



Capability Evaluation Support of a Pacific Nurse-Led Service: Qualitative Findings



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Abstract

Since 1999, a not-for-profit Pacific Health Service in an area of Hutt Valley, New Zealand, has delivered a range of health services in response to the needs of the Pacific People. The Pacific Health Service delivers a variety of services including a Pacific Nurse-Led Service that includes a walk-in clinic and mobile nursing service. Working in partnership with the Pacific Health Service, a Senior Pacific Researcher from Victoria University of Wellington was commissioned by Pacific Perspectives through the Pacific Grant Fund from the Ministry of Health, to conduct an evaluation of the Pacific Nurse-Led Service in 2013. The aims of the evaluation were to assess the effectiveness of the Nurse-Led Service, to develop the professional expertise of nurses in monitoring and evaluation and provide capability support.

Data was collected using qualitative interviews with 21 patients. The themes arising from these interviews suggest that the implementation of the Nurse-Led Service results in Pacific peoples receiving the service have 'increased awareness' and have made 'behavioral changes' around healthy eating, exercise, smoking, weight loss; improvement in their clinical assessments; improvement in attending appointments and their outlook on their general health was positive. It became clear that home visits were working well for Pacific peoples, as well as the daily exercise program, health education sessions, and the flexibility of the 'walk-in-clinic'. Building capability support in nursing practice evaluation was identified as a priority to sustain the effectiveness of the Nurse-Led Service. This model could be applied to other Pacific and primary healthcare settings in small communities.

Keywords: Evaluation; Pacific health service; Pacific Nurse-Led; Pacific people experiences

Introduction

In 2013, 7.4 percent of the New Zealand population (295,941 people) identified with one or more Pacific ethnic groups, compared with 6.9 percent (265,974 people) in 2006. New Zealand's Pacific peoples are a diverse and dynamic group with the fastest growing young population. A little under half (46.1%) are less than 20 years old, compared with 27.4% for the total New Zealand population. By 2026 it is projected that Pacific Peoples will be 10% of the population. The Pacific Peoples ethnic group was the fourth largest major ethnic group in 2013, behind European, Maori and Asian. Samoa was the largest Pacific Peoples ethnic group in 2013 at 48.7% of the Pacific people's population (144,138), followed by Cook Islands Maori 20.9% (61,839 people), Tongan 20.4% (60,333 people), and Niuean 8.1% (23,883 people). Almost two thirds of those 62.3% (181,791 people) who identified with at least one Pacific ethnicity were born in New Zealand. Most Pacific Peoples (92.9% or 274,806 people) lived in the North Island in 2013. The majority (65.9% or 194,958 people) lived in the Auckland region while 12.2% or 36,105 people, lived in the Wellington region [1].

Pacific people face many barriers to accessing health care services for example, cost, transport, language, health literacy, problems navigating complex healthcare systems and consequently do not always turn up for appointments [1-5]. They also have a

low uptake of preventive and primary care services for example, cervical and breast screening [6].

According to Statistics New Zealand and Ministry of Pacific Island Affairs [6], Pacific peoples' access to primary care services and the quality of care received have improved over time since the development of Pacific providers in the 90's. It was noted (ibid) that services and the cultural competence of clinicians is key to enhance patient-centred care and improve healthcare quality and consequent outcomes. An evaluation of communicating with Pacific communities through radio health promotion programmes in Wellington indicated that Pacific people report positive interactions and engagement with Pacific service providers and have made positive lifestyle changes for example, to healthy eating and exercising because clinical staff speak Pacific languages [7] when compared with mainstream models of care delivery [1-8].

