

# THE CHANGING FACE OF NURSES IN AUSTRALIAN GENERAL PRACTICE

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## ABSTRACT

### **Objective:**

To describe the workforce characteristics and current responsibilities of nurses working in Australian general practice settings.

### **Design:**

Survey research combining qualitative and quantitative data collected through telephone interview.

### **Subjects:**

222 enrolled (RN Division 2 in Victoria) and registered nurses (RN Division 1 in Victoria) working in general practice in rural and urban areas of Australia.

### **Results:**

General practice nurses in Australia are likely to be RNs (84.7%) who work on a part-time basis (75.3%) in a medium to large practice (93.7%). Often the nurse has worked less than five full time equivalent years (52.3%) in a general practice environment and is likely to work in a practice where at least one other nurse works (64.4%). The nurse is likely to have some post-basic formal education (65.9%), and to have participated in professional development in the past two years (94.9%). The nurse performs a diverse range of activities within the general practice. No substantial differences were found in the workforce characteristics or role of urban and rural general practice nurses.

### **Conclusion:**

It appears that nurses working in general practice are no longer the 'handmaiden' to the doctor but are professionals who perform a vast range of clinical, administrative and organisational responsibilities within the general practice primary health care setting.

## INTRODUCTION

Registered and enrolled nurses working in general practices in Australia enhance the quality of primary health care provided to the general public. However, the value of general practice nursing has not always been recognised and, historically, the nurse was viewed as a 'handmaiden' to the doctor.

Increasingly, Australian general practice nursing is being recognised by the nursing and medical professions as a specialised area of nursing. General practice nursing is supported by the Australian Government through the Nursing in General Practice 2001 Budget Initiative, which includes a financial incentive to GPs in areas of workforce pressure to employ a practice nurse, and through the recent MedicarePlus package. The MedicarePlus package extends this incentive to further urban areas of workforce pressure and has introduced general practice nurse MBS items. Through this initiative the Australian Government has given overt recognition to general practice nurses' roles in coordinating clinical care tasks, supporting better management of chronic diseases, undertaking population health activities and providing clinical support which enables GPs to focus on diagnosis and clinical care (see Condon et al 2000; Lockwood and Maguire 2000; Bonawit and Watson 1996; Patterson et al 1999 for further discussion on the activities undertaken by nurses in Australian general practices).

Despite this increased enthusiasm and support, relatively little is known about the working lives of nurses employed in general practice in Australia. While a few small research studies have been conducted in Australia, these have focused on specific geographic areas and no national study of the workforce characteristics and roles of nurses in general practice has been undertaken.

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**Table 1: Percentage of sample by RRMA classification of main practice and State or Territory of main practice**

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Total
Capital/metro (RRMA 1-2)	3.6	12.5	11.7	3.2	6.8	1.4	0.0	2.2	41.4
Rural/remote (RRMA 3-7)	9.0	10.4	21.2	5.4	2.7	8.5	0.9	0.5	58.6
<b>Total</b>	<b>12.6</b>	<b>22.9</b>	<b>32.9</b>	<b>8.6</b>	<b>9.5</b>	<b>9.9</b>	<b>0.9</b>	<b>2.7</b>	<b>100.0</b>

(RACGP) have completed a project funded by the Australian Government Department of Health and Ageing to explore the current and future roles of nurses working in general practice. This paper will discuss the results from a national telephone survey of nurses working in general practice carried out as one of the project activities. Specifically, the workforce characteristics and the roles and activities of nurses working in general practice will be examined.

## METHODOLOGY

A survey of nurses working in general practice was designed, drawing on published and unpublished research undertaken in Australia and internationally, on the role and educational needs of nurses in general practice (see Vincent et al 2002; Hanna 2001; Condon et al 2000; Meadley 2000; Patterson et al 1999; Ross et al 1994). The survey contained 19 quantitative and qualitative questions focusing on workforce characteristics, educational background and needs, current nursing activities and future aspirations.

