing the requirement to think through the daily details and operations of the organization. In addition to this, systems-thinking afforded participants an ability to see and understand the multiple levels which make up a large organization and how best to ensure they operate as a whole. Several participants described this as being an advantage in leading major departmental reorganizations. One participant described their experience this way:

> *I walked into a department where there was a lack of transparency, lack of staff involvement and engagement, lack of communication and some real concerns about how the department was working, […] so we put a transformation plan in place […] and [we] started to engage staff in the strategic planning and then the work*

> *of the department, trying to make sure that they felt like they were part of something.*

Systems were noted by participants to be an important part of the way their values were embedded into the organization. As one participant stated when discussing strategies to address equity and inclusion in the organization:

> *This is something we haven't launched yet but we're working on it, a way to have any new policy, procedure or protocol be vetted from an equity and a trauma informed care perspective. We're reviewing tools with the idea [...] of building it into the system so that [...] we're always checking these things.*

Participants credited their ability to understand different systems in relation to their nursing education and the variety of settings in which they'd trained and worked as a nurse. These settings provided an opportunity for them to understand different approaches to working on health, how different systems fit together and operated, their strengths and limitations, and the value of systems change. One participant described it this way:

> *The thing that really sort of turned me on about nursing … was the ability to … look at systems and how they impact things. You pull a string over here and it has an effect over there and how you have to think about systems, and you have to do that in public health because if you don't, you're missing the boat.*

Participants illustrated their capacity to understand the systems beyond their organization as well, discussing their leadership responsibilities in a way that made it clear they understood how their local public health system fit into the larger network of other local public health systems, the state's priorities, and national priorities. This included work to participate in local and state coalitions as well as connecting to national public health efforts.

3.2.3 | Navigating the political side of their role

Participants were realistic about the political nature of the job and their reliance on the county government to provide funding. They noted that an ability to understand this and navigate it was an important part of being able to inform policy needed to move the department forward and promote health in the community. Participants described using their skills in *strategic communication* and *collaboration and relationship-building* to facilitate a strong rapport with county officials. Throughout their discussion pertaining to this political work, participants also demonstrated *persistence in the face of adversity* as well as an ability to *manage up*.

Strategic communication

In the context of their relationships with county officials, participants described an ability to exert influence in certain ways due to their skill in communicating strategically and persuasively. They noted that their own competence in this aspect was an important part of securing a place of respect and authority with county officials and identifying common ground among multiple agendas. One participant described their role this way:

> *My responsibility is to make sure that the public health department [...] is moving forward for the health and protection of the community. So I always started with where our programs are right now, what the community expects of us, what our elected officials expect of us; matched with what we know we need to do and if there's a gap there [...], then it's my job to help pull through that and message that so that there's alignment.*

Participants discussed their capacity to strategically leverage existing resources when working to persuade officials to provide support for potentially controversial programs or programs without direct funding. One participant specifically discussed leveraging opportunities afforded by certain events, pointing to the chance to demonstrate the value of public health during the COVID-19 pandemic:

> *I do think that it is this moment in time that we need to leverage and use; to amplify the work that happens behind the scenes of public health every day and promote the work that we know needs to happen that isn't.*

Collaboration and relationship-building

Finding and building on places of connection were important aspects of their relationships with county officials. Participants discussed nurses' ability to read and understand others, which was instrumental in collaborating with others.

> *Well, public health is fundamentally human in engagement or a human endeavor and so I think nursing's deep understanding of human beings [...] and interest in them and how they operate brings a potential source of wisdom to the table.*

Participants spoke to understanding the power of relationships as part of being successful in their work, noting that this is something that may be less apparent in other clinical professions.

> *I think clearly nurses by the very nature of how we have to do our work, [...]we're much more relationally based. I think we know how we have to establish a relationship. [...] It's not the same as other providers where you come*

and go and in a lot of instance, the ability to get care happening relies on that relationship.

A majority of participants described positive relationships with county officials. They noted the value in this and also the reality that this contrasted with the experience of other health departments in their state with non-nurse public health directors.

Persistence in the face of adversity

Navigating the political nature of the job came with its own challenges—acceptance of and growth from these experiences were underlying factors in their continued ability to accomplish their work. They discussed the importance of addressing these challenges directly and also of making the choice to move forward from them. Participants also asserted that it was important not to take things personally in this role. Situations, where they were insulted or unfairly blamed, were seen as opportunities to demonstrate their own strength and calm under pressure.

Several female participants, however, discussed the ways they had been socialized, both as nurses and as women, to deal with challenges. They highlighted that they were socialized to interact with systems in a certain way, to "just work harder" in the face of difficulties rather than advocate for themselves. One participant noted that this might put them at a disadvantage, compared to non-nurses or any other group not socialized this way, when communicating a need for more support or funding:

We're always needing to state our case and get funding and I think we've taken on a lot … and haven't been able to be as vocal and aggressive or state our case well enough for public health to get more support.

