Do staff working with families in community child health hold different perceptions than their counterparts in acute settings?

Rose Kruze, Wendy Smyth, Andrew White, Abdullah Mamun and Linda Shields

Background: Although staff in acute paediatrics feel more positive working with children than with parents, it was anticipated that community child health staff may hold different perceptions because their family partnerships model of care claims to be family-centred. Methods: Nurses, doctors and allied health staff (n=48) working in community child health in regional Australia completed the Working with Families’ questionnaire. The questionnaire, used previously in acute care settings in several countries, comprises 10 semantic differential statements to each statement: “I find working with children…” and “I find working with parents…” Results: There were no significant relationships between demographic variables and the mean ‘working with children’ and ‘working with parents’ scores. However, there was a difference between the mean scores: 1 lowest - 5 highest; working with children: 4.29 (CI 4.06, 4.51); with parents 3.9 (CI 3.68, 4.12), mean difference -0.39 (CI-0.54, 0.23; p<0.001). Conclusion: Community child health staff, similar to staff in acute paediatric settings, felt more positive about working with children. However, if family-centred care was effectively implemented no such difference should occur. Staff in community child health require support and education about family-centred care. This is the first use of the Working with Families questionnaire in a community setting but it needs replication with a larger sample.

Nurses and midwives in north Australia: a survey of their long-term conditions and how they manage them

Wendy Smyth, David Lindsay, Colin Holmes and Anne Gardner

Background/Aims: Although nurses and midwives are ageing, are in short supply, and they comprise the largest proportion of the health workforce, very little is known about how they manage any personal long-term conditions. This study aimed to identify the types and impacts of reported long-term conditions, and to identify strategies used to self-manage these conditions. Methods: A cross-sectional survey design was used. All nurses and midwives employed by the Health Service were sent a paper-based questionnaire, comprising six sections; 665 (30.9%) completed surveys were returned. The questionnaires were anonymous, and took no more than 25 minutes to complete; less if the nurse/midwife reported no long-term conditions. Results: Approximately two-thirds (n=401) reported having at least one long-term condition; musculoskeletal conditions were most frequently identified. More experienced nurses/midwives reported having more than one long-term condition. More than one quarter (n=107) identified conditions relating to mental health and wellbeing. Respondents were more likely to use personal than workplace-related strategies for managing their long-term conditions. Conclusion: Although this is a non-representative sample, it is evident that nurses and midwives struggle with their own long-term conditions. The lower uptake of employer-provided strategies needs to be examined to minimise the loss of nurses and midwives from the workforce. This study has informed a similar study being undertaken with doctors and health practitioners in the Health Service; a larger cohort study involving nurses and midwives across metropolitan, rural and remote areas is recommended.