The survey was administered to enrolled and registered nurses currently working in general practice settings in Australia. The convenience sample of nurses was recruited through a national marketing campaign. Nurses volunteering for the study were surveyed by telephone outside of working hours. The survey took approximately 15-25 minutes to complete.

As part of the research brief from the Australian Government, at least 50% of the sample was to be drawn from rural or remote areas of Australia. The standard classification for geography employed for the survey was the Rural, Remote and Metropolitan Area (RRMA) classification system. Survey participants were classified into a RRMA category (capital city, other metropolitan, rural or remote areas) based on the location of their primary general practice employer. Due to the small number of participants from remote areas, the categories 'rural' and 'remote' were collapsed into one rural/remote category for reporting purposes.

**Table 2: Percentage of sample by nurse classification and RRMA classification of main practice**

Nurse classification	Rural/remote	Capital/metro	Total areas
Registered nurse	86.2	82.6	84.7
Enrolled nurse	13.8	17.4	15.3
<b>Total responses</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## RESULTS

### Workforce characteristics

The resulting sample for the survey included 222 nurses currently working in general practice, with 58.6% of the sample being drawn from rural and remote areas of Australia. Table 1 displays the RRMA classifications of rural/remote and capital/metropolitan for the nurse's main practice by the State and Territory of the practice.

Table 2 outlines the breakdown in the sample by nurse classification. The majority of the sample consisted of registered nurses (n=188), with relatively few enrolled nurses (n=34) participating. This ratio of registered to enrolled nurses appears consistent with other research on general practice nursing in Australia which found high numbers of RNs compared with ENs (see Patterson et al 1999; Bonawit and Watson 1996).

The survey results clearly indicate that the majority of the general practice nursing workforce are part-time employees, and this is consistent across rural and urban areas of Australia. Table 3 demonstrates that 75.3% of the sample work less than 35 hours per week.

While the general practice nursing workforce is largely employed on a part-time basis, many of these nurses are also relatively new to nursing within a general practice environment. Table 4 indicates that just over half the sample (52.3%) have worked in general practice nursing for less than five full time equivalent (FTE) years. However, 26.1% of the sample have an extended history of working in general practice for more than ten years. This ratio of experience appears to be relatively consistent regardless of the rurality of the practice in which the nurse is employed.

The Practice Nurse Incentive Program may have facilitated a number of recent recruits to general practice nursing in areas of high workforce need and these nurses are likely to fall into the 'less than one' or 'one to five'

year categories for this survey. Alternatively, it is possible that general practice nursing as an occupation experiences a high staff turnover, with nurses entering general practice with the intention of remaining for a short period (due to the attractiveness of part time work for example). Without longitudinal data about the general practice nursing workforce, this remains speculative.

Table 5 demonstrates that when asked to identify the registration status of other nurses they work with in general practice, nearly two thirds of the sample (64.4%) responded that they work in a practice where at least one other nurse works. However, over a third of the sample (35.6%) indicated that they are the sole nurse in their practice. Interestingly, there appear to be substantially more nurses working alone in metropolitan areas than in rural areas, however the study was not designed to determine the reasons for this.

When asked to identify the number of GPs the participants worked with (including full-time, part-time, casual and contracted GPs) at their main practice of employment, just under half the nurses sampled (47.3%) worked in medium sized practices of two to five GPs. A similar proportion (46.4%) were employed in large practices and worked with more than six GPs. A relatively small percentage (6.3%) of those surveyed worked in solo GP practices. Table 6 suggests that nurses in Australian general practice tend to be employed in medium to large practices. Bonawit and Watson (1996) also found that Victorian general practice nurses were most commonly employed in practices with three or more GPs. General

practice nurses are more likely to work in a medium sized practice in rural locations and in large practices in urban locations. This may reflect fewer numbers of large practices in rural areas, with the natural result that fewer nurses are employed in such practices.