These participants contended that the challenges they face as women in leadership or as nurses in a medicalized system did offer them an opportunity to build connections with other female leaders. They stated that this connection was an important part of their ability to persevere amid these particular difficulties. Further, they noted that such challenges will continue to be a part of their experience due to male dominance in areas of decision-making.

[We are] challenged, I think, by being much more of a minority in terms of decision makers, whether it's city councils or state legislators or county commissions or school boards. There still seems to be far more men than women in those decision-making roles.

Still, as nurses, many participants affirmed their ability to handle difficult situations because of their education, training, and experiences.

You need to have hard conversations, you need to give bad news, you have to be with people in intense moments that are often unlike a lot of other professions. So I think that it allows me […] to be comfortable in a lot of uncomfortable settings. […] That's a skill that needs to be developed for a leader to be effective and for a leader to have any sort of longevity.

Participants were clear that having confidence when interacting with county officials was an important part of being able to stand strong in the face of adversity, particularly when one or more might be pushing back on a decision. They noted that experience advocating on behalf of individuals as a nurse supported this skill.

Managing up

Participants described their relationships with county officials in a way that illustrated a clear power imbalance. They used words such as "boss," "oversight," "power," and "govern" when discussing the role of county officials. As one participant stated:

You need to have a great relationship with your county management. […] I have an old saying, "He who holds the purse strings holds the power," and they contribute a lot of money and to have a board of commissioners who is supportive of public health is just, is so important.

Participants noted the value of being able to "manage up" or be strategic in their approach due to this differential. This was particularly important when the official had an alternate agenda—they described the significance of being realistic in these instances with appeasing various parties while also staying focused on vital work:

It's really important to have someone who is able to weather the storm, be strategic and be able to move things. […] Knowing those moments when you need to go big and get a louder voice when needed and when it's best to take the more subtle approach that might, again, take longer, but I think being able to navigate that and know when to use what approach is critical.

3.2.4 | Leveraging their nursing identity

While participants clearly described behaviors and approaches as nurses which were advantageous to their leadership, they also discussed the advantage afforded them by their nursing identity. They emphasized the importance of being explicit about their credentials as a nurse, noting the power it held in establishing relationships with staff, elected officials, partners, and the larger community. They understood this was something which should be treated with respect, but also which could be leveraged strategically in building connection and moving work forward in the community. One participant discussed her intentionality with including her nursing credentials this way:

> *I think that nurses are trusted around the country, [...] everybody's got a nurse in their family somewhere. It builds a connection. So, I use it strategically as well as just feel that professionally it's important.*

Participants discussed that it was valuable to increase awareness that nurses can be skilled leaders in multiple contexts, including public health and that in the public health context, they are seen both as the director and as a nurse.

4 | DISCUSSION

This study provides evidence of the leadership approach that nurse public health directors bring to their LHDs and to the communities they serve. Past studies have demonstrated that the nurse public health director has a positive association with LHD performance (Bhandari et al., 2010; Scutchfield et al., 2004). This study adds valuable insight into what might underlie that relationship, illustrating what strategies nurse public health directors use and how they employ these strategies to both support public health performance and health equity in the community (Figure 1). While previous studies found that directors with a nursing degree were more likely to develop policies and plans, link their community to needed services, and assure a competent workforce, participants in this study described prioritizing such actions through supporting staff, developing partnerships, and working with the community (Bekemeier & Jones, 2010; Bhandari et al., 2010). Even more, participants discussed how they implemented these actions, applying core values of inclusivity, empathy, and integrity, utilizing their knowledge of systems and the nursing process, and leveraging their nursing identity. They also described the reality of the political environment within which they work and how their skills as a nurse, in terms of strategic communication, collaboration, and relationship-building, were a valuable asset in navigating this setting. They further illustrated an ability to exert influence within relationships with existing power imbalances, as well as persist in the face of adversity. This study articulates a distinctive combination of skills that the nurse public health director suggests they bring to their leadership role. Such skills reflect the interprofessional nature of public health nursing practice, demonstrating a specialized approach that may set them apart from other types of public health leaders (Bekemeier et al., 2015).

