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A single case study: an evaluation of the impact of the implementation of the Primary Health Care Strategy on the primary health care nursing workforce in Tairawhiti.

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Abstract

In December 2000 the New Zealand Health Strategy was released closely followed by the Primary Health Care Strategy in February 2001. The Primary Health Care Strategy pledged a significant paradigm shift in health service funding and delivery and primary health care nurses were considered crucial to implementation. The intent of this study is to investigate the impact of implementation of the Strategy on primary health care nursing in Tairawhiti. Tairawhiti District Health Board (TDH) and the two Primary Health Organisations (PHOs) were central to the analysis.

For my overarching research framework I employed a qualitative interpretive design informed by constructionism. The diffusion of innovation theory seeks to explain how, why, and at what rate new ideas are spread through cultures and provided the theoretical lens to collect the data and analyse the findings. Using a single instrumental case study design, data were collected from multiple sources including relevant policy documents and strategic plans as available on the TDH, Ngati Porou Hauora and Turanganui PHO websites. Qualitative data were obtained using in-depth individual interviews with managers at middle and senior levels at TDH and the two PHOs. Focus groups were held with primary health care nurses.

The study concludes that investment in and the effective deployment of primary health care nurses in Tairawhiti did not occur as anticipated. A key finding was the lack of a whole of system strategic approach and poor diffusion processes meant widespread service change was undermined. The study also found that the Strategy met with multiple sources of resistance across the health sector, further exacerbated by existing structural barriers in the health system. This study brings together an increased understanding of the complexities that continue to disable a true primary health care approach and consequently restrict the potential gain the nursing workforce offers.
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Naku Noa
Heather Robertson
Preface

The assumptions inherent in this thesis are a product of the on-going changes in my understanding of what is important to me in research and how I understand knowledge to be produced and validated. Research is a progressive and dynamic process. Understanding is mixed with judgment and meaning is constructed rather than assumed from set truths about social reality. Researchers bring an understanding of the world with them to the research and the values and experiences of the researcher greatly influence the inquiry (Guba & Lincoln, 1989). Researchers are not able to set aside their own subjectivity and values cannot be ignored. It is therefore the task of the researcher to acknowledge their own intrinsic involvement in the research process and the part this plays on the results produced (Burr, 2005).

I was an insider researcher in a unique position to study the impact of the New Zealand Primary Health Care Strategy on primary health care nursing in Tairawhiti. This allowed me to draw on my prior knowledge and understandings from working as a primary health care nurse for more than 18 years. In that role I had the privilege of engaging in partnerships to work alongside families and communities. I worked with some of the most vulnerable families in Tairawhiti. Public health nursing taught me that to improve the health of people we must focus on reducing inequalities and improving access to health care. My workforce experience taught me the potential value of the Primary Health Care Strategy.

Districts such as Tairawhiti have the most to gain from a robust primary health care system including an effective primary health care nursing workforce. During the course of this research I was promoted to a position as nurse leader-primary and community for TDH. In the latter half of my research my professional role expanded to include a part-time position as health of older persons and disability portfolio manager. Both these positions proved useful to my understanding in the implementation of the Primary Health Care Strategy.
The release of the Primary Health Care Strategy in 2001 represented a significant paradigm shift in health service funding and delivery. The Minister of Health at the time identified that the nursing workforce was considered crucial to the implementation of the Strategy (Ministry of Health (MoH), 2001). Five years later while conceptualising this study, there had been pockets of innovation but no significant national change either in the way primary health care was delivered or in primary health care nursing. As an insider it was clear that opportunities were being missed due to limited philosophical change and subsequent service delivery.

It is acknowledged that health systems are both fragmented and complex and it can be arduous to measure the impact of policies, organisational change and public initiatives. Researching policy addresses issues that relate to discussion about services either directly by providing answers or indirectly by providing information that helps unravel a problem so that alternative solutions can be proposed (Starfield, 1978). I wanted to evaluate the impact of the implementation of the Primary Health Care Strategy on primary health care nursing in Tairawhiti. The research findings synthesised alongside the literature increased understanding of the influences of policy change on the nursing workforce.