The New Zealand health and disability sector ensures that health and disability services that Pacific population's access reflect the Government's goals as expressed through the strategic policy Ala Moui: Pathways to Pacific Health and Wellbeing 2010-2014 [9-12], which has been subsequently updated to cover the period 2014-2018. Ala Mo'ui sets out the strategic directions to enable the health system to be more responsive to the needs of Pacific people

through six priority outcomes: Pacific workforce supply meets service demand; systems and services meet the needs of Pacific people; more services delivered locally in the community and in primary care; Pacific peoples' are better supported to be healthy; Pacific people experience improved broader determinants of health; and every dollar is spent in the best way to improve health outcomes.

In 2012, the New Zealand Ministry of Health established the Kete: Pacific Grant Fund (the Fund) to enable selected health and disability service providers to undertake initiatives that would lead to service and clinical quality improvements and innovation to address Pacific peoples' health needs. Funded initiatives were expected to demonstrate evidence of what works in improving Pacific peoples' health outcomes so that successful practice can be shared and applied across the health sector. The Ministry of Health contracted Pacific Perspectives to manage and support the Fund. Pacific Perspectives engaged the Health Services Research Centre (HSRC) at Victoria University of Wellington to provide capability support to the organizations funded through the Pacific Grant Fund [3].

Pacific service providers are often not funded to conduct evaluations due to budget constraints and limited staff capacity and capability to undertake monitoring and evaluation. As noted by McCoy, Rose & Connolly [2-7] Organisations that can demonstrate effectiveness are in a better position to gain further funding. A Pacific Health Service (PHS) in Wellington was successful with their Pacific Grant Fund application to support a Pacific Nurse Led-Service to improve health outcomes for Pacific people with chronic health conditions registered with their Service. This article presents the evaluation findings for this initiative.

Capacity Building in Pacific Research and Evaluation

There is a lack of evidence to determine the extent to which Pacific health service are more effective than other practices delivering successful nursing-led services or community programs to Pacific Peoples. "Evaluation must positively contributed to the communities in which we live, particularly to inform government policy and decision-making" [13]. Despite the Nurse-Led Service delivering a variety of nursing services, there has not been an evaluation of it since its inception. The evaluation was conducted by a Senior Pacific Researcher and two Pacific Outreach Nurses who attended a two-day evaluation workshop facilitated by the Senior Pacific Researcher and her team from the Health Services Research Centre at Victoria University of Wellington in 2012.

The strategy was to empower the nurses with evaluation knowledge and theories to support them understanding evaluation, for example, ethical processes such as using information and consent forms, and recruiting and interviewing patients for the study. Although the Outreach Nurses have clinical knowledge of their patients and service, they needed capability evaluation support from a Senior Pacific Researcher to assist them with evaluating their clinical practice and to harness and encourage an evaluation culture in the organization. The Health Research Council (HRC) Guidelines on Pacific Health Research [14] point

out that Pacific Health Research [14] helps to build the capacity and capability of Pacific peoples in research and contributes to the Pacific knowledge base. Pacific Health Research [14] requires the active involvement of Pacific peoples (as researchers, advisors, and stakeholders) and not just as subjects of research. The Pacific Senior Researcher worked closely with the Service Manager and the two Outreach Nurses in all stages of the evaluation of the Nurse-Led Service in 2013.

Capability support for the Nurse-Led Service evaluation was a partnership between the Senior Pacific Researcher through the Health Services Research Centre at Victoria University and the Nurse-Led Service clinical team. Thus, this evaluation was a capability building exercise where the Senior Pacific Researcher and the Nurses worked together to share and transfer knowledge while conducting research and evaluation for continued improvement of the Nurse-Led Service.

The Nurse-Led Service delivers a variety of services including a walk-in clinic where patients do not need to make appointments, a mobile outreach service where the nurses visit patients in their homes, delivery of health education sessions on a variety of health topics held at the clinic or in the community, and health assessment clinics held at the clinic and during an exercise program at a community hall. The aim of the evaluation was to assess the effectiveness of the way in which the Nurse-Led Service has been implemented by finding out what components of the Service worked well, and what could be improved.

