The changing face of Maternal and Child Health Nursing in Victoria

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Overview

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Increase national productivity with a more flexible, responsive and sustainable health workforce.

Maintain a national register for each health profession

Workforce movement cross boarders

Provide safeguards, promote confidence in health care workforce

Reduced bureaucracy for registrations
GAPS in the literature

- Limited current published literature regarding the knowledge, attitudes and beliefs of the M&CHN’s in Victoria on the national changes to registration and national service provision models.
Introduction - The Vic. MCHN Context

- Require two postgraduate qualifications to practice as M&CHN in Victoria
- Legislated Birth notice notification system
- Funded by State and Local Government
- Memorandum of Understanding -79 LGA
- Education Portfolio (DET)

Role focus:

- Early contact with Mother, Child & Family
- Physical, Emotional & Social well-being of the whole family
- Health promotion, early detection, intervention, prevention, referral and education.
- Provision of anticipatory guidance – Breast feeding, development, behaviour, sleep settling
- Developmental assessments Healthy lifestyles focus
- Domestic Violence, Mental Health screening
Aim

- Explore and describe the knowledge, attitudes and beliefs of the M&CHN’s to the national changes to registration, qualifications, educational requirements and proposed service provision.
Methodology

Qualitative Exploratory Descriptive (QED)

“Enables collection of information in relation to the characteristics of particular individuals, groups, institutions, situations, or the frequency of the occurrence of a phenomenon, when little is known within the positivist paradigm” (Patton, 2002)

Ethics Approval

☑ RMIT
☑ DEECD
☑ LGA
Method Group 1&2

Recruitment

- Conference advertisement, flyer and word of mouth

Sampling

- Purposive sampling - ensure information rich data ‘from which one can learn a great deal about issues of central importance to the purpose of the inquiry (Patton 2002, p.230).

Inclusion Criteria

- Stakeholders relevant to Maternal and Child Health organization.
- Willing to participate in individual digital recorded semi structured interview.

Exclusion Criteria

- Working in a seconded position
- Under 12 months experience as M&CHN
Method

MCHN group breakdown
- A group – 1-5 yrs. experience
- B group - 6-14 yrs. experience
- C group - 15+ yrs. experience

Semi structured interview questions = 42
Questions structured in 6 categories
- National Registration
- National Framework
- Qualifications
- Service Provision
- Professional Development
- Organizational Change

Total sample n = 53
Data Analysis Process

Qualitative content analysis

- Interviews transcribed, coded and emergent themes identified (Sandelowski, 2000).
- Coded into themes in parent and sibling nodes
- Nvivo software.

Data Triangulation

Triangulation was the major approach used to evaluate the outcome of this study - validating the results and to uncover any unreported biases due to there being only one researcher.
Demographics: KSH Group One

- KSH = 12
- Pilot = 2
- KSH were MCH qualified and worked either in management, academia or service coordination. DET the MAV or the Coordinators of the Family and Children’s Services local government jurisdictions across Victoria.
- The participant’s range of experience in this group was 1-20 years.
- One had a Graduate Diploma qualification with four having a Masters of Business management.
- The age range of participants was 46 - 55 years young
Demographics: MCH Group Two

- MCHN = 39
- Pilot = 3
- A = 13
- B = 11
- C = 12

- A more detailed breakdown of the number of participants from metropolitan, semi-rural, rural and remote is not provided as this has the potential to identify them.

- The participant’s range of experience was 1-35 plus years.

- The majority of the participants had a Graduate Diploma qualification with ten having a Masters of Child and Family Health/ or Equivalent.

- The age range for the participants was: 24 years - 65 plus years young
Key findings

‘loss of a speciality’

- Loss of professional identity strongly felt
- Groups had not fully grasped the full extent of the impact of the changes with the loss of MCH recognition as a speciality
- No realisation of the impact
- The importance of Midwifery
- Not all agreed with need
- Suggested pathways
Key findings

‘universal service’

- Nervousness with dumbing down service in Victoria
- Notable differences in service provision by jurisdictions
- Confusion and limited knowledge of a proposed national framework
- Great deal of discussion about what should be in the framework
- Not enough information
- Seen by many as a positive move
- Victorian model as a benchmark for universal service
Key findings

‘we do it well’

- International and Nation recognition
- Victorian model operates successfully and should be considered in principal Infrastructure and Educational pathways in place – not saying it is perfect
- Anecdotal information only on other states qualifications and services
- Limited understanding of other jurisdictions
- A midwifery qualification is a bonus to the service
Key findings

‘imposed from above’

- National change was not visible in the national political agenda
- Groups had not fully grasped the full extent of the impact of the changes
- Inadequate communication
- Lack of consultation with grassroots
- Loss of voice, powerless, undervalued
- Believe change is progressive – not for change sake
- Has to come from bottom up
Recommendations

More involvement in the process of change

- Encourage increased ownership of the change process by engagement of the workforce with more transparency and seamless framework

- Champions to promote ownership and communication

- Improve consultation and collaboration in the process for decision making to avoid imposing change from the top down

Comprehensive national approach

- Universal Communication between ‘All’ areas of the service

- Present argument to AHPRA for recognition of Midwifery requirement and Maternal and Child Health qualification endorsement

- Increase research output on the service no matter how small

- Increased opportunities to advise and evaluate progress
Conclusion

Participants had not entirely grasped the full extent of the changes that had been imposed on them

- Specifically the implications of the National registration
- Confusion regarding a National Framework
- Degree of mistrust in political agenda

Need for more effective organisational change process

- Lack of clear communication and leadership in the change process
- Lack of knowledge and understanding of what and why change was happening
- Lack of acknowledgement of loss of professional identity
- Recognition that change management requires both an individual and an organizational perspective

Belief that there has been inadequate involvement of grassroots Victoria in the National political agenda
Presentations - Publications

Presentations/publications


References

• NH&MRC (2006). National Health and Medical Research Council *National Statement on Ethical Conduct in Research Involving Humans*.
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Questions

“From Little things big things grow”

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