

Nursing and Midwifery Health Program Victoria: Program Evaluation

OBJECTIVES

Program evaluation to determine:

- 1 if the program is working as it is intended to work
- 2 to what extent the program is working and what are the impacts of the program for the participants
- 3 the opportunities for strengthening the program

RESEARCH QUESTIONS

	Research Question 1	Research Question 2	Research Question 3	Research Question 4
	What are the characteristics of nurses and midwives who engaged in the program?	What is the effectiveness of the case management model on the wellbeing of nurses and midwives?	What are the experiences and perceptions of nurses and midwives engaging in the program as participants and clinicians?	What are the experiences and perceptions of stakeholders ?
	STUDY 1 Cross-sectional survey <i>n</i> =84	STUDY 2 Longitudinal survey <i>n</i> =31	STUDY 3 Interviews with program participants & clinicians <i>n</i> =8	STUDY 4 Stakeholder survey <i>n</i> =39
RQ1	✓	✓		
RQ2		✓		
RQ3	✓	✓	✓	
RQ4				✓

RESEARCH QUESTION 1 RESULTS

What are the characteristics of nurses and midwives who engaged in the program?

FEMALE



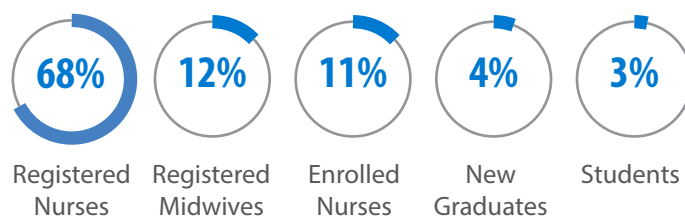
MARRIED



ABORIGINAL



OCCUPATION



MEAN AGE



MEAN CLINICAL EXPERIENCE

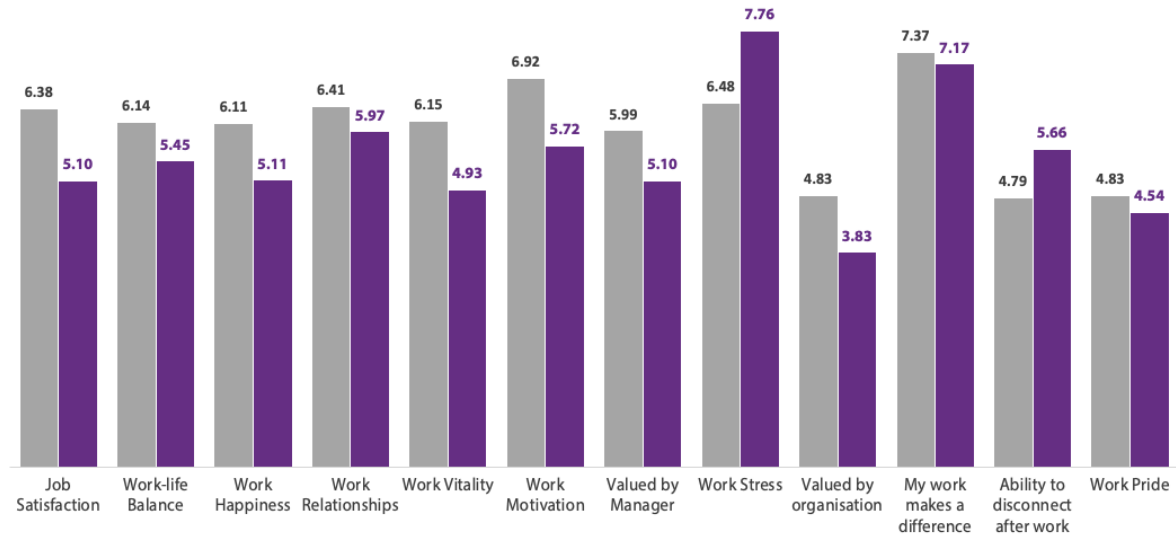


RESEARCH QUESTION 1 RESULTS (CONT.)

What are the characteristics of nurses and midwives who engaged in the program?

STUDY 1: Engaged before 2020 (*n*=84) **STUDY 2:** Engaged from 2020 (*n*=31)

In the **post-2020 cohort**, work stress is significantly greater than in the **pre-2020 cohort**



0-10 scale, work pride 0-6 scale

RESEARCH QUESTION 2 RESULTS

What is the effectiveness of the case management model on the wellbeing of nurses and midwives?

