



Patient recruitment for a practice nurse study



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General practice nurses (PNs) can support better management of chronic diseases. Internationally, nurse managed clinics are used in coordinating and managing chronic illness and are more effective than traditional care.¹⁻⁴ They have also been used in Australia in heart failure⁵ and diabetes⁶ management.

However the role of PNs in Australian general practice is not established. One issue is its acceptability to the consumer, about which there is limited information.⁷⁻⁹

We are designing a research project investigating a PN led collaborative care model of chronic disease management within general practice, and as a first step wanted to estimate patient acceptability to the model. The objective was to trial our patient recruitment procedure and the outcome was an indication of whether the design would recruit sufficient numbers of patients. Our research questions focussed on whether or not the participant recruitment methods:

- were easy to follow for PNs and practice staff
- were considered feasible to fit in with the regular practice routine and workload, and
- provided us with an acceptable percentage of consenting patients.

Methods

We selected two urban and one regional general practice located in southeast Queensland by convenience. Patients were recruited by: searching electronic medical records for patients aged over 18

years with either noninsulin dependent diabetes (NIDDM), asthma, or heart failure or hypertension (CVD); checking eligibility against our criteria; randomly selecting 50 patients per disease group ($n=150$ per practice, $n=450$); and inviting patients with a letter and consent form to participate. A signed consent form was evidence of recruitment.

A PN currently employed at each practice undertook all the above tasks with our assistance. The pilot study was undertaken over 4 weeks, so there was insufficient time to follow up by letter to nonresponders. Instead, reasons for their decisions were asked of nonresponders and those who declined to participate by telephone by each PN.

Ethical approval was granted by University of Queensland and University of Southern Queensland Human Ethics Research Committees.

Results

The overall consent rate was 36%. It was highest for NIDDM at 43%, and the regional practice achieved the highest consent rate at (53%) (*Table 1*). Recruitment procedures were easy to follow and posed no complications or confusion for the PNs. Even though each practice used different electronic medical records (Medical Director, Med Tech and IBA Spectrum Classic), database searching for, and identifying of, eligible patients was possible. The three PNs reported that recruitment placed unacceptable pressure on their normal practice routine.

Reasons given to the PNs by patients who did not respond or declined to consent provided extra information. The word 'chronic illness' may have been a problem: the term put some patients off because they did not see themselves as being 'chronically ill'. Many patients did not want to take so much responsibility for their illness, seeing it as work for themselves. Some patients saw this model as very different to traditional care. Change was hard for older people, the majority of the sample; some felt well settled and secure and disinclined to change anything.

Discussion

We found a modest degree of patient willingness to participate in this type of study. The disappointing result from practice 'urban B' may have been consequent on the PN becoming ill with no replacement. This type of research is prone to low response rates.¹⁰

Table 1. Recruitment consent

	n (%) consenting			
General practice	NIDDM	Asthma	CVD	Total consent
Regional				
n=50	34 (68)	22 (44)	24 (48)	80(53)
Urban A				
n=50	22 (44)	12 (24)	21 (42)	55 (37)
Urban B				
n=50	9 (18)	13 (26)	6 (12)	28 (19)
Total positive Response				
n=150	65 (43)	47 (31)	51 (34)	163 (36)

Implications of this study for general practice

- It is not known whether patients would find practice nurses managing their chronic conditions acceptable.
- We undertook a pilot study to study this in three general practices.
- 36% of 150 patients with either asthma, noninsulin dependent diabetes, or cardiovascular disease agreed to join an experimental study in which practice nurses would lead their care.
- Identifying such patients using electronic records was largely successful.

Conflict of interest: none declared.

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