Evaluation Design and Process

Evaluation guide design

An interview guide was developed to ensure the objectives of the Nurse-Led Service evaluation were met. It was focused on participants' knowledge and experience of the Pacific Health Service through the Nurse-Led Service activities. The questions were framed to address implementation, outcome, and improvement areas.

Evaluation approach

Ethics approval was not required for this study as it was considered to be a service audit with minimal risk. However, HRC Guidelines on Pacific Health Research [14] around the ethical principles when doing research with Pacific People were adhered to in terms of Pacific peoples' engagement, the design and conduct of the study, to information dissemination and policy implementation. The Outreach Nurses who attended the Evaluation workshop with support from the Pacific Senior Researcher developed a draft logic model at the training in April 2012.

The two Outreach Nurses initially made contact with Pacific patients by doing home visits to explain the study, and organised interview dates, times and places for interviews that suited participants. Information sheets and consent forms were translated into the Samoan language by the author whose first language is Samoan to reflect the high population of Samoan people (n=1988) enrolled with Pacific Health Service (PHS report, 23/11/2012).

Those who verbally agreed to take part in the study were given information and consent forms a week before the actual interviews took place to ensure they were well informed of their rights to participate.

Participants

Qualitative interviews were carried out with 21 patients aged 54 to 72 with complex health conditions from five different ethnic groups through 'talanoaga fa'afesega'i (face-to-face interviews) (Fa'asalele Tanuvasa, 2000; 1999) mostly in the Samoan language. The majority of participants were female (n=16). The majority of participants were born in the Islands with one who was born in New Zealand and married to a Pacific Island woman. The Island-born participants had all lived in New Zealand for over 20 years. Data was collected from December 2012 to February 2013.

Data collection

Talanoaga fa'afesaga'i (face-to-face discussion/interviews) Samoan/Pacific method to dialogue with Samoan and Pacific people

Talanoaga fa'afesaga'i (face-to-face discussions or interviews) in Samoan were used to engage and talk with Samoan participants and English and other Pacific languages to talk with other participants [2-7] in order to retrieve information about the key evaluation question, 'what is working well with the Nurse-Led Clinic and what's not'. Talanoaga fa'afesaga'i in the Samoan context is parallel to qualitative face-to-face interviews or discussion according to how the researcher positions themselves in the research and the language used. The method talanoaga connotes the deep and meaningful conversation between the researcher and participant [2-7], and it comes from a Samoan word 'talanoa' (talk). The author used the Samoan language and talanoaga to collect data for this evaluation.

Samoan was the main language used during the interviews or discussion with eleven Samoan participants. Interviews were conducted in English with two Tokelauan, one Cook Island, one Fijian Indian, one Tongan, one Tuvaluan, and one European participant, one interview was carried out in both Tongan and English, and two interviews were carried out in Tokelauan and English.

The Pacific Senior Researcher conducted all the Samoan interviews and one in English with the assistance of one of the outreach nurses who speaks Samoan. Interviews in Tokelauan and Tuvaluan were conducted and interpreted by one of the Outreach Nurses who speaks Tokelauan, Tuvaluan and Samoan, while the Tongan Outreach Nurse who is fluent in the Tongan language interviewed and interpreted the Tongan participant's story with the assistance of the Pacific Senior Researcher.

The majority of participants were interviewed face-to-face on a one-to-one basis. However, one couple was interviewed together at their request. The interviews took about 30 to 50 minutes each. Nineteen interviews were recorded with participants' permission and the other two were carried out using note taking only in English and interpreted by the Outreach Nurses. Eighteen interviews conducted at participants' homes and three at Pacific Health Service premises.

Data analysis

Qualitative analysis of data was undertaken to reflect participants' perspectives about the implementation of the nurse-led clinic, what changes (outcomes) occurred to their health and wellbeing as a result of the services delivered, and what improvements were required to the nurse-led service implementation to achieve better service delivery. Interviews were recorded, transcribed and coded. The author transcribed all the interviews and copies of all transcripts were given to the two Outreach Nurses to read in order to familiarize themselves with the emerging themes. Given the limited timeframe to complete the report and the limited capacity for the two Outreach Nurses to be involved in data analysis, they agreed that the author wrote the draft report and they provide feedback.

