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**ENABLING CHOICE: PUBLIC HEALTH NURSES'  
PERCEPTIONS OF THEIR WORK WITH  
CHILDREN AND FAMILIES**

**A thesis presented in partial fulfilment of the  
requirements for the degree of Masters of Arts in  
Nursing at Massey University**

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## ABSTRACT

The purpose of this study was to provide understanding of the personal practice of public health nurses with their clients, in particular with children within the context of their family. A grounded theory approach was used for the analysis of the data and the generation of a theoretical description and explanation of the way public health nurses perceive their practice world. Data were gathered through in depth interviews with public health nurses and were analysed through the method of constant comparative analysis.

*Enabling choice* as a theoretical framework was formulated to describe and assist others to understand the possibilities that public health nurses aim for in their encounters or relationships with their clients. A number of concepts were identified from the data which contribute to the way public health nurses work to enable choice for their clients. These include the way nurses become accessible to their clients through a process of becoming known and accepted. The way public health nurses frame their practice, assess their clients, and use interaction with their clients within an encounter or a relationship is also described within the framework of enabling choice for clients.

Metaphors used by the nurses to describe their practice highlighted contradictions related to the influence of the social context. The consequences of the constraints implicit in the social context of community health nursing practice were discussed as they impacted on the ability of the public health nurses to enable choice for their clients.

Public health nursing has not been well documented or understood. The findings of this study go some way towards creating a framework within which to understand and explain aspects of community health nursing practice.

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## INTRODUCTION AND OVERVIEW

There are few documented studies of nursing practice in New Zealand and even fewer in the area of public health nursing practice. Of the descriptions of public health nursing which do exist, few go beyond an orientation to tasks. Consequently the complexities of public health nursing practice are poorly understood. As a response to this gap in nursing knowledge the *aim* of the study reported in this thesis was to explore with public health nurses the day to day experiences of their practice, and in doing so to clarify the nature of the nurse-client interactions in this context, and to uncover the meanings which the nurses attach to their work.

### *Definition of public health nursing*

For purposes of this study public health nursing is taken to be a specialist field of community nursing. Although public health nursing has its roots partly in epidemiology, population health and public health nursing science, this study is concerned with the personal health services component of the role. That is, the service public health nurses provide to their clients, in particular children and families within the context of the preschool, the school and the home.

A common way of differentiating fields of nursing practice is on the basis of location or setting. For instance there is a broad distinction drawn between nursing that is institution or hospital based, and that which takes place in community settings. The scope and function of community nursing practice has evolved in response to historical influences, government policies, societal expectations and specific patterns of health problems and treatment needs, and it continues to be shaped by them.

In New Zealand three distinct areas of community nursing practice have emerged, each with its own focus, identity and culture. These are District Nursing which continues the treatment focus of institutional nursing but takes this beyond the hospital walls; Plunket Nursing<sup>1</sup> which grew out of the concern for the health and the wellbeing of new mothers and infants; and Public Health Nursing for which the orientation is illness

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<sup>1</sup>Founded in 1907 the Plunket Society, initially a voluntary organisation but is now largely reliant on government funding has its own infant and preschool health clinics and training programmes.

prevention and health promotion. Traditionally the focus of public health nursing has been that section of the population which, for economic or social reasons, appears to be less able to access primary health care through avenues such as Plunket Nursing or General Medical Practitioner consultation.

The researcher's interest in public health nursing stems in part from a background in this type of practice. It is also relevant to her current position as a nurse educator in an undergraduate degree nursing programme, with a special responsibility for the practice areas of community health. Not only is it important that the educational programme accurately reflects the reality and currency of community nursing practice, it is also critical that the theoretical frameworks to which the students are introduced actually fit the practice world.

### *Significance of the study*

In arguing for conditions and resources which facilitate high quality practice, nurses are often hampered by lack of documentation which captures in full both the depth and scope of their practice, and the health related outcomes which are achieved. A study such as the one described below is necessary in order to generate understanding of what public health nurses do. There is a need for a study to identify the requirements of beginning as well as more experienced public health nursing practitioners. There is also a need for research which captures the diverse content and the subtleties of practice which distinguish it from the functions of other related professional and non-professional health workers. However, in a time of severe fiscal restraints there is an even *more* urgent need for research that can make visible some of the taken for granted aspects of public health nursing. For any service to survive the wave of structuring and reform which recent governments have imposed on the publicly funded health care system it is imperative that accountability and cost effectiveness can be demonstrated. Any attempt to evaluate a service requires that its nature be clearly articulated. The low visibility of much of nursing practice leaves it particularly vulnerable to both misunderstanding and neglect by funders. Without the necessary research evidence to support the claims, arguments about the essential role of public health nurses in maintaining the health of children, families and communities may fall upon deaf ears.

The initial research questions used to guide this study were:

*How do registered nurses working in the community context of public health nursing*

*describe their work?*

*Who do they consider to be their client or clients?*

*What are their perceptions to the nature of these ongoing interactions with client?*

*What is the context of their work?*

*How central is the nature of these encounters to community nursing practice?*

*What beliefs and conceptual frameworks give meaning to their work?*

*What kinds of knowledge inform their practice?*

The *design and methods* adopted for this study consist of a qualitative research approach in which in-depth, largely unstructured, interviewing was used to obtain first hand accounts of the practice of public health nurses working in a New Zealand setting. Public health nurses from an urban, a semi urban and a rural setting were represented in this study. Transcripts of these interviews were then analysed according to strategies for generation of grounded theory.

### ***Structure of the thesis***

Having introduced the focus, aim and research questions for this study the account which follows is structured as outlined below. **Part 1** consists of four chapters, the content of which provides background for the study and a discussion on the proposed methodology and its implementation.

In *Chapter 1* there is discussion on the background to community health nursing. The literature relevant to community health is reviewed, particularly from an international perspective with the aim of locating New Zealand public health nursing within an international context.

In *Chapter 2* the literature relating to the New Zealand public health nursing scene is explored and discussed.

In *Chapter 3* the focus is on the research design and methodological issues relating to the study. Discussion includes issues relating to rigor and qualitative research.

In *Chapter 4* the processes of data analysis using grounded theory methodology, trustworthiness of the data and their interpretation are outlined and discussed.

In **Part 2** analysis of the data is presented, and the findings summarised in the form of a theoretic interpretation by descriptions of a series of categories, concepts and subconcepts, which illustrate the meaning grounded in public health nursing practice. Finally these categories are combined in an emerging theory relating to the practice of

public health nursing. The context as it impacts on the personal practice of public health nurses is also uncovered and discussed.

In *Chapter 5* the antecedent conditions of public health nursing, including accessibility, acceptability and visibility are surfaced from the data.

In *Chapter 6* the ways in which public health nurses conceptualise and frame their practice are identified, including discussion on who public health nurses see as their primary client.

In *Chapter 7* the assessment processes public health nurses use to collect and interpret meaningful data about their clients are discussed.

In *Chapter 8* the way public health nurses work with their clients is identified.

Relationships with other professionals and the way public health nurses refer their clients are illustrated.

In *Chapter 9* the context as it related specifically to the personal practice of public health nurses is delineated.

In *Chapter 10* the emerging theory is described.

**Part 3** consists of one chapter, *Chapter 11* in which there is a discussion and summary of the findings, including discussion on implications for practice, and nursing education. The study is critiqued and areas for further research are identified.