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

Table 1. Details of the reported scope of PNs' practice

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Setting up sterile procedures, cleaning and disposal after procedures, sterilisation of equipment, replacement of out-of-date supplies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

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

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

The practice population

'Because the practice is in a socially disadvantaged area, the PN does a lot of patient education. She knows all the patients and often when seeing them will talk informally about their health and health care. For example, I can be walking past and I will hear her say: 'The blood sugar's up, what did you have for lunch?' Or you see her roll her eyes when the blood sugar is up, and talk to them about diet'

The practice location

'We obviously do a little more emergency medicine than a city practice, so (PNs) do everything, from suturing or plastering which the PNs assist us with, to ECGs for patients with chest pain'

Other services available to patients locally

'We're the only practice in town and have taken on roles such as immunisation from the local council. These factors make it practical for us to have PNs. We run a well baby and immunisation clinic every week that the PNs are involved in. We perform minor operations that the PNs assist with'

'Yes, probably for me it is not all that important because the hospital is nearby and domiciliary nursing is pretty good around here'

The PNs' experience and skills

'She (PN) looks after all our Pap test recalls and a lot of our women's health. I'm more responsible for our diabetics. Which doesn't mean that she only does women's health or I just do diabetics, just that we're responsible for the recall. And we haven't quite decided who's going to do the asthmas yet (laughs) but we're both on a learning curve there'

The workload of the GPs in the practice

'Because we are so busy, she (PN) does a lot of the work that we (GPs) just don't have time to do. I don't know how I would manage without her. In fact I don't know how any general practice manages without a PN. I have done locums in practices without practice nurses in the past but I didn't like it. It is partly historical because when the practice was bigger it always had a PN, but we quite simply could not get through the work we do without a PN'

'I think the size of the practice impacts on the PN's role. Can you imagine working for six different bosses?'

The GPs' attitude toward work and previous experience working with PNs

'I've never worked with a nurse, it's just that we only got one because there was me and another doctor and the other doctor left and I thought well, 'somebody's got to help me ... I have no idea what other nurses do. I mean, I hear some really stunning things that they do, like stitch jobs and a lot of the triaging ... you don't need to see a doctor, but I think here the patients would be appalled if they didn't see a doctor. If they came to see one and was pinched by the PN'

- The GPs' workload – in areas where the GPs' workload was heavy, PNs often had a much broader role in the provision of direct clinical care, providing monitoring of patients with chronic conditions such as hypertension, diabetes, administering and following up childhood immunisations, and making home visits to frail elderly patients
- The GPs' attitudes toward, and experience of, working with PNs – some GPs preferred to undertake almost all assessments, clinical care, education, and follow up themselves, while others felt comfortable (and confident) with a shared model of care in which PNs played a much more active, collaborative role.

Many GPs and PNs, particularly those with a shared, collaborative model of practice, indicated their interest in an expanded role for nurses in their practices. While professional habits and personal preferences (of the patients as well as the PNs and GPs) were seen as potentially important, the most obvious barrier to expending the PNs' contribution to general practice was funding. Without capacity to charge a fee or bill Medicare for nursing services, or receive a government subsidy for employing a nurse, GPs reported feeling constrained in their employment of PNs. *Table 2* lists examples of narrative data related to factors that influence how nurses are deployed in different practices.

Discussion

While this study used qualitative methods in contrast to previous work, we found that PNs performed a similar range of work.[7–9] We also identified that PNs are moving into areas such as comprehensive care planning for older patients and those with diabetes or asthma. Such work can reduce workload for GPs in under serviced areas as well as contributing to the comprehensiveness and quality of services available to patients. It is likely that the relatively autonomous role taken by some nurses and reported in our study reflects a change in the professional climate of primary health care since a 1998 study.[9] The range of factors that we have identified as influencing the work of PNs in particular contexts suggests that different models of GP-PN collaboration will need to be developed and tested if the full potential of such collaboration is to be realised.

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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

1. Atkin K, Hirst M, Lunt N, Parker G. The role and self perceived training needs of nurses employed in general practice: Observations from a national census of practice nurses in England and Wales. J Adv Nurs 1994;20:46–52.
2. Offredy M, Townsend J. Nurses practitioners in primary care. Fam Pract 2000;17:464–569.
3. Australian Medical Workforce Advisory Committee. Australian Workforce Benchmarks. Canberra: Australian Institute of Health and Welfare, 1996.
4. Johnston G, Wilkinson D. Increasingly inequitable distribution of general practitioners in Australia, 1986–96. Aust NZ J Public Health 2001;25:66–70.
5. London M. Rural health care in New Zealand: poised for renaissance? Aust J Rural Health 2002;10:117–124.
6. Bushy A. International perspectives on rural nursing: Australia, Canada, USA. Aust J Rural Health 2002;10:104–111.
7. Patterson E, Del Mar C, Najman M. A descriptive study of nurses employed by general practitioners in South-east Queensland. Aust J Adv Nurs 1999;17:13–20.
8. Bonawit V, Watson L. Nurses who work in general medical practices: a Victorian survey. Aust J Adv Nurs 1996;13:28–34.
9. Willis E, Condon J, Litt J. Shared care between practice nurses and general practitioners. Adelaide: The Flinders University of South Australia, 1998.
10. McKernon M, Jackson C. Is it time to include the practice nurse in integrated primary health care? Aust Fam Physician 2001;30:610–615.

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