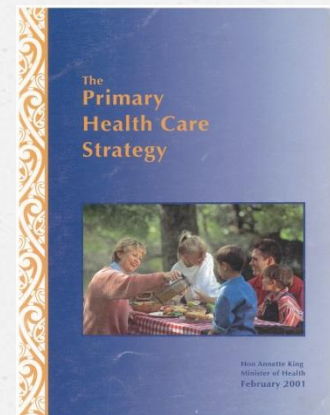


# A single case study: an evaluation of the impact of the implementation of the Primary Health Care Strategy on the primary health care nursing workforce in Tairāwhiti.

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# Rationale for the study

- In the years since the release of the Strategy, little had changed for primary health care nursing as a specialty area of practice.
- I was not convinced that the primary health care nursing workforce was effectively deployed in Tairāwhiti to improve the health of our most vulnerable communities.
- I was not persuaded that this workforce had developed as anticipated.
- I wanted to know why this was so and how it had occurred.



# Intent of the study

- o I wanted to explore events and process in the local implementation of the Primary Health Care Strategy.
- o I sought to understand to what degree it had influenced the role of the primary health care nursing workforce from the participant's perception.
- o I formulated the following two questions:
  1. What change has occurred within the primary health care nursing workforce in Tairāwhiti since the implementation of the Primary Health Care Strategy, how and why did this come about?
  2. What factors influenced the deployment of primary health care nurses in Tairāwhiti?

# Philosophical & methodological considerations

## Epistemology

Constructionism

## Research Theory

Diffusion of innovation

## Theoretical perspective

Interpretivist

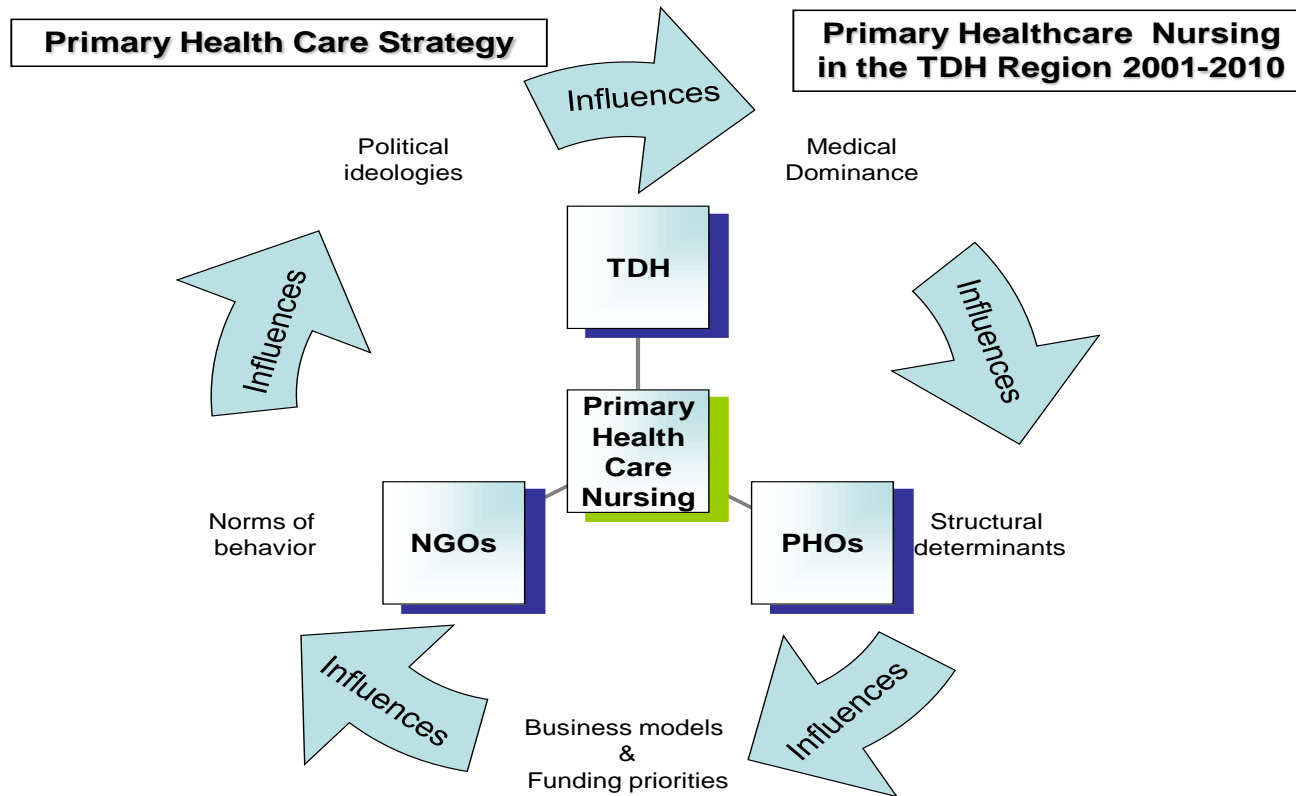
## Methodology

Instrumental case study

## Method

Focus groups, individual interviews,  
document audit

# Context of the case



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# Making sense of the Strategy

- o Lack of a local strategic plan for primary health care development in Tairāwhiti
- o Little evidence in Tairāwhiti of steps taken in moving toward a state of readiness
- o Initially the propensity to act was high as evidenced by activity around PHO development, the mainstay of the changes that took place.
- o Limited participant understanding of the Strategy negatively influenced the implementation processes.

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# Multiple layers of resistance

- o The DHB was not ready to adopt the broader intent of the Primary Health Care Strategy
- o GPs managed to firmly retain power and control
- o The majority of nurses were unaware of the changes taking place around them
- o Reform weariness was also evident and negated the appetite for change.



# Primary health care nursing investment

- Innovative models of nursing practice looked promising - Tairawhiti was successful in its bid for innovation funding provided by the MoH. Once the funding expired, so did support for the project.
- Traditional models of service delivery continued with limited gain for nursing, or for the population of Tairawhiti.
- Participation at governance level was the least developed goal identified; at odds with existing beliefs
- Paucity of nursing leadership across primary health care in Tairawhiti
- Education and career development gained the most traction of all five investing in health goals





# Contribution to knowledge

- o Most studies on the Strategy have concentrated on PHO formation and fee reduction
- o One of the least studied aspects of policy change is knowledge on how and why social structures, internal and external influences and diffusion processes affect the adoption of policy driven innovations in health. Yet, as this research demonstrates, such factors are powerful predictors of whether an innovation will be adopted or not
- o This case gives rise to knowledge which contributes to the cumulative knowledge of primary health care nursing
- o Demonstrated the necessity for the nursing workforce to be active in the health planning and decision-making
- o Provided new insights into what change occurred for primary health care nursing in Tairāwhiti
- o Increased understanding of the challenges and opportunities offered by the Primary Health Care Strategy

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# Recommendations



- Policy development must include in its design, programmes that are congruent with the values and goals of major stakeholder groups.
- The concepts of the diffusion of innovation theory are used to guide and implement policy change in the future
- A dedicated primary health care project manager in each DHB to lead implementation
- Necessary resources provided
- Nurses are actively engage in the change. Nurses must be part of the decision-making
- Nurses must produce sound evidence of their contribution to health care