MAPPING A NEW FUTURE:

PRIMARY HEALTH CARE NURSING

IN NEW ZEALAND

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Abstract

The aim of the study was to determine the practice of nurses employed in integrated care projects in New Zealand from late 1999 to early 2001. Integrated care was a major health reform strategy that emphasised primary health care as a means to improve service provision between the health sectors. An investigation of nurses' practice sought to determine the extent to which primary health care principles had been adopted in practice, as a comprehensive primary health care approach has been advocated globally in the management of chronic conditions; the leading cause of disability throughout the world and the most expensive problems faced by health care systems.

The philosophical basis of the research was postpositivism. The study employed a quantitative non-experimental survey design because it allowed numeric descriptions of the characteristics of integrated care projects to be gained for the purpose of identifying nurses' practice. The unit of inquiry was the integrated care project, and 80 comprised the study population. Data were obtained on projects from expert informants (n=27) by telephone survey using a structured interview questionnaire developed by the researcher.

Data obtained from interviews were statistically analysed in two stages. First, data were produced to comprehensively describe the characteristics of integrated care projects and nurses practice. The 'Public health interventions model' was used as a framework to analyses the interventions (activities) and levels of population-based practice of nurses. Following this, the social values embedded in nurses' practice were determined using 'Beattie's model of health promotion' as a framework for analysis.

A strong association was found between nurses' practice in projects and strategies used in integrated care, such as information sharing, guideline development and promotion, and case management, and projects with an ethnic focus, low income focus, chronic condition focus, and well-health focus. Whilst nurses undertook interventions most frequently at the individual practice level they were also strongly

associated with the small proportion of interventions that were undertaken at the community level. The majority of interventions by nurses reflected the health promotion value of health persuasion, indicating a paternalist and individual-oriented philosophy. Nurses were engaged in two interventions that indicated a collective-oriented philosophy - coalition building and community development, the latter reflecting health promotion values of negotiation, partnership and empowerment.

The study demonstrated that nurses' practice in projects was predominantly centred on individual-focused population-based practice suggesting the need for a framework to assist nurses to transition their practice to include more activity at the community and systems levels. Without a reorientation of practice, nurses will remain limited in their ability to achieve health gains for populations. In response to this conclusion, and drawing on research results and reviewed literature, a new model, The 'Primary Health Care interventions model' was constructed. Recommendations include advocacy for the acceptance of the model by the health funder, professional nursing bodies, health organisations, educational institutions, nurses, communities, and individuals.

Dedication

To my mother and father who taught me to care and reason,
and whose experiences of illness gave new insights into the emerging model,
with love

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During the years that led up to this thesis, I have drawn often and long upon the time, advice, wisdom and good will of Jennifer Hand. Margaret Horsburgh has also provided significant help, and I thank both sincerely. For similar favours granted at more select points in time warm thanks go to Paul Brown, Barbara Smith, Val Grey, Warren Jones, Wendy Diamond, Sarah Lovell and Ivana Nakarada-Kordic.

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Finally, my gratitude extends to all those participants who stimulated my understanding of health and care; and how we, as nurses and health professionals, can assist clients in meeting their needs for health and wellness in a rapidly changing society.

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Introduction

> The task is not so much to see what no one else has seen, but to think what no one yet has thought, about that which everyone sees.
>
> (Arthur Schopenhauer, 1788-1860, Philosopher)

Nurses are the largest health professional group working in the New Zealand health sector and have the potential to make an extensive and profound contribution to reducing health inequalities. Over the last 50 years, average life expectancy at birth has increased globally by almost 20 years (World Health Organization, 2003). However, there are major disparities in the health of people within New Zealand and between countries, as these disparities continue to grow (Ministry of Health, 2001c; Pomare et al., 1995; World Health Organization, 2003). Primary health care nursing in New Zealand is a new specialty area of practice that combines many different nursing groups who have traditionally worked in communities. These nurses have a central role in health promotion driven by primary health care principles, such as, social justice, equity and community participation.

In 2004, primary health care nurses represented 10.6 per cent (n=3672) of the registered nursing workforce in New Zealand (New Zealand Health Information Service, 2004). The New Zealand Ministry of Health is investing in primary health care as a health reform strategy and nursing has received NZ$8.1 million for workforce development (A. King, 2005). The New Zealand Primary Health Care Strategy (Ministry of Health, 2001c) signposted the way forward, but as yet a national framework to guide primary health care (nursing) practice has not been articulated. The purpose of this thesis is to establish the current position of primary health care nursing in New Zealand, and to identify areas for future nursing development in line with the PHC Strategy. This thesis has produced a unique and innovative model for implementing primary health care nursing practice, developed from public health and nursing literature, health promotion theory, and research on nurses' practice. The research investigated the practice of nurses employed in 80 New Zealand integrated care projects in the late 1990s during the third generation of health reform.