The data was analyzed thematically [15] in order to identify patterns where there were a number of instances of the same theme within the data set [16]. To facilitate this process, the stories told in Pacific languages e.g. Samoan were translated into English by the author. The translation process ensured that each participant's story was captured as closely as possible to the meaning as it was told to ensure the essence of the stories was not lost [2-7].

Findings

The evaluation aimed to provide capability support for the Nurses to determine whether the Nurse-Led Service initiative has improved clinical quality of their service and improve Pacific peoples' health outcomes. The evaluation question explored what components of the Nurse-Led model of care worked well and what could be improved for Pacific peoples. We found that the implementation of various activities of the Pacific Nurse-Led Service was working well for Pacific patients because: the workforce consisted of Pacific people who speak different Pacific languages; the walk-in clinic encouraged patients to attend with no need to make appointments; patients were appreciative of home visits; patients made lifestyle changes to eating healthily and exercising; patients monitored their clinical assessments, and improvement in do-not-attends (DNA) because the nurses accompany the patients to their appointments.

Implementation

Participants' knowledge and reasons for choosing Pacific Health Service (PHS) [3,11]

Participants knew about Pacific Health Service (PHS) [3,11] through various channels. Some only found out about PHS when a nurse rang them or visited them at their homes. Those referred to PHS by their General Practitioner were happy to be referred by them. Some heard of PHS through Samoa Capital Radio advertisements, and others were told by Pacific nurses at the hospital when they were patients, or from the nurses at Pacific Health Service when they attended a community exercise program. Linguistic and cultural congruence enhances access, trust, relationship, and communication between the Service and patients. Patients commented that having a workforce of clinicians and administration

staff who speak different Pacific languages encourage them to attend their appointments because staff understand their needs and speak their language: “I prefer our own Island people. One is they are not racist... it’s your own people, if you have any difficulty in English you can ask anything in your language, in your own tongue”.

Although the nurses’ ethnicity and being able to converse in a Pacific language were the most important reasons for participants to choose PHS, three participants noted that the ethnicity of the nurse did not matter to them and two considered language was not a problem because one spoke good English and the other has English as his first language. Affordability and good customer service was also an enabler for patients to continue going to the Service even though they had moved to other parts of the region: “It’s free, customer service is very important, the nurses are friendly and always smile”.

Participants’ knowledge of their health conditions

Nurses explaining health conditions in the language of the patient enhances patient understanding of their illness and treatment. Participants had a good knowledge of their health conditions which ranged from diabetes, high blood pressure (hypertension), stroke, asthma, prostate cancer, gout, arthritis, to other health conditions such as depression. Most participants had diabetes and/or hypertension: “I’m diabetic and I have had it over 10 Years. I do my injections myself and I do it once a day in the morning”. “I have had gout for years going back to the 80’s. I had stroke in September last year. Aspirin is for the heart, something else for getting the cholesterol down...”. I had surgery for a man’s condition what you call it [prostate cancer]. I feel good after my surgery as I feel lighter and I don’t feel tired. I believe if I hadn’t gone earlier to the doctor to seek treatment, I would have gone worse [Tokelauan translation]. I have difficulty in breathing and I use a machine at night [Tokelauan translation].