	Baseline <i>n</i> =31	Time 2 <i>n</i> =22	Time 3 <i>n</i> =16	Trend
Job Satisfaction	5.1	5.95	4.31	↗↘
Work-life Balance	5.45	5.62	4.5	↗↘
Work Happiness	5.12	5.81	4.69	↗↘
Work Relationships	5.96	6.48	5.12	↗↘
Work Vitality	4.93	5.29	4.81	↗↘
Work Motivation	5.72	5.81	5.12	↗↘
Valued by Manager	5.1	5	4.5	↘↗
Work Stress	7.76	7.05	7.44	↘↗
Valued by organisation	3.83	4.29	3.5	↗↘
My work makes a difference	7.17	6.76	6.94	↘↗
Ability to disconnect after work	5.65	5.62	6.19	↔↗
Work Pride	4.54	4.62	4.44	↗↘
Work inspiration	3.83	3.85	3.37	↔↘

LIMITATIONS

The small sample size and dropout rate in the longitudinal study means that there is insufficient statistical power to make conclusive conclusions about the effect of the program on levels of wellbeing and illbeing over time.

Notwithstanding the insufficient power, there is the potential that there is indeed no measurable change.

RESEARCH QUESTION 3 RESULTS

What are the experiences and perceptions of nurses and midwives engaging in the program as participants and clinicians?



A GREAT DAY AT WORK

“The key strength for me is the team. And I think it’s easy to be flippant about it. **But we’ve got a really positive work environment**, which to do the work we do, I think is a key. And the positive work environment is based on the team members” (Clinician)

“can get creative with it ... it’s very dynamic... **it’s very person centered**, you know, one person might want specific strategies about how to help their physical health, and someone else might just want to vent and talk about what’s going on...you can judge it based on each person’s kind of life situation.” (Clinician)

“I work in the country; I live in the country. It is harder to get any sort of service up there. [...] But it’s just different in that there’s more isolation, I think, in the country. **And, yeah, I think there is more benefit, because we struggle.**” (EN31)

WAYS OF WORKING

“And they get you **through that horrid space, and then work with you.** And then go, you know, you’ve actually got this and they give you the reins back. And they never take the reins away from you.” (RN838)

PREPARING TO CONNECT

“So the best things about the first phone call, yeah, for me was relief, that I wasn’t dismissed as not worthy of the program. I suppose that was probably the **biggest relief that I was actually listened to.**” (RN1170)

“Think of the prevention, think of how many nurses you hear the stories of like **they’re struggling, and everyone knows that they’re one bad day away from killing someone?** Yeah. What would happen if there were if they had been referred to the service that I had been? Where, how many people could be saved?” (EN81)



SHARED EXPERIENCE

“I felt that she understood. Yeah. So maybe it was just the right person the right time. I think that makes a lot of difference [...] and that was probably the best thing I ever did. **Just finally had someone to talk to independently about it.**” (RN294)

“You’ve got that background knowledge, **you know, all the intricacies that other people don’t understand** in terms of the lingo, the language, the experience of the demands of working in a busy ward, that connection sort of on that level.” (Clinician)

RESEARCH QUESTION 3 RESULTS (CONT)

What are the experiences and perceptions of nurses and midwives engaging in the program as participants and clinicians?

Program participants perceptions of the three best things about the program



RESEARCH QUESTION 4 RESULTS

What are the experiences and perceptions of stakeholders?

NMHPV Stakeholders' satisfaction

39 respondents (0-10 scale, 10 is best)

How would you rate the **quality of the service** received by nurses/midwives a the NMHPV?

8.64

To what extent does the NMHPV **meet the needs of nurses/midwives** who are referred?

9.10

If a nurse/midwife friend/colleague needed help, **how likely would you be to recommend** the NMHPV?

9.13

To what extent are you **satisfied with the amount of support** nurses/midwives receive from the NMHPV?

9.11

To what extent do you think participating in the NMHPV helps nurses/midwives **deal more effectively with problems?**

8.88

Thinking about the NMHPV overall, **how satisfied are you with the services** provided?

8.78

If you needed to refer a nurse/midwife for similar issues in the future, **how likely would you to be use the services** of the NMHPV?

9.07