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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  
Tairāwhiti.**

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the degree of  
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# Abstract

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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 Tairāwhiti. Tairāwhiti 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, Ngāti Porou Hauora and Tūranganui 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 Tairāwhiti 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

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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 Tairāwhiti. 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 Tairāwhiti. 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 Tairāwhiti 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 Tairāwhiti. 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.

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