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Looking for professional identity of public health workers in Poland

Abstract

Introduction. Public health is a specific field, which deals with an improvement of population health. It is an interdisciplinary and intersectoral activity and requires participation of various workers. All current documents and acts in public health field in Poland emphasize on the performance of specific tasks, but leave aside personal status and competencies. Many aspects were not resolved till now, e.g. which domains should be included in public health workforce, the problem of workforce enumeration: how large this group should be and what competencies should have.

Aim. The aim of the study was an attempt to indicate some professional identity components for public health workers.

Material and methods. The study was performed applying the semi-structured interviews method using a hermeneutic approach. The informants were a purposeful sample of 12 people who obtained the master's degree in public health and already took up professional work and graduated from two universities. The basic research question was: how do interviewees perceive the public health worker?

Results. All respondents, regardless of the place of work, perceived themselves as public health workers and presumably as specialists. Attempts to describe a public health worker led to non-specific and generalized statements. There were no answers revealed to the responsibility issue for effects of work among interviews. Respondents tended to characterize public health worker competencies vertically, by domain categories, not functionally, by public health services, so the issue of key competencies importance for identity is controversial.

Conclusions. There are no strong evidences that particular workplaces or core competencies are related to professional identity of public health workers. Universities have an important role in professionalization of such workers.

Keywords: public health workforce, professional role, policy, education.

DOI: 10.2478/pjph-2018-0027

INTRODUCTION

Public health deals with an improvement of population health. It is an interdisciplinary and intersectoral activity and requires participation of various workers. A workforce diversity makes it difficult to precisely define who a public health worker is. Generally, it can be said that it is a person whose work relies on performing any of public health function, regardless of the institution or organization of employment.

Lately there has been a tendency to strengthen a public health capacity, including workforce development in global scale [1-4]. However, many aspects have not been resolved yet, e.g. which domains should be included in public health workforce, the problem of public health workforce enumeration: how large this group should be and what competencies should have [5,6].

Educational programmes in the public health field were initiated in Poland at the end of the 1990s. In 2001 there were about a dozen units of education in this field. In 2002, "public health specialist" was officially introduced as the profession,

simultaneously with "health promoter" and "health system organization and management specialist" professions. Since 2015, as a result of changes in the national professions classification, there have been over a dozen professions related to public health distinguished [7].

Officially, the public health specialist "deals with the health status of population". To start a public health specialist career, the MPH (master degree in the public health field) is required. The MPH also may be substituted by completing any master degree allied to public health and one of the universities post-graduate studies related to public health [7,8]. Nevertheless, existing competencies recommendations, mandatory in this and associated professions, are laconic, outdated and even anecdotal [8,9]. To be exact – recently a detailed Sectoral Qualifications Framework for public health has been developed.

At the same time, for years a public health workforce policy in Poland has not been defined, including the expected number of workers and specialists (workforce enumeration), nor a system that would allow a quantitative estimation of actual workforce [10,11]. There has not clearly defined workplaces

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or positions for such workers and specialists, and therefore, public health job offers have not existed yet. At the same time, public health graduates have maintained expectations regarding to the scope of their professional work, as well as financial requirements. This situation rises the state of frustration among the students, graduates as well as academic teachers.

High expectancy for improvement of situation, distinctive to public health workers, were pinned on the recent Public Health Act (2015) and the following National Health Program 2016-2020 [12,13]. Those above-mentioned documents emphasize on the performance of specific tasks but leave aside personal status and competencies of workers and specialists. There is a non-verbal assumption that public health workforce is adequate to perform assigned tasks. However, this is not so obvious, because universities have the autonomy to establish their own programmes of study (the curriculum), the accreditation system of universities and programs is bureaucratized and there has not existed any workers certification system yet. As a result of these long-lasting conditions, a necessity of building the professional identity of public health workers has been raised.