Regarding the formal education undertaken since enrolment/registration as a nurse, 34.2% of the nurses sampled had not undertaken any additional formal training. However, this still leaves a substantial number of nurses who had undertaken additional formal training including undergraduate degrees (7.8%), postgraduate diplomas/certificates (11%) and masters degrees (2%). In relation to the attainment of additional formal education, rural and urban general practice nurses appear to be very similar.

Most (94.9%) of the nurses surveyed have been engaged in some form of professional development in the past two years. Table 7 indicates that over half of this professional development (51.4%) was accessed through in-services, conferences, study days, workshops and seminars. Other forms of professional development with significant nurse participation included membership with professional associations (8.9%) and professional development accessed through general practice nurse network meetings (7.7%). A number of other professional development opportunities were identified and these represented a varied mix of activities accessed through localised services. There appeared to be relatively few

**Table 3. Percentage of sample by hours usually worked as a nurse in general practice by RRMA classification of main practice**

Hours per week	Rural/remote	Capital/metro	Total areas
Less than 17	20.0	14.1	17.6
17-35	54.6	62.0	57.7
More than 35	25.4	23.9	24.8
<b>Total responses</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Table 4: Percentage of sample by full-time equivalent years worked as a nurse in general practice by RRMA classification of main practice**

FTE years	Rural/remote	Capital/metro	Total areas
Less than one	10.8	5.4	8.6
1-5	43.8	43.5	43.7
6-10	23.1	19.6	21.6
More than 10	22.3	31.5	26.1
<b>Total responses</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Table 5: Percentage of sample by registration status of the nurses working with survey participants by RRMA classification of main practice**

Nurse classification of colleague	Rural/remote	Capital/metro	Total areas
None (solo nurse)	30.8	42.4	35.6
Other registered nurse/s	46.2	47.8	46.8
Other enrolled nurse/s	10.0	5.4	8.1
Both registered and enrolled nurses	13.1	4.3	9.5
<b>Total responses</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Table 6: Percentage of sample by number of GPs working in nurse's (main) practice by RRMA classification of main practice**

Number of GPs	Rural/remote	Capital/metro	Total areas
One	7.7	4.3	6.3
Two-Five	55.4	35.9	47.3
More than six	36.9	59.8	46.4
<b>Total responses</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

**Table 7: Percentage of sample by type of professional development completed in past two years by RRMA classification of main practice**

Type of professional development	Rural/remote	Capital/metro	Total areas
In-services, conferences, study days or seminars	53.2	48.8	51.4
Via membership of professional associations	9.0	8.8	8.9
Network meetings with other general practice nurses	6.9	8.8	7.7
Online/distance education	4.3	3.2	3.8
On-the-job training by GP	4.8	2.4	3.8
Reading professional journals	3.2	4.0	3.5
On-the-job training by nurses	1.1	2.4	1.6
On-the-job training by practice manager	1.1	0.8	1.0
Other	12.2	14.4	13.1
None	4.3	6.4	5.1
<b>Total responses</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

differences between the types of professional development undertaken by rural and urban nurses working in general practice. The RACGP/RCNA Nursing in General Practice Final Report, submitted to the Australian Government Department of Health and Ageing, called for a nationally consistent approach to education for general practice nurses in Australia.

### The current role of general practice nurses

In order to identify the current role of nurses working in general practice, the survey participants were asked to identify how frequently they undertook a variety of activities at work, either 'daily-weekly', 'monthly', 'occasionally' or 'not at all'.

Table 8 identifies the percentage of the sample who performed each activity. For ease of analysis, the responses to 'daily-weekly', 'monthly' and 'occasionally' have been collapsed in this table to the percentage of nurses who 'perform' those activities. This is compared with the percentage of the activities that the nurses 'never perform'.

The 32 activities which are shaded in table 8 have been identified as the core activities of a nurse's role in general practice as over 75% of the sample performed these at least occasionally. Whilst 75% is in some ways an arbitrary number, it was theorised that if a substantial majority, or over 75% of the nurses surveyed undertook these activities, then these activities could be said to be integral to the average role of a nurse working in

Australian general practice. The non-shaded activities represent additional activities, that, whilst not central to the role, are valuable activities that some nurses do undertake.

