Nurses in urban and rural general practice

Who are they and what do they do?

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BACKGROUND
There is limited information about general practice nurses in Australia and the role they play.

METHODS
A qualitative study, using semistructured interviews conducted with 27 general practitioners and 15 practice nurses (PNs) from 19 general practices in New South Wales.

RESULTS
Practice nurses are typically middle aged women, employed part time with extensive professional experience. Their role is influenced mostly by the demographic characteristics of the practice population, their expertise, and GPs’ attitudes and past experiences of working with PNs, rather than the size or urban/rural location of the practice.

DISCUSSION
Practice nurses are an important, but not always fully used, resource in general practice. They can reduce the workload of GPs, extend the range of services provided and enhance the quality of primary health care. Their current and potential contribution to primary care needs to be documented and evaluated more fully.

Relatively few registered nurses are employed in Australian general practice compared to the United Kingdom, USA, and New Zealand.1,2 In many areas of Australia there is a GP shortage,3,4 nurses could take a greater load of general practice based primary care.5,6 However, there is a paucity of Australian research on the work of practice nurses to inform planning of primary health care.7–10

We report results of a study investigating the work of registered nurses in general practice. Our aim is to describe the nature and scope of practice nurses’ (PNs) work and to identify factors that influence how their roles are defined, negotiated and incorporated into general practice.

Methods
A total of 42 participants were interviewed: 27 general practitioners, 15 PNs, and one owner manager, from 19 practices in the Newcastle, Central Coast, Upper Hunter and New England regions of New South Wales. Practices were selected for inclusion on the basis of their size, location and structure (including the number of GPs and PNs, gender mix, and population served) in order to provide maximum representation of different practice structures and styles. Information letters were sent to selected practices and all GPs and PNs were invited to participate. Each participant provided individual written consent before interview.

Tape recorded interviews, lasting 30–60 minutes, were conducted face-to-face within the general practice environment using a semistructured interview schedule. The initial interview schedule is available on The Royal Australian College of General Practitioners website (www.racgp.org.au). A constant expansion technique was used, with additional questions being added to later interviews on the basis of themes emerging from earlier interviews. Most interviews were conducted singly, but in a few cases small groups of 2–4 participants were interviewed together. Transcribed interview text was coded for content using qualitative software, and broader themes identified through textual and thematic analysis. The four researchers independently checked the data and compared their coding results to reach consensus, thus ensuring researcher triangulation.

Results
The range of practices and the extent to which they employed PNs is summarised in Table 1.

Who are the PNs?
All PNs in this study were women aged over 30 years. Most had extensive experience in nursing with backgrounds varying from urban intensive care to remote hospital nursing. While the duration of their work in general practice ranged from a few weeks to over 15 years, their average employment time with the practice was 6 years.
years, all indicated that they intended to continue in their present employment long term. Most liked the work in general practice and reported high levels of job satisfaction.

Their reasons for moving into practice nursing included more stable hours, escaping the hospital system, and wanting to work casual hours. These were mentioned in relation to balance of personal, family and professional lives. However, the relatively low rates of pay for PNs were a disincentive to full time work in general practice for nurses who were the sole or main income earners within their families. As one nurse explained:

‘I’d work here full time and give up the hospital but, that also falls back onto wages, which isn’t quite enough to cover my financial commitments. And that’s what I find with a lot of the other nurses as well, they’d like to do this full time, but I’d need to keep up my Sunday shift somewhere to earn enough money’.

**What do PNs do?**

Practice nurses described their work as varied. Many had difficulty describing its full range. They provided long lists of individual tasks they performed, but also indicated that much of their work is ‘behind the scenes’, that adds to the efficiency of the practice and the comprehensiveness of services provided, or just ‘keeps the practice running smoothly’. Most PNs worked in a supportive or delegated role, assisting with minor procedures or administering children’s immunisations. Some however, worked in an extended role such as patient and family education for diabetes or asthma, and women’s contraceptive and reproductive health (including taking Pap tests). The range of work of the PNs varied enormously from nothing (no nurse) to nurses working autonomously with their own appointments and clinics.

