

# Implementing the Nurse-Family Partnership program in rural/remote communities

Karen Campbell, RN, MN  
PhD Student, School of Nursing  
Health Sciences Research Plenary  
Thursday May 19, 2016

## Objectives

As a result of participating in this session, participants will:

- identify the method, findings, and recommendations from a qualitative study exploring the experiences of nurses implementing the NFP program in rural and remote British Columbia
- understand the unique experiences of nurses working in rurality
- discuss strategies to support rural nurses
- recognize innovative strategies for bringing meaning to the data

## Background

- Young mothers and their children are at risk for suboptimal health outcomes and are a significant public health concern
- Rural and remote living creates additional challenges for young mothers who may be greatly in need of supportive nursing interventions
- The Nurse-Family Partnership (NFP) program is designed to improve child and maternal health through the use of home visits with public health nurses

## Methods

- Using interpretive descriptive methodology
- Semi-structured interviews examined
- Data analyzed using Nvivo software
- Themes were developed using a variety of qualitative data analysis techniques

## Findings: The balancing act

- Nursing in rurality meant functioning in dual roles
- Frustrated by the lack of time and inability to successfully balance both roles
- Despite the “complexities” of the NFP and the “logistics” of the generalist role, nurses were committed to finding balance



## Findings: The mirror effect

- Nurses' perceptions of their interactions with supervisors and clients had a mirrored effect
- Communication, a challenge for rural nurses, was the strongest example of this phenomenon
- NFP nurses' who were able to view challenges through a positive lens were better equipped to deal with rural barriers to communication

## Findings: Navigating isolation

- Many are the only nurse in the office delivering NFP
- Nurses and supervisors developed innovations to address isolation
- Having supervisors and other nurses “understand” the challenges was most important



## Innovations in Rurality

- Nurses identified methods to help feel supported
- Supervisors supported isolated nurses to come together to enhance connections
- Nurses and supervisors regularly discussed the issues specific to rurality that helped to support the work/life balance issues important to nurses



## Reflections on learning

- Findings will support nurses working in rurality and help contextualize the program in Canada
- Journaling helped the analysis process and supported reflexive engagement with the data
- Themes were discussed with other members of the BCHCP team
- Representative credibility could have been strengthened
- Grounding creativity in evidence was the art of finding quality in qualitative data analysis

## The Voice of a Nurse



## Funding Acknowledgments

For the BCHCP core study funding provided by the BC Ministry of Health with support from the BC Ministry of Children and Family Development and from Fraser Health, Interior Health, Island Health, Northern Health and Vancouver Coastal Health. Additional funding to support the process evaluation provided by the Public Health Agency of Canada.