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**DETERMINED TO MAKE A  
DIFFERENCE:**

**A study of public health nursing practice  
with vulnerable families**

A thesis presented in partial fulfillment of the  
requirements for the degree of  
Master of Arts in Nursing  
at Massey University, Albany,  
New Zealand.

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## ABSTRACT

Public health nurses have traditionally worked with vulnerable families in ways that are relational, client driven and contextual, an approach that has been described as a health promoting model of care. There is evidence however, that political and ideological reforms occurring within the health arena over the last fifteen years have had a constraining effect upon this area of public health nursing practice. The aim of this study was to explore the perceptions of public health nurses working with vulnerable families within a New Zealand context. This was in order to provide a contemporary description of how public health nurses work with vulnerable families and factors that enhance or constrain this process. The researcher was interested in whether this aspect of public health nursing practice continues to align with a health promoting model of care.

The research process utilised a qualitative approach. Semi-structured interviews were undertaken and a general inductive approach was utilised for analysis of the data. The participants consisted of ten public health nurses from a district health board within New Zealand.

The findings identified that New Zealand public health nurses continue to align their practice with a health promoting model of care when working with vulnerable families, particularly if nurses are experienced, embedded within a community and determined to make a difference. It was evident however, that this process is significantly constrained by factors relating to the nature of the families themselves, the business model framing the delivery of public health nursing services and the challenges involved in dealing with the Child Youth and Family Service. This study also highlighted the vulnerability of the public health nurse which may occur as a result of working with vulnerable families and dealing with the constraints referred to above. These outcomes have implications for configuring effective services for vulnerable families and the place of public health nursing within the future primary health care nursing environment.

“And at the end of the day, yeah, it’s those children. When I look at them, some have hollow sad eyes and I think, that’s the window to their soul and some of those kids are hurting even at the age of five. You think, man they’ve seen a life story of hell at times and you think, you’ve got to pull out the stops for them - you’ve got to give it a try...”

Mavis, p. 23.

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