Participants views of clinic visits

Those who attended the clinic, enjoyed the flexibility of walking-in to the clinic without making appointments. They looked forward to doing their shopping or attending the exercise programme as an opportunity to call into the clinic to have their blood pressure, weight, and blood sugar test done: The thing I like about this service is that it is free. It encourages me to come anytime and I come every fortnight to have my blood pressure and blood sugar test done [Samoan translation]

Participants views of home visits

All participants rated the home visit service as excellent because it was accessible and affordable. Participants felt empowered to talk freely with the nurses in their own environment. They looked forward to the nurses’ visits and having their health assessments done. All participants spoke excitedly about their assessments and results, in particular, if they had lost weight or their blood pressure had gone down. “I like it when they come and see me at home. The service has an advantage as if you go to the doctor you pay but this service is free. It is good because they take your blood pressure and

your sugar test”. “...They will come home and help you, find out your blood sugar, your weight, everything. If I have something bothering me I will ask them how I would go about it and things like that”. I like the nurses’ visit because my daughter and husband both work and I don’t have to go to the doctor to do my screening because the nurse visits me at home. [Tongan translation] When the nurses visit us, they take our blood pressure, blood sugar, temperature, weigh us, and do everything. They encourage us to do our exercise like walking and consuming healthy food [Samoan translation].

Participants views about health promotion and education sessions

Participants who had attended education sessions found these useful and they learned a lot from them. “I like coming here to the health education sessions. I learn a lot of other stuff when I come to the health sessions. I came here to listen to gout...” I like the workshops, in particular, when the nurses explain everything in our own language... The workshops taught me a lot and I have changed the way I live [Samoan translation]. PHS presents health seminars and it encourages me to visit the centre. I like the sessions as it gives me an understanding of my health condition and other health issues [Tokelauan translation].

Participants views about healing beliefs and practices

Participants were asked whether they used traditional healing methods such as massage for their health conditions, alongside seeking treatment from the health professionals. There were diverse views about healing methods from those who used them (n=13). Three participants identified themselves as traditional healers and others talked about the two systems, i.e. western and traditional. “My foot was all sore and I got my wife to massage my foot. There is acid in your foot and when you massage it your foot goes crunch, crunch. The massage helped but it didn’t cure it”. [Non-Pacific participant] Both methods complement each other...I use both Palagi (Western) and Samoan medicine they are the same. [Samoan translation] I am a traditional healer and I massage my children with ma’i Samoa (Samoan sickness). If my child says ‘mum I have a sore tummy’, I give her a massage. If she doesn’t get better in the morning, I take her to the hospital or family doctor [Samoan translation].

Those who were sceptical of traditional methods said: I am not interested with Samoan massage or other traditional healing. When my body aches, for example my feet, I massage them myself as well as other parts of my body. We all have different beliefs about traditional healing, and I avoid going to these things because they think of sprits [Samoan translation]. I do not use traditional healing like fofo (massage)...I only come here (PHS) or go to my doctor. Maybe it is useful for...people with Samoan sickness [Samoan translation].

What changes occur with Pacific patients from implementation of the Nurse-Led Service

While talking about their positive experiences of the Nursing-Led Service and its impact on their mindset about good health, participants excitedly described aspects of their lifestyle changes

in improving their health and wellbeing. These descriptions demonstrated that Pacific peoples had increased awareness of the importance of keeping well and were making an effort to be role models for themselves and their family in these areas: smoking, healthy eating, physical activity and exercise, clinical assessments, do not attend appointments (DNA), and general health.

Smoking

Only two out of the 21 participants smoked. One woman had been smoking for a long time and a cigarette was like comfort food. Exercise such as walking was a 'no' 'no'. She had this attitude: "it's my life, it's an ugly attitude, if I die, I die. I do what I want". The nurses' visits in 2012 had made an impact on this woman as she started to walk and reduce her smoking: "The smoking is slow... the exercise is very slowly" The nurses' approach also helped her to shift her thinking "It's the way she speaks to me because I know she respects me too. She would say 'come on you, get rid of those cigarettes and so on'. But I respect that as she comes down to my level. She knows how to get to my level, how to approach me and I love that". The other participant said "I used to be a heavy smoker. I smoked a whole package a day and now I only smoke two cigarettes a day".

