ENGAGING NURSES ACROSS DISCIPLINARY, ORGANIZATIONAL AND SECTORAL BOUNDARIES FOR THE HEALTH OF VULNERABLE POPULATIONS

A SYSTEMIC MODEL OF AN UNFOLDING INTERFACE NURSING PRACTICE IN QUEBEC (CANADA)

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Disclosures

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- Doctoral research scholarships and thesis award
- No conflict of interest

- **Objectives of the presentation:**
  - To identify the core components of a nursing practice that operates at the interface of primary health care organizations and community settings with the intention of reducing social vulnerability and health inequalities
  - To identify key strategies that nurses can use in order to engage with vulnerable populations and community stakeholders and work across disciplinary, organizational and intersectoral boundaries
Québec, Canada

- Québec is the second most populated province in Canada
- More than 8 million people
- 23.6% of the Canadian population
- Quebec’s inhabitants predominantly speak the French language
Primary care nurses are key actors in programs that are dedicated to vulnerable populations

- Empowerment of individuals
- Creating healthy environments and social networks

Opportunities for nurses to develop a nursing practice at the interface of community health centers and community resources in order to reduce social vulnerability and health inequalities

- Nature of relationships with vulnerable individuals
- Diversity of nursing knowledge
- Scope of nurses’ professional abilities

Some nurses are now crossing their disciplinary, organizational and sectoral boundaries to engage in what we refer to here as interface nursing practice

- Low level of support to act beyond their traditional/clinical boundaries

Yet, to our knowledge, no study has documented this unfolding practice
A practice where nurses cross the boundaries of primary health care organizations to engage with actors from multiple sectoral horizons for the health of vulnerable populations.
Systemic and Complexity lens

Interface nursing practice conceived as a complex system

Environment
In what context does interface nursing practice develop?

Evolution
How did interface nursing practice evolve over time?

Structure
With whom do nurses interact/intervene in their interface nursing practice?

Goals
What projects, intentions and ideals are nurses inspired by in their interface nursing practice?

Activities
What activities or processes do nurses use in their interface nursing practice?

Environment with Evolution
Structure with Goals
Activities with Goals
Environment with Structure
Evolution with Goals
Activities with Evolution
Environment with Goals
Structure with Activities
Evolution with Activities
Goals with Environment
Goals with Structure
Evolution with Structure
Goals with Evolution
Activities with Environment
Activities with Structure
Activities with Evolution
Activities with Goals
(Le Moigne, 2006)
To produce a systemic model of interface nursing practice in the context of social vulnerability
Research methods
Research methods

- Qualitative exploratory study
- Purposeful sampling:
  - Diversification (Patton, 1990; Pires, 1997)
- Ethical considerations
- Data collection and analysis proceeded using an iterative process (Creswell, 2007);

<table>
<thead>
<tr>
<th>SAMPLE</th>
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<tbody>
<tr>
<td>Participants</td>
<td>15 primary care nurses</td>
</tr>
<tr>
<td>Different settings</td>
<td></td>
</tr>
<tr>
<td>Center (A)</td>
<td>Center (B)</td>
</tr>
<tr>
<td>n=4</td>
<td>n=5</td>
</tr>
<tr>
<td>Different programs with different levels of development of interface nursing practice</td>
<td>Program:</td>
</tr>
<tr>
<td>• Integrated perinatal and early childhood services (SIPPE)</td>
<td>Programs:</td>
</tr>
<tr>
<td></td>
<td>• Adults’ and youths’ homeless programs and affiliated services</td>
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<td></td>
<td>• Work safety programs</td>
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## Research methods

### DATA COLLECTION

<table>
<thead>
<tr>
<th>Method</th>
<th>Interview topics:</th>
<th>Aim:</th>
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<tbody>
<tr>
<td><strong>15 semi-structured interviews with primary care nurses</strong> (90 min.)</td>
<td>• Nursing interventions or activities; actors with whom nurses intervene/interact; context of the interface nursing practice; constraints and success strategies of interface nursing practice • Interview syntheses were sent to participants for feedback and validation</td>
<td>to produce professional and training portrayals of nurses who participated in semi-structured interviews</td>
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<td><strong>Self-administered sociodemographic questionnaire</strong></td>
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<td>to produce in-depth descriptions of interface nursing practice activities and contexts</td>
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<td><strong>1 year of participant observation</strong> (50 hours)</td>
<td>• Observation of the interface practice of 2 nurses • Observation during team meetings • Informal interviews with administrators, interprofessional teams and community actors</td>
<td>to describe historical, organizational and political trends and contexts relating to the development of interface nursing practice</td>
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<tr>
<td><strong>Document analysis</strong></td>
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Results

- What are the core components of interface nursing practice in the context of social vulnerability?
Results

- **Theme 1**: A practice guided by a goal that is presented as a social obligation for vulnerable populations, that of becoming autonomous

  - Individuals' autonomy perceived as an imperative for action
  - Independence
  - Responsibility

- **Theme 2**: Relational processes central to interconnect vulnerable individuals with various actors and resources in the community

  - Building trustful relationships
  - Being empathetic
  - Making adjustments

- **Theme 3**: A nursing practice depicted as strategic action

  - Influencing patients' decisions/actions in the name of promoting their autonomy
  - Revealing professional assets to build sustainable networks
  - Preserving established relationships by making compromises
  - Advocating for vulnerable populations

- **Theme 4**: Contradictory processes that appear to change nurses' sense of professional identity

  - Contradictory dynamics to nurses' professional autonomy and interface practice development
  - Nurses' professional identity conceived through a social lens
Results

- What strategies did nurses use to engage and work across their traditional boundaries?
Results

- **Interface nursing practice depicted as strategic action**
  - **4 strategies**
    - Influencing patients’ decisions/actions in the name of promoting their autonomy (social norm)
    - Revealing professional assets to build sustainable networks
    - Preserving established relationships by making compromises
    - Advocating for vulnerable populations
  - **Finding the right balance between:**
    - Engaging others with regards to your interests and promoting others’ interests throughout your decisions and actions
    - Influencing others and accepting compromise
Discussion

- Study limitations

- This study sheds light to...
  - New boundaries of care for nurses engaging with vulnerable individuals and community stakeholders to reduce social vulnerability
  - The wide range of multisectoral actors with whom to network and collaborate
  - Activities, strategies and processes that appear to be promising to improve access to primary health care for vulnerable populations

- However...
  - Not enough support to assist nurses in working at the interface of primary health care organizations and the community
Conclusion

- Nurses’ social mandate to reduce social vulnerability and act upon health inequalities:
  - It involves engaging with others outside the traditional boundaries of care
  - It involves a shift in nurses’ sense of professional identity from medical to social

- This study emphasizes fundamental dimensions of an interface nursing practice that has a great potential for further engaging nurses in networking activities and strategies to reduce social vulnerability and health inequalities.
THANK YOU!