Factors that influenced the scope of PNs’ practice included:

- The patient population – in some socioeconomically disadvantaged areas PNs assumed a significant role in patient education, counselling and referral to social services. In practices with a large elderly population, PNs assumed more responsibility for health assessment and care planning
- The practice location – in rural areas where more patients presented for emergency treatment, PNs provided triage, first aid and assistance with treatment procedures
- The PN’s experience and skills – PNs with specialised expertise assumed greater responsibility for services such as asthma education, women’s health or chronic wound management
- Local availability of other services – in urban areas where services such as diabetes education centres were readily available, PNs tended to be less active in this field

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<thead>
<tr>
<th>Area of practice</th>
<th>Type of work</th>
<th>Typical tasks</th>
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<tbody>
<tr>
<td>Direct patient care</td>
<td>Delegated clinical work</td>
<td>Blood and other sample collection, urinalysis, spirometry, ECGs, BP monitoring, weight and height monitoring, audiology tests, foot care, ear syringing, wound dressing, immunisations. Assisting with minor procedures, medical checks and emergency procedures</td>
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<tr>
<td>Patient assessment</td>
<td></td>
<td>Triage, health assessments for older patients, home visits and assessment of referral needs for other services</td>
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<tr>
<td>Patient and family education</td>
<td></td>
<td>Formulation of detailed care plans (diabetes and asthma patients), dietary, self care, medication management, family education and support</td>
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<tr>
<td>Other clinical care</td>
<td></td>
<td>Antenatal monitoring and care, postnatal home visits, contraception advice and cervical smear taking, incontinence assessment and training</td>
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<tr>
<td>Communication</td>
<td></td>
<td>Reception, clerical work, telephone triage and advice, discussing test results with patients, managing recall systems</td>
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<tr>
<td>Management of practice systems</td>
<td>Infection control</td>
<td>Setting up sterile procedures, cleaning and disposal after procedures, sterilisation of equipment, replacement of out-of-date supplies</td>
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<tr>
<td>Management of equipment,</td>
<td>Drug ordering, stock</td>
<td>Drug ordering, stock maintenance, ordering/monitoring of consumables (syringes, sterile dressings, bandages), organising equipment checks, repairs</td>
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<tr>
<td>pharmaceuticals and other</td>
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<td>consumables</td>
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<tr>
<td>Quality assurance</td>
<td></td>
<td>Assisting with preparation for accreditation, staff training (eg. emergency procedures)</td>
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<tr>
<td>Education</td>
<td></td>
<td>Teaching of medical, nursing and other students, community education</td>
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<tr>
<td>Clerical/administration</td>
<td>Telephone messages,</td>
<td>Telephone messages, filing, ‘covering’ for reception/clerical staff</td>
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<td>filing, ‘covering’ for</td>
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<td>reception/clerical staff</td>
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Discussion

Table 2. Selected narrative factors influencing the nature and scope of PNs’ work in general practice

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<th>Factor</th>
<th>Impact on PNs’ Role</th>
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<td>The GPs’ attitudes toward, and experience of, working with PNs</td>
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<td>The GPs’ workload – in areas where the PNs assist with minor operations or perform asthmas management</td>
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<td>The practice location</td>
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<td>The practice population</td>
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Acknowledgements

Wound care and education is a socialized care planning practice and practice nurses are key in that role. In many GPs and PNs, particularly those who work in an expanded role, the GPs prefer a much more active, collaborative model of practice, in which PNs are working in a more informal, collaborative role...

References:

1. Reprinted from Australian Family Physician Vol. 33, No. 3, March 2004

2. Practitioners’ Research Committee for funding this study.

3. Thanks to the Royal Australian College of General Practitioners for their support.

4. The research was conducted with the support of the GPs and PNs who participated in the interviews.

5. The GPs’ attitudes toward, and experience of, working with PNs...

6. The GPs’ workload – in areas where the PNs assist with minor operations or perform asthmas management...
Implications of this study for general practice

- PNs relieve the workload of GPs, contribute to the delivery of primary care, and extend the range and quality of services.
- In many general practices there is the potential to increase the contribution PNs make to general practice care.
- Different models of collaboration will need to be developed to meet different needs and of general practices across rural and urban Australia.

Conflict of interest: none declared.

References


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