The term “identity” was introduced into social sciences by the Neo-Freudian American psychologist Erik Erikson in the late 1950s. However, this issue was already present in the scientific discourse [14]. Identity is one of the key issues of analysis and researches in the nowadays psychology, sociology, cultural anthropology and philosophy fields. The term “professionalism” is replaced by the “professional identity” in the literature more and more often. Due to the interdisciplinarity of the concept, it is difficult to define it unambiguously. Among variety of definitions, personal and social identity stand out [14-16]. Professional identity of whichever group can be interpreted within the social identity and relates to a personal attachment to the group, comparisons with others and relationships [17]. Professional identity is also a way of thinking about individual’s professional work and its development in the process of socialization.

Most of existing studies about professional identity focus on teachers and health workers. Several authors assumed various professional identity indicators, among others: belonging, attachment, professional roles and competencies, status, pride and self-esteem, mastery in varied aspects of the profession, attitude of self-identification which facilitates steady development, individual’s understanding of the social impact of profession and the individual’s work significance [18-22].

AIM

The immediate aim of this study was to explore how do employed MPH perceive public health workers, what do they think about their work and set of competencies needed. The main aim of the study was an attempt to indicate some identity components for public health workers, because research on this topic has not been conducted hitherto in Poland.

MATERIAL AND METHODS

The study was performed applying the semi-structured interviews method using a hermeneutic approach. The term “hermeneutics” is derived from Greek verb *hermeneuein*, which means “to say or interpret”. In this study researchers used hermeneutic approach as the theory and practice of

interpretation, which refers to shared understandings that people already have with each another and this sharing occurs through language.

The informants were a purposeful sample of 12 people (9 women, 3 men), who obtained the master’s degree in public health (second cycle of higher education) and already took up professional work. To this study there were involved graduates of two universities. The interview schedule was piloted and then slightly modified. Interviews were conducted by two researchers who were not known to interviewees. Interviews were audio recorded and transcribed. In the quotes below, the term “public health” was replaced by the abbreviation PH, and the term “interviewee” – by the letter “I”.

As an analytical framework it was assumed that the attributes of professional identity include the following subcategories: doing, being, acting ethically, flourishing and changing identities [23]. The study was focused on the subcategory “doing”, which refers to professional role, responsibilities and tasks, competencies and external expectation towards a worker.

The basic research question was: how do interviewees perceive the public health worker? For refinement this image, the interviewees were asked additionally:

- where should be a place of work for public health worker?
- which competencies should public health workers have?
- how does the process of socialization to professional role look like for a public health worker?

Interviews lasted from 15 to 49 minutes (average conversation time was 36 minutes). The interviewees were from 26 to 31 years old (mean age 28.2). Some of them had also completed additional bachelor or master degree studies, such as emergency medical service, nursing, pedagogy, psychology or law. Interviewees represented a very different fields of currently performed work (e.g. epidemiology, HTA, management, IT), moreover, they were employed in public and private institutions. From researchers’ perspective, all interviewees were successful people, as they held relatively responsible positions at institutions and organizations related to health sector.

RESULTS

Characteristics of a public health worker

All attempts to describe a public health worker led to non-specific and generalized statements, among answers the issue of interdisciplinarity was invariably repeated:

- *PH is a very interdisciplinary concept, we were told about it from the first year of studies (11, woman);*
- *As it is known, PH is a very interdisciplinary field, it tends to combine not-related sciences (17, woman).*

More precise workers’ descriptions, inspired by interviewees, were related to two aspects: the scope and the purpose of work. The scope of work was presented from a broad and multi-tasking perspective:

- *Regarding to health system aspects, there is a very wide field for action there. PH workers may choose either management, epidemiology, health promotion, or also clinical trials, available now. Either they may choose any other field, allied to health system (11, woman);*
- *A person with a PH degree or a PH worker refers to very large group of professions, where each worker is the PH specialist (15, man).*

As an aim of the work, however, were named activities to upswing health:

- *A person who, through their activities at workplace, serves to improve health in general (...), health of the population in a particular country, or in a target group (I3, woman);*
- *A person with PH degree - is a kind of health activist, who knows and understands the variety of topics like nutrition, sport or good health behaviour. Additionally, he/she has knowledge about causes of diseases and epidemiological issues. The main distinction is that he/she does not keep all that knowledge in theory only, but actively implements it to personal life (I10, woman).*

