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# Strategies Used by PHNs to Manage Challenges Encountered in Serving Vulnerable Populations

Ruth A. O'Brien, PhD, RN, FAAN

J. Kathleen Magilvy, PhD, RN, FAAN

Anne Luckow, MA

School of Nursing

University of Colorado Denver

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# Acknowledgments

## Project Team

- Ruth A. O'Brien, PhD, RN, FAAN – PI
- J. Kathleen Magilvy, PhD, RN, FAAN
- David P. Racine, PhD
- Carol J. Vojir, PhD
- Anne Luckow, MA

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# Parent Study

- To understand how the social context (community factors, organizational culture, and team relationships) may influence the successful transport of an evidence-based intervention, Nurse-Family Partnership, into community practice.
- Design: Multi-method, multiple case study



# Background

- There is relatively little research about the factors that affect the quality of implementation of nursing interventions with vulnerable populations.
- Staff competence is frequently identified as key to the effective delivery of services to vulnerable populations, but how such competence is produced and sustained is poorly understood.



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## Purpose of Present Study

- Examine the challenges that nurses experience in working with vulnerable families and the strategies they use to manage the challenges.
  - Sample: 65 nurses working in 12 Nurse-Family Partnership programs in CA, CO, LA, and PA. [www.nursefamilypartnership.org](http://www.nursefamilypartnership.org)
  - Design: Qualitative descriptive
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# Interview Question

Think of a family in which you felt things were not going well – the family appeared disinterested in visits and you noted little change in behavior. You continued to visit and somehow things changed for the better. Can you describe such a situation for me?

Probes: What did you do that brought about change? What did you learn?



# Analyses

- Qualitative descriptive analysis by researchers using Atlas-ti software to assist with data management and analysis.
  
- Stories coded for:
  - **Types of Challenges**
  - **Action Taken by Nurse**
  - **Lessons Learned**



# Types of Challenges

- Building Rapport and Trust With Clients
  - **Teens**
  - **Maternal attachment histories**
  - **Mental health issues**
  
- Client - Family Relationships
  - **Chaotic, multi-problem environments**
  - **Lack of support for pregnancy**
  - **Lack of support for maintaining relationship with male partner/boyfriend**





# Types of Challenges Cont'd

- Safety issues for client and child
  - Domestic Violence
  - Sexual Abuse
  - Possible drug activity in home
  - Environmental living hazards



# Actions Taken

- Patience
- Persistence in visiting
- Non-judgmental attitude
- Tailoring the program to the client's interest
- Focus on small changes
- Present options



## Actions Taken Cont'd

- ❑ Maintain program boundaries
- ❑ Openly acknowledge destructive behaviors and possible consequences
- ❑ Refer and link to community services
- ❑ Advocate for client with other health and human service providers
- ❑ Discuss case with supervisor or team



# Lessons Learned

- **“I think that it is a matter of hanging in there, making your visits when you said you were going to – because many of our clients have never had anybody they could trust for anything, including their parents....So it takes while, but I think that with all clients, you need to show them that you’re not going to give up....And I think you have to look for the things that they need most. If you can take care of that, I think that’s a really large hook to getting them engaged in the program.”**



# Lessons Learned

- “I think that you just have to believe that clients have the ability to change their life. You have to accept where they are and partner with them to take the small steps needed to reach their goals....  
You lay the foundation by presenting options.”



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# Story #1

The nurse described her 17 year old client, a pregnant teen as having a flat affect and no smile. She was very quiet during visits. She was not gaining weight and the nurse suspected she was possibly anorexic, having gained only 3 pounds by 28 weeks. During subsequent visits the nurse learned from the teen that she had extreme nausea and could only eat small amounts before she was full; after further conversation she learned this had been going on for several years and she was worried about gaining too much weight with the pregnancy.



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## Story #1 Cont'd

The nurse worked on nutrition with the teen, capitalizing on her desire to have a healthy baby and her concern about the baby's development. After several weeks she was able to obtain the client's agreement to contact her primary care physician to obtain a psychological consultation. A diagnosis of anorexia was confirmed and the client was started on TPN 12 hour feedings at night. The fetus grew significantly over the following weeks as the client gained weight. Both the client and her mother wanted good outcomes for the baby and cooperated with this plan and with prenatal visits with the primary care physician.



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## Story #1 Cont'd

**The nurse described the lessons she learned from working with this client:**

**“(You) need to be open...take the client where (she is). There is nothing you can do; it has to be the client’s decision and all you can do is help them...The biggest thing in my mind is a healthy baby, healthy pregnancy...luckily this one was one who also (had the same goal) – to have a healthy baby...We take every step that we can get; even if it’s the littlest step.”**





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## Story #2

**This nurse described a pregnant client in her early 20's who was living with her own dad and siblings. The FOC came to many visits, but the client was irregular in her availability for scheduled visits and the nurse was frustrated about not being able to see her. Over time, the nurse suspected domestic violence. After talking about with the client about how an infant could be unintentionally hurt when couples were arguing or upset with each other, the client disclosed that her father had told her when she was about 16 "it was a woman's place to do what the man said... if she needed to be hit then that was what she had to put up with."**

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## Story # 2 Cont'd

The nurse assured the client that no one has a right to be hit and gave her resources, telling her that if the baby were in jeopardy she would have to report the situation to child protective services. Later after the child was born, the client disclosed a domestic violence situation that she knew the nurse would have to report – she did so deliberately according to the nurse, who did report the situation. CPS established a supervised custody arrangement with the FOC. The client did not want her son to become an abuser like his dad and expressed relief for the nurse's help in handling the situation.

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## Story # 2 Cont'd

Upon reflection, the nurse believed that being non-judgmental with this client, respecting her and linking her to community services were helpful interventions. She commented that she learned, “there is a window of opportunity for people to take information and do something with it; until somebody’s ready to make a change the information ...is kind of like a lock and a key; the key doesn’t fit until there’s a certain time that it can open that lock...we are... a resource and a support. We can’t force change, only offer the tools for it and the rationale for it.”

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