



Delivering the Nurse-Family Partnership[®] program in rural communities

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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 British Columbia
- understand the unique experiences of public health nurses working in rurality
- discuss strategies to support rural public health nurses

Inspire.

Engage.

Lead.



Background

Inspire.

Engage.

Lead.

- Mothers of young maternal age living with socio-economic disadvantage are at risk for poor health and well-being
- This population is considered to be particularly vulnerable when they have also experienced poverty in childhood, low education attainment, underemployment, and violence across the lifespan
- When this intersects with rural geography, there is potential for compound marginalization
- Rural populations experience poorer health outcomes, fewer health resources, and greater difficulty accessing health services



Background



Inspire.

- The Nurse-Family Partnership (NFP) is an early intervention program designed to improve child and maternal health through nurse home visiting to young, first-time mothers experiencing social and economic disadvantage

Engage.

- Public health nurses (PHNs) providing home visiting is a public health strategy to promote health and prevent disease and injury in Canada

Lead.

- Extensive processes in Canada to identify adaptations necessary to ensure program meets needs of Canadian mothers, reflects PHN competencies, and is feasible to deliver across range of geographic contexts, including to families living in rural communities



Methods

The research question:

How do public health nurses and their supervisors experience implementing the NFP program in small town and rural communities of British Columbia, Canada?

- Using interpretive description methodology
- Total population of supervisors (n=8) invited to participate in one-to-one interview and PHNs (n=10) delivering in rural communities
- Data analyzed using thematic analysis, constant comparison, and guided by Research Talk's "Sort & Sift, Think & Shift" Toolkit, organized in Nvivo 11 Pro
- Ethics approval through 10 individual research ethics boards (5 health authorities, 4 universities, & Public Health Agency of Canada)



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Defining Rural

Inspire.

- Participants self-identified their geographical region
- Recognition that geography is non-binary
- Described using a variety of factors including:

- Low population or population density
- Proximity to urban centres
- Limited accessibility to the community
- Land structure (i.e. farmlands)

“Well we're rural.
We're not quite as rural as
some places”

“The bigger centres
would say we're rural”

Rural

Urban

Lead.

Engage.



Weathering Rural Realities

Inspire.

- Place-based realities, such as travel, weather, and access to services, were normalized in rural communities for the PHNs and supervisors who were interviewed

Engage.

- Nurses in this study experienced the reality of practicing in communities that had limited access to health and social services
- Supervisors worked with PHNs to identify necessary strategies and create workaround solutions, such as overnight accommodation or video conferencing, to meet program requirements

Lead.





Guarding Time

Inspire.

- Guarding time was necessary for rural PHNs to meet the requirements of the NFP program and balance their organizational obligations

Engage.

- Tensions existed around finding time to complete all of their work, especially for those in dual roles
- There was a potential for inconsistency between two distinct supervisors who may not always have a shared vision for nurses' use of time

Lead.

- Travel was unavoidable and time-intensive
- Supervisors were aware and those who understood rural nursing were good resources



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Communication

Inspire.

- Inability to reach clients interfered with delivering core program elements
- Connecting with other nurses or supervisors in the NFP program was the most significant communication concern noted by study participants

Engage.

- Most of the nurses in this study were the only PHN delivering the NFP program in their office and struggled with the associated isolation and lack of connection with other NFP peers

Lead.

- Rural geography influenced regularly scheduled NFP team meetings and education
- PHNs & supervisors were creative in addressing barriers





Recommendations & Future Research

Inspire.

- Results of this study suggest that PHNs delivering the NFP in rural communities require unique considerations
- PHNs and their supervisors are well-positioned to identify the modifications that are required to help support the successful implementation of this public health nursing intervention program
- Given the complexities associated with rural practice, a better understanding is required regarding how rural PHNs are communicating with clients and how supervisors are meeting the NFP required program elements
- Findings offer innovations for practitioners working with families in rural communities and will provide the basis for the NFP rural delivery model in Canada

Engage.

Lead.



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Thank you: Questions?

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