Healthy eating

All participants were aware of the effect of poor eating on their health and wellbeing. Many had adjusted their eating habits and avoided consuming fatty foods and fizzy drinks, drank lots of water, boiled their food instead of frying, cooked their own meals instead of having takeaways, and reduced meal portions from big servings to smaller servings. They advocated as agents for change.

Participants described how they used to enjoy food with lots of fat and the awareness from education sessions had changed their attitudes to consuming healthy meals, "pigs head was my favourite food in the past and now there is a big change in my lifestyle as I don't like it". "I have changed, it took a long time to get used to the new change and now I am used to it. I tell my children and my family, sugar is not important and drink water and no fizzy drinks".

Other participants believed that food is the major cause of all sicknesses, in particular, processed food. "In Samoa you would never get sick if you eat fatty food because we walk everywhere and it burnt off the fat. The problem is we do not exercise to burn off the fat" "It's a scary thing the food mainly the sugar. The sugar and the fat and I understand now that sugar is the most killer for every human being".

Physical activity/exercise

Walking was the main physical activity that most participants did in their everyday life. Some people considered gardening, mowing the lawn and doing the house chores as complementing their exercise. People who attended the daily exercise programme and had healthy meals noticed a big change in their wellbeing. Two people who used to be big had lost weight because of their positive

attitudes towards life, "Two years ago, my weight was 200kg and now I weigh 100kg". "There is a big change in my lifestyle. I was 200kg and now I am 144kg. I am so proud of myself. People would say to me that I am looking good and I have lost a lot of weight. My legs were swelling, my neck was swelling and I couldn't sit down properly. I could hardly reach my toes when I bend down. Now, I can touch my toes and my kids saying 'well done mum'".

Clinical assessments

In addition to participants' excitement at losing weight and the change in attitudes to healthy eating, improvement in their blood sugar level and blood pressure readings also excited them. One participant recognised the factors that contributed to her high blood pressure, "My last B/P was high and I think it was caused by the stress of looking after my grandchildren, but my blood sugar level was 5". Participants appeared to have a good knowledge of what was expected to be normal for B/P and blood sugar reading. One lady described how her B/P was always high, around 200 to 300 in the past, and how it dropped to 150/80 since the nurse had been monitoring it. Participants always used numbers to describe their readings "my blood sugar level is normal at present, it is 5 point something"

Do not attend appointments (DNA)

Participants were positive about the importance of attending their appointments and most did attend, "I go to all of my appointments and I can still drive". Most people did not want to rely on other people or ask the nurses because they were seen to be too busy, "the nurses offer to take us to our appointments but we decline, we don't want to be a burden on them". As the majority had Super Gold Cards (a government discounts and concessions for seniors), they either use taxis, which are subsidised or public transports, which is free for them to go to their hospital or doctor's appointments.

Situations such as transport and distance of hospital, language barrier, and/or unsuitable timing of the appointments resulted in three people being DNA. One person who always been a DNA had attended an appointment at a Public Hospital because the nurse took him.

General health

Looking after their wellbeing was important for most participants as echoed by one woman, "Your health is in your hands". Staying well and healthy was a motivating factor for longevity to see their children, grandchildren and great grand children grow up. When they felt unwell, some saw the doctors straight away. This was particularly the case for those whose children or family lived overseas as they did not want them to worry. Their concern for their loved ones living overseas was a motivating factor for these participants to seek treatment immediately. It was also a motivating factor for these participants to stay healthy by doing their exercise and eating well and keeping up with the monitoring of their health

conditions e.g. B/P, blood sugar, and cervical and breast screening for women. As one woman said: “A lot of our people are shy to go for these tests. ‘Oute faatauaina le ola umi’ (I believe in good health and longevity) and so shyness is not a barrier for me to access all these services. My health is more important”.

