

# The changing role of practice nurses in Australia: an action research study

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## KEY WORDS

Australia; general practice; nurse in general practice; practice nurse; cervical screening

## ABSTRACT

### Objective

The original aim of the study was to report on the methods used to develop a new model of service delivery, namely nurse led well women's clinics. However participants identified several key barriers to an expansion of their role that had not been accounted for in either the original policy directive or in the continuing professional development delivered as preparation for their accreditation to deliver cervical screening services from a general medical practice. How the group addressed these barriers became the objective of this action research study.

### Design

This paper reports the findings from an action research study with three registered nurses working in general

practice credentialed to provide cervical screening services. Six reflective group meetings were held over a six-month time frame facilitated by the lead researcher. During the meetings a variety of creative techniques were used to stimulate discussion. The meetings were audio recorded and partially transcribed. Feedback from the concurrent data generation and analysis was provided to participants the following week.

### Setting

A regional division of general practice.

### Subjects

Three registered nurses employed by the general medical practice.

### Main outcomes measures

The barriers identified by participants in the process of implementing change in their clinical practice to incorporate the provision of cervical screening services.

### Results

There were three themes identified in the findings from this study that related to the myth of interdisciplinary collaboration in general practice. These were: nurses in general practice renegotiating their roles; identifying and negotiating gendered patterns of cervical screening; and multidisciplinary collaboration and retention of practice nurses. Another important outcome of this study that relates to change management is the role of practice champions in implementing new models of primary care.

### Conclusion

The potential role of nurses in general medical practice in Australia has broadened considerably in recent years, mainly due to Australian Government driven initiatives which reward general practitioners for employing nurses; a recognition by the nursing profession that general practice nursing is a specialist area of nursing practice; the establishment of a national professional association for nurses working in general practice; an increase in the availability of continuing professional development for nurses working in general practice; and additional Medicare Benefit Schedule (MBS) item numbers relating to general practice nursing, which gives the general practice a rebate for the services the nurse provides independently of the general practitioner. Suggestions are made that address the barriers identified by participants in the process of implementing change in their clinical practice to incorporate the provision of cervical screening services.

## INTRODUCTION

In recent times, there has been a rapid development of the role of nurses working in general medical practice in Australia. Between 2004 and 2006 the number of nurses working in general practice grew by 23% (Australian General Practice Network 2006), closely tied to a number of funding initiatives by the Australian Government (Keleher et al 2007; Porrit 2007); a recognition by the nursing profession of general practice as a specialist area of nursing practice; the establishment of a professional nursing association for practice nurses; and the availability of continuing professional development opportunities for nurses working in general practice (practice nurses). Extended roles for nurses with concomitant allocation of Medicare Benefit Schedule (MBS) item numbers have promoted greater autonomy in clinical practice for nurses and an opportunity to contribute to an increasingly multi-professional team approach to general practice services in Australia. Medicare is Australia's publicly funded universal health insurance scheme however rebates for services provided are generally only available to medical practitioners. Additional item numbers have recently been introduced which attract rebates for services provided for and on behalf of general practitioners by nurses and other allied health practitioners. The provision of MBS item numbers for practice nurses means that the general practice receives a rebate for the services provided by the practice nurse. This assists in offsetting the cost of employing the practice nurse.

One of these initiatives has enabled nurses in general practice to undertake cervical screening. This paper reports on the findings from an action research study undertaken with nurses in general practice who had been recently credentialed as cervical screeners. The original aim of the study was to report on the methods used to develop this new model of service delivery, namely nurse led well women's clinics. However participants identified several key barriers to an expansion of their role that had not been accounted for in either the original policy directive or in the continuing professional development delivered as

preparation for their accreditation to deliver cervical screening services from general practices. How the group addressed these barriers ultimately formed the body of this action research study which was limited by a six-month timeframe. Despite the short time frame, some interesting issues were identified by the group which exposed the cultural underbelly of general practice and which can be used to inform the ongoing process of reform in general practice in Australia.

## RESEARCH METHOD

Action research is a research methodology that typically begins with a concrete problem in practice (Carr and Kemmis 1986). Cycles of observation, critical reflection, action and evaluation lead to a modification of actions in the form of action plans, which are subject to ongoing cycles of modification until the original problem is addressed (McNiff and Whitehead 2006). In this study, the authors acted as facilitators for a reflective group of co-researchers. A series of questions, adapted from Winter and Munn-Giddings (2001), were used to stimulate reflection on issues of concern agreed to by the group:

- What else is having an impact on this issue in the practice?
- How else may this problem be viewed?
- Why do others behave the way they do?
- How do I feel about this and what do these feelings tell me about what is going on?
- What else do I need to find out before making a judgement?

In 2005 the Division of General Practice where the study was undertaken recruited six nurses to undertake a continuing professional development program that led to credentialing to undertake cervical screening. These nurses were invited to join an action research group which was convened in 2006. The attrition rate was 50%, resulting in three participants attending the majority of reflective group meetings. Ethics approval was granted by the James

Cook University Ethics Committee. Each participant signed a consent form prior to participating in the study and was free to leave the study at any time.