Workplace for a public health worker

All interviewed respondents attributed themselves to PH field, regardless of work they performed and perceived themselves as public health workers and presumably as specialists. Asked about workplace for a PH workers, they indicated a very wide range of potential employment opportunities:

- *I do not see exact boundaries of PH. I think this area is blurring with various fields. More or less everything is connected in some way to PH. In my opinion, even working for a pharmaceutical company is related to PH (I3, woman);*
- *Every institution related to health system: The Ministry of Health, hospitals, outpatient clinics, private healthcare entities, pharmaceutical or insurance companies, governmental offices (I7, woman).*

Public health worker competencies

Asked about the PH worker competencies, the interviewees mainly referred to level of knowledge required:

- *I think knowledge counts the most in PH field, I mean a specific and deep knowledge (I5, man).*

They defined this knowledge in factual categories and associated with the fields of science and subjects acquired from studies or with health system organization:

- *In-depth health care system structure and operation knowledge is needed. The basics of medicine required as well, because there is no possibility to manage the health system, medical unit or its part without medical knowledge. This knowledge may be basic, but should be structured and received from the medical specialists. Epidemiology, demography, health policy, legal basis (...). Beside of that, the knowledge about public finances, administration, management and organization will help a lot. (I5, man).*

Another, but rarely appearing, were answers related to the procedural type of knowledge:

- *Primarily, they should be able to recognize target group needs. I think the very first step it is needs identification, and secondly – undertake various activities in response to target group needs. (I3, woman).*

Asked about a PH worker abilities, behaviour and social competencies, respondents referred proportionately to specific and measurable hard skills and usually harder to define soft skills (Table 1). During the study, researchers were not aimed to distinguish skills and social competencies. There were no answers revealed to the responsibility issue for effects of work among interviews.

All respondents admitted that in their current work the most helpful are skills in cooperation, building a partnership/coalition, negotiating and dealing with legal issues. The least needed were the competencies in the technology or IT fields.

TABLE 1. Skills and social competencies needed by a public health worker (in an alphabetical order).

Hard skills	Soft skills and social competencies
Analysis of data and research results	Ability to find reliable information
At least 2 foreign languages	Cooperation with other people, candidness, relationships, ability to discuss
Combining knowledge from different fields	Critical thinking
Content analysis, priorities selection	Emotional stability
Creating health promoting and (disease) preventive programs	Engagement
Essays writing	Explaining to laypeople
Keeping medical records	Learning from mistakes
Procedures writing	Life-long learning
Programming, data visualization	Management functions, leadership, charisma
Quality management	Self-presentation, the ability to sell yourself
Reading comprehension	Self-reliance
Research methodology	Stress management
	Time management

Socialization for the professional role of a public health worker

Answering the question “where a public health worker should receive knowledge, skills and social competencies”, interviewees mainly referred to formal education at the universities:

- *The university at the first place (I4, woman);*
- *Referring to the PH specialist education, I think the path of specialization should start on master's level. Because at bachelor level, everyone is still wondering which way to choose (I2, woman);*
- *A person who graduates from PH studies should have sub-specialty, e.g. clinical trials, epidemiology, health education, health promotion, HTA (I2, woman).*

At the same time, interviewees very clearly underlined that studies at the university did not give them the knowledge needed for their current job, did not help to apply acquired knowledge, and especially did not help to develop practical skills:

- *Almost none of us [PH graduates] use the knowledge we have after our graduation - there are many things absolutely unnecessary in life and work, but were highlighted at the university (I10, woman);*
- *I did not feel this [issues integration] during my studies. No one. Sorry, “no” is a wrong word. I mean not many really tangible things (...). My study was like: I know, I heard, I saw someone doing it, but I did not have that feeling I would definitely go and do by myself (...). In conclusion, a few particulars and little practice (I4, woman).*

Additionally, interviewees pointed out that the disciplines path specialization was introduced too late, and the organization of studies was too inflexible at universities.