It is highly probable that the findings will correlate with what has and is occurring in other districts in New Zealand. Therefore, the information from this research may also prove useful to other District Health Boards (DHBs) who have likewise struggled to utilise the primary health care nursing workforce effectively. The findings are time and situation specific but provide insights relevant to primary health care nursing both nationally and internationally as well as areas for further research.
Table of Contents

Abstract ii
Acknowledgments iii
Preface iv
Table of Contents vi

Chapter One: Setting the scene 1
1.1 Introduction 1
1.2 Rationale for the study 2
1.3 The intent 3
1.4 Context of the case 5
  1.4.1 Primary health care nursing 6
  1.4.2 New Zealand Health Strategy 8
  1.4.3 Primary Health Care Strategy 11
  1.4.4 Tairawhiti 14
    a. Population 14
    b. Health Status 15
    c. Socio-demography 16
  1.4.5 Tairawhiti District Health (TDH) 18
  1.4.6 Turanganui PHO 19
  1.4.7 Midland Health Network 19
  1.4.8 Te Hauora O Turanganui A Kiwa (Turanga Health) 20
  1.4.9 Ngati Porou Hauora PHO 20
  1.4.10 Non-government organisations (NGOs) 21
1.5 Structure of the thesis 21
1.6 Concluding statement 23

Chapter Two: The diffusion of innovation theory 24
2.1 Introduction 24
2.2 Rationale for diffusion of innovation theory 25
2.3 Historical beginnings 27
2.4 Overview of the diffusion of innovation theory 28
2.5 Four main elements 31
  2.5.1 Innovation 31
  2.5.2 Communication 33
  2.5.3 Time 35
    a. The innovation decision process 35
    b. Innovativeness 36
    c. Rate of adoption 41
  2.5.4 Social system 41
2.6 Consequences of innovations 43
  2.6.1 Desirable versus undesirable 44
  2.6.2 Direct versus indirect 44
  2.6.3 Anticipated versus unanticipated 44
2.7 Guiding framework 45
2.8 Criticisms of diffusion research 47
2.9 Conclusion 49

Chapter Three: Primary Health Care Strategy in context 50
3.1 Introduction 50
3.2 Primary health care agenda 51
3.3 Primary health care nursing - Strategy alignment 53
3.4 Context of the Primary Health Care Strategy 58
  3.4.1 Primary Health Organisations (PHOs) 60
  3.4.2 Changes to service delivery 64
    1. Equity 64
    2. Promoting good health 65
    3. Multisectoral cooperation 66
3.5 External factors (Outer context) 68
  3.5.1 Funding considerations 68
  3.5.2 Shifting political grounds 71
  3.5.3 Biomedical considerations 73
3.6 Summary of the implementation of the Primary Health Care Strategy nationally 74
3.7 Concluding statement 78

Chapter Four: Philosophical and methodological location of the study 80
4.1 Introduction 80
4.2 Epistemology 81
4.3 Ontology 83
4.4 Interpretive and qualitative underpinnings 84
4.5 Case Study methodology 85
  4.5.1 Introduction 85
  4.5.2 Strengths and weaknesses of using case study 89
4.6 Concluding statement 90

Chapter Five: The process of data collection and analysis 91
5.1 Introduction 91
5.2 Insider-outsider location 91
5.3 Ethical considerations 93
  5.3.1 Risk of harm 94
  5.3.2 Confidentiality 95
5.4 Cultural considerations 95
5.5 Data collection 96
5.6 Interviews/focus groups 97
  5.6.1 Individual interviews 98
  5.6.2 Focus groups 99
5.7 Sample size 101
5.8 Recruitment process 101
5.9 Documentary analysis 103
5.10 Data analysis 104
  5.10.1 Preparation of the raw data 106
  5.10.2 Coding procedures and development of themes 107
Chapter Six: Making sense of the Primary Health Care Strategy

6.1 Introduction
6.2 Propensity to act
6.3 Local strategic planning
6.4 The Primary Health Care Strategy - the innovation
   6.4.1 Equity
   6.4.2 Promoting good health
   6.4.3 Multisectoral cooperation
6.5 Local diffusion processes
   6.5.1 Understanding and implications of the terminology
   6.5.2 Knowledge construction
6.6 Concluding statement

Chapter Seven: Multiple layers of resistance

7.1 Introduction
7.2 Resistance to change
7.3 Organisational resistance
7.4 Resistance by GPs
7.5 Nursing workforce
7.6 Reform weariness
7.7 Concluding statement

Chapter Eight: Primary health care nursing investment

8.1 Introduction
8.2 Aligning nursing practice with community need
8.3 Innovative models of nursing practice
8.4 Governance
8.5 Primary health care nursing leadership
8.6 Education and career development
8.7 Concluding statement

Chapter Nine: Conclusion

9.1 Introduction
9.2 Revisiting the intent of the research
9.3 The Primary Health Care Strategy
9.4 The setting
   9.4.1 Locating the impediments to change