The results presented here add to nursing and public health leadership literature in several ways. A recent quantitative study explored organizational factors associated with the nurse public health director which also provides insight as to their relationship with positive LHD performance. That study found that nurse public health directors, as compared to non-nurse public health directors, were more likely to have completed a community health assessment and to engage in policy activities (Kett et al., 2021; Kett et al., manuscript in submission). Those quantitative findings corroborate the emphasis that interview participants placed on assessment and the value of the policy in this qualitative study. Results in this qualitative study also revealed the public health nurse leaders' capacity to "manage up" in navigating the political side of their role. In other previous research, such a skill was noted to be essential for public health leaders in effectively accomplishing their work due to various power structures present in most organizations (Miner Gearin et al., 2012). Finally, participants' abilities to see the big picture while understanding its effects at a minute level, as well as their nuanced understanding and application of the nursing process, demonstrates significant strengths nurses bring to leadership. Such themes have been discussed in relation to hospital nursing executives but have not previously been highlighted with respect to public health nurse leaders (Akbiyik et al., 2020; Salvage & White, 2019).

Through acknowledging the hierarchical structures within which nurse public health directors work and succeed, this study represented a unique opportunity to elicit shared experiences, while using critical methodologies that interrogate power (Lawless & Chen, 2019). Discussion in the literature regarding research on nurse leadership notes this perspective is often missing in such studies, resulting in an incomplete understanding of their experience (Aspinall et al., 2019). Experts have further asserted that while nurses are increasingly represented in leadership overall, many systems still fail to treat them as equal partners in decision-making processes (Salvage & White, 2019). Such experts note that nurses are often seen implementing social and health policy developed by others, mimicking historical perspectives that nursing work is mainly comprised of following orders (Salvage & White, 2019). Participants in this study noted difficulties they faced as nurses; however, they also demonstrated their ability to effectively work among sociopolitical structures to engage in policy development within their organizations, within their community, and at the state and national level. Such perspectives provide key insight into how public health nurse leaders conduct themselves and offers a model for other areas of nursing leadership.

Public health organizations, including the health department, must engage in effective approaches to address health inequities. Evidence presented here suggests that nurse public health directors engage in strategies in a way which supports health equity work and equitable community health improvements. This is evident with respect to their inclusive thinking, their way of partnering with the community, and their clear understanding of the power of policy and systems to create change. Health equity research stresses the need for leaders who emulate these attributes, as leaders are instrumental in influencing the culture of an organization and, thus, how that organization acts on the social determinants of health and equity (Betancourt et al., 2017; Fraser et al., 2017; Wolf et al., 2019). Nurses may provide a type of leadership critical to engaging in a course-correction toward greater equity in population health outcomes.

4.1 | Limitations

In conducting this study, strategies were undertaken to mitigate study limitations. First, all interviews were conducted systematically

using an interview guide to ensure all participants received the same information. Second, the investigators acknowledged their own assumptions as well as potential to influence analysis, reducing the possibility of bias in the result. Finally, credibility was achieved through interrater agreement as well as member checking with participants. Nonetheless, the potential for bias exists due to the limited sample size, lack of racial and ethnic diversity, and data collection taking place during the COVID-19 pandemic, a far from typical period for these nurse leaders. In addition, due to concerns for maintaining confidentiality, it was not possible to discuss the male perspective specifically on several topics as there was only one male participant.

5 | CONCLUSION

The day-to-day and subtle nature of power relations within an organizational structure and interagency interactions can exert significant influences on the nurse lead executive. Through acknowledgment of these influences in the analysis process, this study provides insightful information about the practice of the nurse public health director. This brings deeper clarity to the relationship between the nursing leader's practice, LHD performance and a healthy population. Such evidence has important implications for public health practice and policy, as it gives further insight into the value nurse leaders bring to public health and highlights their strengths as leaders. This information can be used to inform policy and practice with respect to effectively employing nurse leaders in carrying out significant public health work, both locally and globally.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available upon reasonable request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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REFERENCES

Akbiyik, A., Akin Korhan, E., Kiray, S., & Kirsan, M. (2020). The effect of nurses' leadership behavior on the quality of nursing care and patient outcomes. *Creative Nursing*, *26*(1), e8–e18. https://doi.org/10.1891/1078-4535.26.1.e8

Aspinall, C., Jacobs, S., & Frey, R. (2019). Intersectionality and critical realism: A philosophical framework for advancing nursing leadership. *Advances in Nursing Science*, *42*(4), 289–296. https://doi.org/10.1097/ans.0000000000000275

Aston, M., Etowa, J., Price, S., Vukic, A., Hart, C., MacLeod, E., & Randel, P. (2016). Public health nurses and mothers challenge and shift the meaning of health outcomes. *Global Qualitative Nursing Research*, *3*, 1–10. https://doi.org/10.1177/2333393616632126

Bekemeier, B., & Jones, M. (2010). Relationships between local public health agency functions and agency leadership and staffing: A look at nurses. *Journal of Public Health Management and Practice*, *16*(2), e8–e16. https://doi.org/10.1097/PHH.0b013e3181bdebfe

Bekemeier, B., Walker Linderman, T., Kneipp, S., & Zahner, S. J. (2015). Updating the definition and role of public health nursing to advance and guide the specialty. *Public Health Nursing*, *32*(1), 50–57. https://doi.org/10.1111/phn.12157