It is clear that a number of the National Health Priority areas as identified by the Australian Government Department of Health and Ageing are incorporated into the core roles of nurses in general practice. It is evident that nurses are providing care in asthma, diabetes and cardiovascular health in general practice. However, the National Health Priority areas of cancer control, mental health, injury prevention and arthritis and musculoskeletal conditions do not currently form a core component of the current role of nurses in general practice.

If the core activities of nurses working in general practice are examined in relation to the RRMA classification of the main practice in which the nurse is employed, it becomes evident that nurses working in rural locations are undertaking essentially the same core activities as nurses working in urban locations.

As seen in Table 9, those core activities in which performance varies by a minimum of 10% between rural and urban nurses have been shaded. Whilst the core activities of rural and urban general practice nurses appear to be essentially the same, there are two notable differences. Substantially more rural nurses perform ear syringing than do urban nurses. Also of interest is the disparity between the percentage of rural and urban nurses undertaking sterilisation activities. There is over 10% difference in the number of urban nurses performing this activity when compared with their rural counterparts. This difference needs to be considered in the context of the arrangement and availability of other resources to general practices in rural locations. It is possible that rural communities may have developed alternative structures for ensuring sterile equipment is available, including using more disposable equipment or using resources such as the local hospital central sterilising unit or a central sterilising facility.

### LIMITATIONS

The overall representativeness of the sample for the survey is not known. Whilst it could be argued that the sample size is relatively small, there exists no baseline data for identifying the absolute population of general practice nurses in Australia. Of consideration is the large proportion of rural/remote nurses in the sample. It seems unlikely that the population of general practice nurses in Australia would be skewed with so many employed in rural/remote areas. However, given the need to explore geographic impacts on the role of the nurse in the context of the project as a whole, it was important that a significant proportion of rural and remote nurses be sampled.

There appeared to be reasonable representation from each state and territory, with the exception of New South

**Table 8: Activities undertaken by nurses, percentage of respondents**

Activities undertaken	Perform	Never perform	Total perform
Liaise with other health professionals and community organisations	99.5	0.5	100.0
Monitor vital signs	99.5	0.5	100.0
Wound care and management	97.7	2.3	100.0
Minor procedures	97.7	2.3	100.0
Monitor/assess sick patients	97.3	2.7	100.0
First aid or emergency procedures	97.3	2.7	100.0
Clinical data entry and retrieval	96.8	3.2	100.0
Removal of sutures	96.8	3.2	100.0
Stocks/stores management	96.8	3.2	100.0
Triage	96.8	3.2	100.0
Provide oxygen/nebuliser therapy	96.4	3.6	100.0
Communicate test results to GP and patients	95.9	4.1	100.0
Cold chain monitoring	94.1	5.9	100.0
Injections/medication administration	94.1	5.9	100.0
Reception duties	92.8	7.2	100.0
Maintaining/ updating policies and procedures	92.8	7.2	100.0
Pulmonary assessments	92.3	7.7	100.0
Immunisation	91.0	9.0	100.0
Sterilisation	90.5	9.5	100.0
Cardiac assessment	90.5	9.5	100.0
Undertake patient counseling	89.2	10.8	100.0
Referral management	89.2	10.8	100.0
Maintenance of S8 drugs and Doctor's bag	86.5	13.5	100.0
Pathology/specimen collection	86.5	13.5	100.0
Manage recall register	85.6	14.4	100.0
Communicate new research to other staff	82.9	17.1	100.0
Diabetes education	80.6	19.4	100.0
Enhanced Primary Care activities such as Health Assessments, Care Planning or Home Visits	77.5	23.4	100.0
Develop/maintain clinical reports	77.0	23.0	100.0
Diabetes assessment and management	76.6	23.4	100.0
Chronic disease management	75.7	24.3	100.0
Asthma education	75.2	24.8	100.0
Ear syringing	73.4	26.6	100.0
Injury prevention education	71.6	28.4	100.0
Application/removal of plaster	70.3	29.7	100.0
Assist with research or clinical audits	67.6	32.4	100.0
Full physical assessments	62.6	37.4	100.0
Diet/weight management	62.2	37.8	100.0
Cardiovascular health and strokes education	61.7	38.3	100.0
Drug and alcohol education	58.1	41.9	100.0
Arthritis and musculoskeletal conditions education	55.4	44.6	100.0
Cancer education	55.0	45.0	100.0
Case management including case conferencing	51.4	48.6	100.0
Antenatal checks	48.2	51.8	100.0
Lactation advice/support	45.0	55.0	100.0
Audiometry assessment	43.2	56.8	100.0
Child health assessment	42.3	57.7	100.0
Mental health assessment	38.3	61.7	100.0
Mental health education	38.3	61.7	100.0
Family planning	29.7	70.3	100.0
Women's health	26.1	73.9	100.0

