

THE FACTORS INFLUENCING, AND THE NATURE OF THEIR
IMPACT, ON THE ABILITY OF CHILD AND FAMILY HEALTH
NURSES TO WORK IN THE FAMILY PARTNERSHIP MODEL
WITH PARENTS:

A FOCUSED ETHNOGRAPHY

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A thesis presented in fulfilment of the requirement for the degree of Doctor of Philosophy

The University of Newcastle

April 2016

Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968.

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Acknowledgement of Authorship

I hereby certify that the work embodied in this thesis includes a published paper of which I am a joint author. I was responsible for the writing of the paper which is based on the data collection issues I experienced during the study. My supervisors contributed to the editing and proof reading of the paper. The paper is titled:

Dowse, E., van der Riet, P., Keatinge, D. (2014). A student's perspective of managing data collection in a complex qualitative study. *Nurse Researcher*, 22(2), 32-37.

Signed:

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Date:

Dedication

This thesis is dedicated to my wonderful children and their partners: Avrell & Joey, Emerson & Amie, Gelina & Nicholas and, of course, my grandson Louis who was born and kept me enchanted during this time. Each of you have played your own special part in giving me the encouragement to keep going when things got tough as well as reminding me when it was time to lighten up!

My Master's thesis I dedicated to my father. This PhD would not be complete without providing tribute and dedicating this to my mother, Catherine (Kitty) Dowse. Mum and Dad were unwaveringly faithful to each other demonstrating partnership well before it was part of any training program. Mum continues to show us all how to live a good life.

Acknowledgements

Thank you to my wise and patient research supervisors: Associate Professor Pamela van der Riet and Dr Diana Keatinge. It's with their support and encouragement that I have got this far. I also acknowledge the support I received from The University of Newcastle, School of Nursing and Midwifery Heads of School, Professor Mike Hazelton & Professor Sally Chan for supporting my periods of leave during my candidature. Thanks also to the University of Newcastle for the financial support I received from the award of an Equity Research Fellowship (ERF) Scholarship and (ERF) grant to complete these studies.

I am truly grateful to my mother, sisters Kath and Rosie, sister in law Susan and lifelong friend Jill for always being there for me, particularly during the challenging six months of 2014 when I was having treatment. I'd like to acknowledge my yoga teachers and other inspirational people who helped put me on a contemplative path to mindfulness. Finally, I'd like to especially acknowledge the nurses and parents who so generously participated in this research.

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ABSTRACT

Background: Child and family services in Australia have evolved this century from expert led ways of working with families to a greater emphasis on therapeutic approaches underpinned by the Family Partnership Model (FPM) (Davis & Day, 2010). The FPM involves a particular way of interacting with the family that is based on mutual respect and recognition of complementary expertise. There are numerous challenges facing the current NSW Child and Family Health Nursing workforce that required consideration in relation to the model being adopted into clinical nursing practice (Bennett, 2013).

Research Design: Adapting Bronfenbrenner's (1979) ecological model and using focused ethnography, this study examined the views of one nurse manager, nine child and family health nurses and nine mothers regarding the factors influencing, and the nature of their impact on the child and family health nurse's ability to work in the FPM with parents (mothers/fathers and infants).

Data Collection: Data was collected via interviews and participant observation. Participant observation included the use of video recordings of nurse-mother/baby consultations held at the nurses' centres. These video recordings informed the content of follow-up interviews held with nurses. Thematic analysis was used to analyse the aggregated data (Braun & Clarke, 2006).

Findings: The findings from this research comprise the macro to micro factors arising for CFHNs that impact on their ability to work in the FPM with mothers. CFHNs are subject to multifactorial influences and challenges which emanate from their work environment and from the intrinsic distractions of their physical bodies and emotions. These influences were identified by CFHNs as both positive and less positive in terms of their impact on their ability to work in the FPM with mothers.

Four major themes were identified: Theme 1: The CFHNs' Work Environment and Culture; Theme 2: Managing the Body: CFHN Body Work and Partnership Practice; Theme 3: A Mindful Space; and, Theme 4: The Mother's Evaluation of CFHN Care. The findings from this study provide empirical evidence of the clash between the institution's neoliberal policies and governmentality practices, the reality of the CFHN's work environment and the lack of congruence with CFHNs' values of holistically caring and working in the FPM with mothers. Findings from this study suggest that NSW Health and other agencies invested in the promotion of parenting capacity and the health and well-being of children consider the implementation of processes that support and sustain the emotion work and FPM practice of CFHNs with mothers. This study found that the practice of mindfulness

was one such process not previously associated with being essential to the implementation of the FPM. Mindfulness, if integrated within the FPM, could assist CFHNs find the necessary “space” and agency required to sustain family partnership work with mothers/babies. It could also provide a means for CFHNs to experience enhanced personal well-being and greater practice accord between their own values and beliefs and that of the organisation in regard to care of families and working in partnership.

Conclusion: Recommendations arising from this study have been identified for nursing practice and further research. A key recommendation is that the framework of the FPM evolves to incorporate the concept and practice of “mindful partnership” within the FPM framework. Mindfulness is recommended as both a self-care strategy for CFHNs’ well-being as well as a fundamental mechanism to enhance their ability to be present and to communicate effectively in working in the FPM with parents and others