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**THE CREATION AND DEVELOPMENT OF
AN INTEGRATED NURSING SERVICE WITHIN A
RURAL COMMUNITY HEALTH TEAM**

AN ACTION RESEARCH STUDY

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

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December, 1995

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FRONTISPIECE

**The citadel of an established practice will not
fall to the polite knock of a good idea.**

B. MacDonald cited in Kemmis & McTaggart (1988, p. 87).

ABSTRACT

This Action Research study, guided by the philosophy of Critical Social Science, was undertaken to facilitate District and Public Health Nurses working in a multidisciplinary team in a rural area to reflect on and change their practice. The goal was to explore the possibility of combining their two separate roles into one integrated role. The idea was initiated by management who anticipated that an integrated role would ensure survival of their nursing service in the competitive environment created by the New Zealand Health Reforms. The study resulted in planned participative change brought about by this nursing group.

Analysis of the process increased knowledge about rural community nursing and showed that the research group created a local theory. Through their reflection the nurses isolated and related factors about their work. From this, they created a model that represented a combined nursing practice while retaining their specialist roles. Using this model the nurses planned strategies that they predicted would bring specific results. During action and evaluation, these strategies were tested and culminated in putting the emergent model into practice. The model has potential to be generalised to other community nursing groups.

Analysis of data showed that many factors enhanced the change process. Observation revealed that some group dynamics also had potential to inhibit change. When analysed with the group, the nurses recognised that there was a relationship between these dynamics and their job structure, their socialisation as women and their indoctrination as nurses. It also highlighted differences between how these District and Public Health Nurses think about their work and their roles. This critical reflection increased their self understanding and ensured that any planned change was more likely to endure.

For the participants, this study has resulted in a positive sense of the value of their work, a strong sense of group cohesion, a better co-ordinated communication network, and confidence in their ability to make decisions for themselves. This has, in turn, given them a stronger nursing representation within their team and organisation.

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This thesis is the result of five years of part-time study doing required papers and this research project. This way of studying has allowed me to balance my life with partner, friends, work and play. As such, I am grateful to Massey University both for organising a part-time Masters' degree and for establishing the Albany Campus. This has meant that for the last two years I have not needed to take the long trips, monthly, to Palmerston North.

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CONTENTS

FRONTISPIECE	i
ABSTRACT	ii
ACKNOWLEDGEMENTS	iii
LIST OF FIGURES	vi
INTRODUCTION	1
Editorial Features	1
Technical Features	2
Structural Features	2
CHAPTER ONE : OVERVIEW	3
Instigating Factors	3
Study Outline	5
Outcomes	6
CHAPTER TWO : BACKGROUND TO THE STUDY.....	8
Community Nursing	8
History of Community Nursing	12
Primary Health Care	17
New Zealand Health Reforms	18
Integrating Community Nursing	20
Managing Change	21
CHAPTER THREE : THE RESEARCH METHOD	23
Choosing a Method	23
Action Research and the Three Paradigms	25
Emancipatory Knowledge and Critical Social Science ..	27
Participatory Action Research	32
Researcher Role	33
Ethics	36
Rigor	38
Summary	41

CHAPTER FOUR : DESCRIPTION AND ANALYSIS OF THE STUDY PROCESS	43
The Proposal	43
Selection of Participants	44
Description of the Research Group	45
Analysis of the Research Group	46
Activities	50
Reflection	51
Planning	57
Action and Evaluation	67
Process of Empowerment	77
CHAPTER FIVE : OUTCOMES	79
Change	79
Theory Development	84
Action Research and Change Theory	84
Action Research and Nursing Theory	86
Action Research and the Process of Theory Development ..	90
CHAPTER SIX : SUMMARY	95
Limitations of the Method	95
Benefits of the Method	97
Epilogue	98
REFERENCES :	99
APPENDICES :	107

LIST OF FIGURES

Figure 1. Abbreviated Job Description of the District Nurse.

Figure 2. Abbreviated Job Description of the Public Health Nurse.

Figure 3. Organisational Structure Before Appointment of District Co-ordinator.

Figure 4. Organisational Structure After Appointment of District Co-ordinator.

Figure 5. Action Research Spiral.

Figure 6. Group Meeting Criteria.

Figure 7. Specialist Roles of District and Public Health Nurses.

Figure 8. Health Reform Goals

Figure 9. Crown Health Enterprise Goals.

Figure 10. The Initial Nursing Model of Integrated Roles.

Figure 11. The Expanded Nursing Model of Integrated Roles.

Figure 12. Data Collection Form for Morning Meeting.

Figure 13. Form to Record Group Meetings.

Table 1. Participants' Comparison of District and Public Health Nursing.

INTRODUCTION

This introduction is designed to inform the reader about editorial, technical and structural features of this thesis.

Editorial Features

The first two points are related to the philosophy of empowerment that guides this work, and to one of the goals of Action Research to bring research, theory and practice together.

Use of the First Person

Throughout this thesis I have chosen to describe my role in the first person. Though there is continued academic debate about the appropriateness of such a stance, I concur with the argument presented by Webb (1992). She states that the researcher's use of the third person in academic writing is meant to convey an objectivity and scientific neutrality that is unobtainable within any research method. In this project, where I openly declare my researcher role as a joint participant whose ideas and impressions become part of the data, use of the first person adds to the accuracy and the credibility of the written report. Also claiming ownership of the ideas I have generated, and presenting them in the first person is a very self empowering activity.

Language

While recognising the need to meet a high academic standard, I have chosen to keep my use of formal language to a minimum in order to maximise the understanding of nurses in practice. This coincides with my goals of making research 'user friendly' to nurses.

Unless otherwise stated, the discussion about health care and specifically community nursing is related to New Zealand.

Technical Features

The data were coded in a way that preserves anonymity in the presentation of recorded information from the nurses. Each participant has self chosen initials. When attributing data from individual interviews, the format is the chosen initial, the number of the interview and the page number of the transcript e. g. (TS 2, p. 9).

When quotations are from a group meeting, these are coded with GM, the number of the group meeting, initials of the participant and the page number of the transcript e.g. (GM 2, KO, p. 7).

A weekend workshop held involved five separate sessions. Quotations from these are coded with WS, the number of the session, initials of the contributor and the page number of the transcript e.g. (WS 3, KB, p. 6).

Structural Features

This thesis is divided into six chapters. Chapter One follows with an overview of the study, summarising the process and the results. Chapter Two describes the study background placing community nursing and specifically District and Public Health Nursing into their historical, political and social contexts. The Action Research method and the chosen theoretical basis of Critical Social Science are the foci of Chapter Three. Chapter Four gives a description and an analysis of the research process while Chapter Five presents the outcomes and a theoretical discussion. Chapter Six concludes with a brief overall summary.