**Table 9: Percentage of sample undertaking core activities by RRMA classification of main practice**

Activities undertaken	Rural/remote perform	Capital/metro perform	Total perform
Liaise with other health professionals and community organisations	99.2	100.0	99.5
Monitor vital signs	99.2	100.0	99.5
Wound care and management	96.9	98.9	97.7
Minor procedures	96.9	98.9	97.7
Monitor/assess sick patients	96.9	97.8	97.3
First aid or emergency procedures	96.2	98.9	97.3
Clinical data entry and retrieval	97.7	95.7	96.8
Removal of sutures	96.2	97.8	96.8
Stocks/stores management	95.4	98.9	96.8
Triage	96.2	97.8	96.8
Provide oxygen/nebuliser therapy	95.4	97.8	96.4
Communicate test results to GP and patients	96.2	95.7	95.9
Cold chain monitoring	93.1	95.7	94.1
Injections/medication administration	96.2	91.3	94.1
Reception duties	93.1	92.4	92.8
Maintaining/ updating policies and procedures	92.3	93.5	92.8
Pulmonary assessments	93.1	91.3	92.3
Immunisation	91.5	90.2	91.0
Sterilisation	86.2	96.7	90.5
Cardiac assessment	92.3	88.0	90.5
Undertake patient counseling	87.7	91.3	89.2
Referral management	85.4	94.6	89.2
Maintenance of S8 drugs and Doctor's bag	86.9	85.9	86.5
Pathology/specimen collection	89.2	82.6	86.5
Manage recall register	83.1	89.1	85.6
Communicate new research to other staff	86.2	78.3	82.9
Diabetes education	80.0	81.5	80.6
Enhanced Primary Care activities such as Health Assessments, Care Planning or Home Visits	77.7	77.2	77.5
Develop/maintain clinical reports	76.9	77.2	77.0
Diabetes assessment and management	76.9	76.2	76.6
Chronic disease management	72.3	80.4	75.7
Asthma education	76.9	72.8	75.2
Ear syringing	78.5	66.3	73.4

Wales with only 12.6% of the nurses sampled being employed there. Close examination revealed that only 3.6% of the sample was drawn from metropolitan NSW - an under-representation of nurses given the large population in the Sydney region. However, there is no substantial reason to suspect that the sample is not representative of the larger general practice nursing population.

## CONCLUSION

The results from the national telephone survey provide a description of the typical general practice nurse in Australia. Overall, a typical general practice nurse is an RN who works on a part-time basis in a medium to large

practice. Most often the nurse has worked less than five years (full time equivalent) in the general practice environment and is likely to be working in a general practice where at least one other nurse works. The Australian general practice nurse is likely to have some post-basic formal education, and is likely to have participated in professional development in the past two years.

One of the most interesting results to emerge from this survey is the apparently limited impact of rurality on the workforce characteristics and roles of nurses working in general practice in Australia. There were essentially no substantial differences in the workforce characteristics between nurses who worked in capital/metropolitan areas

and those who worked in rural and remote areas. When it came to the current role of the nurse in general practice, the core roles were essentially the same for rural and urban nurses.

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