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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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2006

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.

ACKNOWLEDGEMENTS

The completion of this study has involved the contribution and support of a number of people to whom I wish to extend my sincere thanks.

Firstly a very special thank you to the public health nurses who willingly gave their time to take part in this study and who so readily shared their thoughts and experiences with me. It was a privilege to spend time with you listening to your stories of practice.

I am immensely grateful to the two supervisors who have guided me through the research process. To Dr Denise Dignam who helped me to navigate the first stage of the journey. To Jill Clendon, my principle supervisor over the last two years, whose positive encouragement, knowledge and support have been unfailing and who enabled me to believe I could get there! Thank you for your expertise, inspiration and guidance.

I wish to thank the New Zealand Nurses Organisation for providing financial assistance through the NERF and Gretta and Harry Hamlin Trust. My thanks also go to the Waikato Institute of Technology for all the support I received while undertaking this research.

Thank you to my family and friends for their patience and understanding when I put time with them 'on hold' while writing the thesis. To Jessica for providing her artist's touch to the diagram, constant encouragement and much needed 'time out'.

Finally, my supreme thanks go to my partner Phil for your unflagging support every step of the way. Without your love, patience, wisdom and guidance, this journey would not have been possible.

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