A small role in acquiring knowledge and skills was attributed to education intentionally conducted by the employer. On the other hand, great importance was given to self-reliance and own experience, including supplementary or additional studies in other fields:

- *PH studies work better combined with another fields – it's good to have an additional education (I12, man).*

DISCUSSION

This study was focused on the subcategory “doing” distinguished in the aspect of the nurses’ professional identity beside subcategories “being”, “acting ethically”, “flourishing” and “changing identities” [23]. The subcategory was also included in the context of identity in teaching along with “becoming”, “knowing”, “being” and “belonging” [24]. A good example of an analysis based on the “being” subcategory was the Norwegian study, where the identity of public health nurses proved the importance of being a skilled generalist, one who empowers and focuses on individual problem solving [25].

However, these methodological frameworks are not widely used for identity analysis and different authors in general use diverse approaches. For example, according to the results of one study in Japan, for the identity of public health nurses, things that were important included intention to develop professionally, confidence in personal ability and professional affinity [21]. But according to another, the importance was placed on providing support to the consulter directly, working as a member of organization, or working for all residents to improve community development [26]. With all the methodological differences, it is commonly emphasized that the crystallized professional identity of health workers legitimizes work, has a positive impact on its quality and protects against turnover. The debatable issue remains whether identity helps or harms interprofessional education. It is also known that professional identity becomes stronger with experience [27].

The result of this study showed that the public health worker was perceived from a very personal and particular perspective, only as a graduate of the second-cycle studies, called a specialist and, at the same time, a person possessing high professional competencies. In this meaning, public health may be perceived as an exclusive activity.

The interdisciplinary nature of public health was widely emphasized in addition to comprehensive knowledge and competencies expected from public health workers. From numerous interviewees statements, the conclusion arises that public health workers can perform almost every work in the health system, even in the healthcare field, clinical trials or HTA. Conviction is visible that public health graduates may work everywhere, especially in a well-paid pharmaceutical or insurance sector. A similar situation was recorded in the USA before recommendations for strengthening public health were created and introduced [28-30].

In respondents’ statements, there was lack of space for employees with different professional background and experience. The interviewed did not mention laboratory or ancillary work, nor tasks performed by laypeople, e.g. volunteers. All this clearly contradicts to the interdisciplinarity idea of public health.

Comments regarding workers competencies were quite superficial and did not refer to core competencies in public health or health promotion commonly defined in international literature. There were no clear references to assessment, analysis, planning, communication, leadership, etc., but to public health sciences such as epidemiology, management or economics. It is significant that the issue of responsibility for the work performed did not appear among answers.

Respondents expected that the university would support the process of their socialization by orienting and preparing for further work, “giving” them one of specializations. There is

a kind of cognitive dissonance here, because the majority of respondents stated that the universities did not fulfill expected role.

Interviewees avow that studies at the university gave them about one third of the knowledge and skills needed, but the rest of those should be gained by practice at internships, at work, participating in conferences, foreign trips or post-graduate studies.

CONCLUSIONS

In the light of the current study results, the attribute of the public health worker identity is the graduation of university, obtaining an appropriate Master’s Degree. The interdisciplinarity and versatility are components of identity concept, however, they are comprehended narrowly, i.e. gathered in the worker, not in the whole workforce. All respondents, regardless of the place of work, perceived themselves as public health workers, therefore the workplace is not an element of identity. Respondents tended to characterize PH worker competencies vertically, by domain categories, not functionally, by public health services, so the issue of key competencies importance for identity is controversial. Universities have an extremely important role in specific field professionalization, so they should take the position that public health is not the science and art of everything.

STUDY LIMITATIONS

This is one-off study, carried out on small sample consisted of relatively young people graduated from two universities in Poland. Respondents were recruited voluntarily. A narrow range of identity determinants were surveyed. Presented analysis is a subjective researchers interpretation.

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