Primary health care is not a new concept and has been promoted in two earlier generations of health reform occurring within the period 1940 to 1980 (see p. 9-11, 25) as a way to provide health care to the majority of the world's poor. This approach failed on both occasions because the care was "primitive rather than primary" (World Health Organization, 2000, p. 15). Health workers did not have the requisite skills, resource allocation was insufficient to meet the need, and health services had a pro-rich bias due to the disproportionate use of hospital services by the well off. The current generation of health reform in New Zealand and globally, is adopting primary health care for a third time. There is now a greater likelihood for success as a consequence of previous experience and learning, better knowledge about health and its determinants, improved information systems, 'consumer voice', and integrated approaches to health promotion. Today, a primary health care approach advocates a balanced system of treatment and disease prevention, through affordable, accessible and appropriate services. At the same time, there is recognition that health services alone are not the answer, and that a major re-orientation is needed in the way that health is considered, and health issues are acted upon (Talbot & Verrinder, 2005).

Pressure also exists on all health systems to develop a response to the escalation of chronic conditions, which by 2020 will contribute to more than 60 per cent of the global burden of disease and be the leading cause of disability throughout the world (World Health Organization, 2001a; World Health Organization). In New Zealand, demographic transitions, population ageing, changing life-styles, consumption patterns, and risk behaviours are clear determinants of this trend. Internationally, chronic conditions disproportionately affect the poor, economically challenge families and governments, and jeopardise the sustainability of health care systems. Chronic conditions are lengthy and require continuity of care, demonstrating a mismatch with current health care systems that provide episodic acute care. A comprehensive health care system that assures ongoing support for chronic conditions is essential, as technological advances alone will not stop conditions such as heart disease, acquired immune deficiency syndrome, diabetes and depression (World Health Organization, 2000).

Successful chronic care management requires the same fundamental changes as health systems, that is, a shift to effective prevention strategies. This has not been core

business, as the focus has traditionally been strongly placed upon curing people. Improving health requires a major emphasis on intervention in the chain of disease causation, with the underlying risks to health addressed, in addition to the treatment of established diseases. Almost half the global mortality and much of the burden of disease are attributed to the top 20 risk factors (World Health Organization, 2002b). Tackling major risk has the potential to reduce inequalities worldwide, and governments have a leading role in this risk reduction.

Contemporary health promotion and public health theory can play a significant part in repositioning the focus from the medical ethics of the individual to one that considers the social ethics of the population (Lamm, 1994). Beaglehole and Bonita (1997) argue that "Public health is the collective action taken by society to protect and promote the health of entire populations; in contrast, clinical medicine deals only with the problems of individuals" (p. xiii). Accordingly, health care systems and health workers have tended to take a narrow view of what contributes to health, and focused on health service issues. Nurses who have historically provided care to sick individuals in bed-based institutional settings are being challenged to practice in new ways (Porter-O'Grady, 1999).

The Ministry of Health in New Zealand has funded scholarships for postgraduate nursing education and the development of 'innovation projects' in an attempt to build a primary health care nursing workforce. However, situating various nursing groups under the umbrella title of primary health care does little to facilitate a primary health care philosophy linked to ideas of social justice and equity. At present, there is no commonly agreed core knowledge attributed to the specialty of primary health care nursing. The diverse range of interventions undertaken by the different nursing groups has not been well-defined, nor has the level/s at which nurses undertake population-based practice (individual and family, community, system). For nursing to take a leading role in "reducing health inequalities, achieving population health gains and promoting and preventing disease" (Ministry of Health, 2003b. p. vii), work with communities and systems has the potential to achieve greater improvements in population health than work exclusively focused on individuals and families (Keller, Strohschein, Lia-Hoagberg, & Schaffer, 2004a). An analysis of New Zealand nurses' in integrated care projects actual practice can identify the particular interventions and

levels of practice that need to be strengthened, “as interventions at each level of practice contribute to the overall goal of improving population health” (Keller et al., 2004a, p. 457) .

Integrated care was considered a major public sector reform strategy initiated from central government (Wells, 1998) that engaged health professionals, including nurses, in efforts to improve the coordination of care between health sectors and strengthen primary health care. The thesis research, ‘Nurses in integrated care projects study’ was conducted during this period. The study design was quantitative and the philosophical basis of the research was postpositivism (see pp. 130-131). The research aimed to describe the characteristics of integrated care projects to create a context within which nurses’ practice could be situated. Nurses’ practice was then assessed to determine the range of interventions and related levels of population-based practice routinely undertaken, and the health promotion values embedded within this practice were identified.

Finally, the research findings in combination with the literature provided the basis for the construction of a model to guide the implementation of future primary health care nursing practice. The model provides a strong framework to develop primary health care practice, and nurses whose work impacts on health, can use this framework in a manner that both strengthens the relevance of health promotion work, and allows them to be accountable for their practice. Enabling insights for practitioner development at a personal level, the model can also be used by the nursing profession as an analytic framework to assess overall primary health care nursing practice, and inform national strategic direction.