Suggested Areas for Improvement

The availability of someone in the clinic to answer the phone

It matters to some patients to be able to talk to a ‘human voice’ and not an answer machine when they rang the clinic. One participant was frustrated saying there was no point of having the nurses contact numbers with them when they are not in the office to answer their calls. This put her off as she was tired of calling the office several times and there was no reply. “The machine answers the phone and I don’t want to talk to a machine. I want to talk to a person and it frustrates me. And so if the machine keeps answering, I give up and then I go to sleep and then I don’t go to my appointment”.

Nurses as role models and agents of change

Nurses as health professionals were held in high regard by the community. There was a perception by some participants that the nurses should ‘walk their talk’ as they had seen some of the staff smoking outside the Service building. In their view, it was an unprofessional practice, particularly when they advocated health and no smoking. Other participants talked about the importance of nurses looking after themselves first to ensure they were well before they preached health. As one participant said, “to be agents of change, it has to start from the nurses. They have to make sure that they are well and healthy before they come and see us”.

Sustaining the effectiveness and leadership of the Nurse-Led Service

Overall, the Pacific participants were satisfied and appreciative of all components of the Nurse-Led Services. The nurses recognised that more resources were required to sustain Pacific patients’ satisfaction with the Nurse-Led Service, in particular, leadership in the nursing team and professional practice so that patients and community view them as role models in health and wellbeing.

Discussion

The Pacific Health Service delivers a Nurse-Led Service for Pacific patients with chronic conditions. The success of the model related to patients’ familiarity with the context (i.e. Pacific health service for Pacific people) and feeling culturally safe in an environment where nursing staff speak Pacific languages. Linguistic (patient and nurse speaking the same language) and cultural congruency (familiarity with ethnicity) empowers Pacific patients to seek care, attend health education sessions, and make life style changes to healthy eating and exercise, and monitoring of their clinical assessments, e.g. B/P, blood glucose. Moreover, accessibility (the nurses do home visits), availability (walk-in clinic has no appointments), affordability (service is free), customer service (nurses always smile), language (patient understands

the conversation about their health condition), respect nursing knowledge (patients trusting nursing advice and attend their appointments for those who DNA) are nursing activities working well for Pacific patients [16].

The implementation of the Nurse-Led Service indicated that Pacific peoples receiving the service had ‘increased awareness’ and had made ‘behavioral changes’ around healthy eating, exercise, smoking, weight loss, improvement in their clinical assessments, improvement in DNA’s, and their outlook on their general health was very positive. This is an indication that the Nurse-Led Service initiative was working well. It became clear that home visits were working well for Pacific peoples, as well as the daily exercise programme, health education sessions, and the flexibility of the ‘walk-in-clinic’ were all judged to be worth the resources spent on this initiative. Nursing knowledge in evaluation is a priority to sustain the effectiveness of the Nurse-Led Service and as noted, professionalism of the nursing workforce mirroring healthy habits of ‘walking the talk’ is paramount to model health and wellbeing.

Conclusion

Evaluation is currently receiving significant attention in the not-for-profit sector in New Zealand. The Ministry of Health funding model through the Pacific Grant Fund to support not-for-profit services such as the Pacific Health Service delivering the Nurse-Led Service is a successful model to build capability in nursing evaluation. Nurses use nursing knowledge to guide their practice. The nurses who attended the training on Monitoring and Evaluation developed a logic model to reflect the services they deliver. With support from a Senior Pacific Researcher, together, they identified areas that are working well for Pacific patients and areas needing improvement.

The nurses acknowledge that this exercise has been a learning experience for them to build their capability around best practice tools, research, and monitoring and evaluation. Sustaining the Nurse-Led Service model of care is a positive investment to improve Pacific peoples’ health outcomes in the Hutt Valley.

Pacific Health Service through the Nurse-Led initiative has established a good format for the delivery of health services and the areas for improvement that are noted will enhance their general effectiveness. Capability evaluation support from an academic researcher is a model that could be applied to other Pacific Nurse-Led Service initiatives in New Zealand and other Pacific Islands.

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