Betancourt, J. R., Tan-McGrory, A., Kenst, K. S., Phan, T. H., & Lopez, L. (2017). Organizational change management for health equity: Perspectives from the disparities leadership program. *Health Affairs*, *36*(6), 1095–1101. https://doi.org/10.1377/hlthaff.2017.0022

Bhandari, M. W., Scutchfield, F. D., Charnigo, R., Riddell, M. C., & Mays, G. P. (2010). New data, same story? Revisiting studies on the relationship of local public health systems characteristics to public health performance. *Journal of Public Health Management and Practice*, *16*(2), 110–117. https://doi.org/10.1097/PHH.0b013e3181c6b525

Bhavnani, K., Chua, P., & Collins, D. (2014). Critical approaches to qualitative research. In P. Leavy (Ed.), *The oxford handbook of qualitative research* (pp. 165–178). Oxford University Press.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Fraser, M., Castrucci, B., & Harper, E. (2017). Public health leadership and management in the era of public health 3.0. *Journal of Public Health Management and Practice*, *23*(1), 90–92.

Holmes, J. (2005). Power and discourse at work: Is gender relevant? In M. Lazar (Ed.), *Feminist critical discourse analysis: Gender, power, and ideology in discourse* (pp. 31–60). Palgrave MacMillan.

Kett, P. M., Bekemeier, B., Herting, J. R., & Altman, M. R. (2021). Addressing health disparities: The health department nurse lead executive's relationship to improved community health. *Journal of Public Health Management and Practice*, *28*, 566. https://doi.org/10.1097/phh.0000000000001425

Kub, J. E., Kulbok, P. A., Miner, S., & Merrill, J. A. (2017). Increasing the capacity of public health nursing to strengthen the public health infrastructure and to promote and protect the health of communities and populations. *Nursing Outlook*, *65*(5), 661–664. https://doi.org/10.1016/j.outlook.2017.08.009

Lawless, B., & Chen, Y.-W. (2019). Developing a method of critical thematic analysis for qualitative communication inquiry. *Howard Journal of Communications*, *30*(1), 92–106. https://doi.org/10.1080/10646175.2018.1439423

Lúanaigh, P. Ó., & Hughes, F. (2016). The nurse executive role in quality and high performing health services. *Journal of Nursing Management*, *24*(1), 132–136. https://doi.org/10.1111/jonm.12290

Martsolf, G. R., Sloan, J., Villarruel, A., Mason, D., & Sullivan, C. (2018). Promoting a culture of health through cross-sector collaborations. *Health Promotion Practice*, *19*(5), 784–791. https://doi.org/10.1177/1524839918772284

McMillan, K., & Perron, A. (2020). Nurses' engagement with power, voice and politics amidst restructuring efforts. *Nursing Inquiry*, *27*, e12345. https://doi.org/10.1111/nin.12345

Miner Gearin, K. J., Thrash, A. M., Frauendienst, R., Myhre, J., Gyllstrom, M. E., Riley, W. J., & Schroeder, J. (2012). Measuring the

authority of local public health directors in the context of organizational structure: An exploratory, multimodal approach. *Journal of Public Health Management and Practice*, *18*(6), 545–550. https://doi.org/10.1097/PHH.0b013e31825fbbb3

NACCHO. (2020). 2019 national profile of local health departments. National Association of City and County Health Officials. https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/NACCHO_2019_Profile_final.pdf

Reyes, D. J., Bekemeier, B., & Issel, L. M. (2014). Challenges faced by public health nursing leaders in hyperturbulent times. *Public Health Nursing*, *31*(4), 344–353. https://doi.org/10.1111/phn.12078

Salvage, J., & White, J. (2019). Nursing leadership and health policy: Everybody's business. *International Nursing Review*, *66*(2), 147–150. https://doi.org/10.1111/inr.12523

Scutchfield, F. D., Knight, E. A., Kelly, A. V., Bhandari, M. W., & Vasilescu, I. P. (2004). Local public health agency capacity and its relationship to public health system performance. *Journal of Public Health Management and Practice*, *10*(3), 204–215. https://doi.org/10.1097/00124784-200405000-00004

Swider, S. M., Levin, P. F., & Reising, V. (2017). Evidence of public health nursing effectiveness: A realist review. *Public Health Nursing*, *34*(4), 324–334. https://doi.org/10.1111/phn.12320

Wolf, L., Vigna, A. J., Inzeo, P. T., Ceraso, M., & Wolff, T. (2019). From roots to results: A qualitative case study of the evolution of a public health leadership institute building capacity in collaborating for equity and justice. *Health Education and Behavior*, *46*(1), 33S–43S. https://doi.org/10.1177/1090198119853616

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