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Needs assessment and decision making in the Plunket nurse setting: What's the story?

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Abstract

Programmes delivered to populations of young children have had a high profile in recent years, as the relationship between childhood health and long term wellbeing is emphasised and funders and policy makers seek effective interventions to reduce health outcome disparity between some groups of children. Plunket nurses are employed by the Royal New Zealand Plunket Society (Inc) (Plunket) to deliver a programme of contacts to families with children aged from birth to five years, under a primary health care programme known as the Well Child Framework (Ministry of Health, 2010c). Seven universal or 'core' visits result in an assessment of family health need which informs decisions about the additional support offered to reduce risk to child health outcomes and improve health equity.

This study was undertaken to clarify how Plunket nurses think about needs assessment, describe how Plunket nurses make decisions when planning care, and explore the influences on Plunket nurse needs assessment and decision making. A constructivist paradigm provided the framework for qualitative interviews with seven Plunket nurses. Data were analysed using narrative and thematic methods to construct three group narratives. The findings add to knowledge of New Zealand well child practice established through the limited previous studies in the Plunket nurse setting.

Plunket nurses' relationships with families emerged as the foundation for needs assessment, a process study participants described as complex, where a range of social, economic and community determinants are considered to establish family resilience and identify risks to child health outcomes. Decisions about planned care are contingent on family participation and agreement, and are influenced by peer and Clinical Leader supervision, the nurse's knowledge and experience, and the available referral options.

The study findings emphasise the importance of facilitative funding models to accommodate the unpredictable nature of work with families in the community, and consistent leadership to translate the underpinnings of service specifications to the reality of practice. Support for the Clinical Leader role, and further research to establish Plunket nurse professional development needs and to improve understanding of the dynamics in relationships between Plunket nurses and families are recommended.

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The decision to embark on this thesis journey was not taken lightly. The final product represents considerable commitment by many people who have contributed time, skills, knowledge and encouragement, and without whom I could not have learned so much, especially about the research process and, most importantly, about needs assessment and decision making in the Plunket nurse setting.

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Dedication

I dedicate this thesis to the memory of Anne Lensen, my dear friend, she sadly did not live to see the result of her prophesy (in the face of my determined denial and disbelief) that I could, and would, complete my masters. I have thought of Anne every day since she died five years ago and mourn the loss of a true nursing leader, great thinker and inspirational role model.

List of abbreviations

ABC	Ask, Brief advice, Cessation support Smoking cessation intervention
CK	Community Karitane
CL	Clinical Leader
CYF	Child Youth and Family
HIPPY	Home Intervention Programme for Parents and Youngsters
HV	Health Visitor
MoH	Ministry of Health
NZDep	New Zealand Deprivation Index
PAFT	Parents as First Teachers
PCIS	Plunket Client Information System
PDRP	Professional Development and Recognition Programme
PEDS	Parent Evaluation of Development Screen
PEPE	Plunket Parenting Education Programme
PHQ3	Patient Health Questionnaire 3
PHR	Plunket Health Record
UK	United Kingdom
WCF	Well Child Framework
WINZ	Work and Income New Zealand

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