

# Promoting Partnerships: reflecting on organisational & clinical practices

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# Outline of presentation

- Background to study
- Triple P
- C&FHNs in NSW
- Clinical practice
- Organisational support
- Nurses felt *devalued*
- Challenges for managers
- Conclusion

# Background to study

- Acknowledgements
- Qualitative study
- The Positive Parenting Program (Triple P)
- Data collected 2002 & 2005
- 2 Sydney metropolitan AHS (6 sectors)
- Focus groups & interviews
  - 48 C&FHNs
- Semi-structured interviews
  - 8 NUMs
  - 5 background informants
- Observations of clinical interactions
  - 20 mothers & their children with C&FHNs
- Review of documents

# Triple P

- The Positive Parenting Program
- 5 levels
- This study
  - Level 2/3 Primary Care
  - Level 4 Group

# C&FHNs in NSW

- Model of wellness, primary health care
- Children - birth – 5 years
- 2001 NSW Child Health Survey
  - 90% of parents/carers had attended a C&FH clinic
    - (NSW Health, 2002)
- 2005 Nursing & Midwifery Labour Force Survey
  - 45 years average age
  - 51% work part time
  - (Australian Institute of Health & Welfare, 2008)
- Participants in study – > 1/3 C&FHN for 16-35 years

# Change in practice

- Expert → Partnership
- 2002 → 2005
- A continuum
- Different models identified within the same consultation

# Examples

- You ... *can't afford to think that you could manage your toddler without expert help...*  
(FG4:21)
- Nurse - ... *at 2 ½ he's quite capable of pulling something up over himself. So you don't have to go in there any more ... Does he have a toy he takes to bed?*
- Mother – *No*
- Nurse – *Well he needs something like that. He definitely needs a special toy that he takes to bed* (C02).

- *I think it is really important to just listen to parents, and often when you just listen and allow them to talk out what they feel, they have the answers within ... And I think they need sometimes a bit of confirmation of where to go with that (NI1:3)*
- *Mother – Do you think he is ready for school?*
- *Nurse – You're with him 24/7 ... I only see him for this short visit ... go with your gut feeling. What I can see is a well developed, well adjusted child ... (CO19)*

# Line management support

- *Haven't had a manager, specifically (for C&FH) for about 6 years and a CNC, I could think of about 5 of them for the hospital, for each discipline, but yet we've had to share a manager (FG4:39)*
- *(We) were treated pretty shabbily... We were really disgusted that we couldn't get the videos (NI1:4)*
- *Mine (Triple P resources) are sitting in the cupboard behind you there (MI6:2)*

# Line management support cont'd

- *I didn't even know what Triple P was for a long time (FG5:61)*
- *Need to make it a priority that people who work, whether it's part time or full time, receive the same support (FG3:47)*
- *Even emotional support, when I'd spoken to the manager about struggling there was no understanding (NI4:1)*

# Senior management support

- *To me it seems that we chug along on our own & then periodically, some Government Aide or somebody, gets an idea and they'll just say, 'what can we do, hah, Early Childhood, we'll give them a bit of training and we'll shove them out there', & really that's how it's been going. It's just hotch potch (FG4:37)*
- *At the same time we were rolling out home visiting & started focusing on home visiting & Triple P just got forgotten about (NI1:4)*
- Then Family Partnership training was implemented

# Clinical leaders

- Clinical nurse educators
  - 2002 – 0
  - 2005 – 0
- Clinical nurse consultants
  - 2002 – 0
  - 2005 – 1
- Nurse practitioners
  - 2002 – 0
  - 2005 – 0

# Professional development

- *Most of our practice is that the client & the clinic comes first & we do the rest in our own time ... it's very hard to get time off, very hard to get courses paid for (FG1:36)*
- *Spending time with other Early Childhood Health Nurses, just listening to how they respond to the given situation (FG3:36)*
- *Mentors & role models* were also important

# Reflective practice

- Case conferences
  - 2002 – nil
  - 2005 – nil
- Clinical supervision
  - 2002 - nil
  - 2005 - 1 AHS = 3 Sectors

# Policy & practice management

- Policy & procedure manuals
- Clinical competency manual
- Operational manual
- Minutes of meetings
- Parent handouts
- Evidenced-based practice

# Nurses felt *devalued*

- *Because it's not measurable the stuff we do so we can't prove it to the bean counters that we're worth it (FG1:37)*
- *So much expected of us that we're scrambling all the time to keep up with everything (FG4:32)*
- *If you're numbers aren't up you haven't been working hard enough (FG5:60)*

# Nurses felt *devalued* cont'd

- Low staffing levels, poor communication, pressure for continuous professional development & rigid management styles have a negative impact on morale (Day, Minichiello & Madison, 2006)
- Feeling supported, especially by managers, is a key to nurses being able to provide optimum care & feel positive about their work (Butterworth & Bishop, 1995)

# Challenges for Managers

- *And that budget, let me say, has been the same for the last ten years, it's never ever changed, ten or even longer. So we've always had that same number of full time equivalent nurses in the service and here we are doing more expansive things (MI1:5)*
- *There's always been a very high expectation from my manager ... that they (Triple P groups) would be run, and that we would work out a way of doing them (MI6:3)*

# Conclusion

- This study identified that nurses need:
  - supportive managers from within their own specific area
  - clinical leaders
  - planned implementation of programs
  - opportunities for professional development
  - opportunities for reflective practice
  - up to date documentation
  - managers also need support
- To assist nurses to feel supported to work more in partnership with families

THANK YOU