Six reflective group meetings were held over a six-month time frame facilitated by the lead researcher who is an experienced mentor. Each meeting lasted between two to three hours, with participants and the research team sharing a meal at the beginning of the meeting. During the meetings a variety of creative techniques were used to stimulate discussion, review participant's activities and plan actions as an outcome of the meeting. Some of the creative techniques used were: scrapbooking; poster making; sharing of journal entries; postcard prompts to express feelings; and brainstorming using 'butchers' paper and coloured pens. The meetings were audio recorded and partially transcribed. Feedback from the concurrent data generation and analysis (Strauss and Corbin 1990) undertaken by the research team was provided to participants the following week. Analytical feedback took the form of a newsletter, emails and postings on a secure internet blog where participants were encouraged to post comments and discuss both the themes and the actions they had committed to undertake.

## FINDINGS

There were three themes identified in the findings from this study that related to the myth of interdisciplinary collaboration in general practice. These were: nurses in general practice renegotiating their roles; identifying and negotiating gendered patterns of cervical screening; and multidisciplinary collaboration and retention of practice nurses.

### **Nurses in general practice renegotiating their roles**

General practitioners (GPs) are often referred to as small business owners as well as clinicians, a situation that Riley (2004) has identified as a potential source of stress for GPs. This duality of roles also creates issues for the other health professionals who work alongside GPs, particularly nurses in general practice (Halcomb et al 2005). Participants in this study identified that even though they received in principle support from their general

practitioner employers to become credentialed cervical screeners, that support did not necessarily lead to a smooth transition to incorporate cervical screening into their clinical practice.

The group was challenged to ask what else might be having an impact on the business of general practice that would discourage the initiation of nurse led well women's clinics. Participants immediately responded that time equals money. The MBS item number rebate at the time was inadequate to compensate for the amount of time they wanted to spend with clients undertaking a well women's health check as opposed to undertaking the task of cervical screening as a stand alone activity.

From this, the group decided they needed to raise awareness of the value of nurse led well women's clinics beyond the MBS item number rebate, while accounting for the power differential that exists between nurses and doctors (Roberts 2000), particularly in general practice where the GP is also often the nurses employer. The way this was addressed was by identifying a 'champion' within the general practice team who could support the nurses to argue their case. Practice managers were thought to have potential for this role, however in the experience of the participants another male GP who was also employed and who had a positive experience of the extended role of nurses working in general practice in the United Kingdom, was able to help establish a nurse led well women's clinic in the face of initial opposition from the majority of the general practice team.

### **Negotiating gendered patterns of cervical screening**

For participants in this study, female GPs provided considerable resistance to nurses extending their role to include cervical screening. Historically cervical screening has been seen as the province of female GPs, 'turning their gender into an advantage rather than a disadvantage' (Pringle 1998 p.194). Participants shared the experience of conflict arising from female GPs using techniques of power and control. As a group we asked the questions: 'how else might this problem be viewed and why do

others behave the way they do?' Using this technique enabled the group to think calmly through of the work of female GPs which is often quite different to that of male GPs (Britt et al 1996). The strategy for action that the group agreed on was to engage with the female GPs accentuating the potential for solidarity and debating the consequences of confrontation.

### **Multidisciplinary collaboration and retention of practice nurses**

Confronting the barriers that the nurses experienced trying to implement change in their practice to include cervical screening led the group to reflect on the question of: 'what is collaborative practice and who makes up the team?' Some of the characteristics participants identified which made them feel part of a team were: open communication, referral pathways, nurse led clinics, recognition of knowledge and skills, flexibility of working hours and opportunities for continuing professional development. Teamwork and collaborative practice that includes the delegation of care, rather than the delegation of tasks, is also clearly identified in the literature as desirable in the general practice workplace (Watts et al 2004; Patterson and McMurray 2002).

Between 2004 and 2006 the number of nurses working in general practice grew by 23% (Australian General Practice Network 2006). Concomitantly, employment opportunities also increased providing more options for experienced nurses in general practice to change their employment if they did not feel they were valued or working as part of a team. This was the experience of one of the participants in this study who moved on because her need for an expanded clinical role was not being met. Pivotal to her decision about where to go next was the response she received from prospective employers to a question she asked at interview regarding her ability to undertake cervical screening and well women's health checks.

## **DISCUSSION**

This paper argues that the significance of this very small action research study, which is limited by its lack of generalisability and small sample size, is that

if the reader has a sense of 'fit' between their own experience and the findings; if the findings 'work' to explain the problems faced; if the findings are openly 'modifiable'; and if they are 'relevant' to nursing in general practice in Australia; then the findings are trustworthy enough for the implications to be considered (Glaser 1978).

Following this work the authors offer the following challenge to multidisciplinary teams working in general practice. If there is an ethos in the practice that espouses a commitment to develop community centered services that improve access to, and quality of, services by including nurse consultations then the following questions (Box 1) should be used to stimulate open discussion within the team prior to implementing new models of practice.

### **Box 1: Questions for general practice teams to ask prior to implementing a new model of practice**

1. To what extent are the new nursing services viewed as an economic initiative and/or a client centered service? What are the consequences of that view on service delivery?
2. What opportunities are there in this practice for formal and informal multi-professional discussion and strategic planning?
3. How has this service (cervical screening in this instance) been provided in the past? Who will be most affected by this change? How do these people feel about nurses undertaking this role? How are they going to adjust together to provide a client centered service?
4. What will be different about this service? What resources will be needed to ensure nurses can provide this service?
5. How will the team know that the initiative is successful?
6. How will members of the team maintain their competence and knowledge in this area of practice?

Each general practice will generate a different set of answers to these questions and in truth the questions are more important than the answers because they require people to reflect and to understand the situation in which they work.

Participants' experiences of the difficulties in trying to implement change in their practice, even though the changes were endorsed by the Australian

Government, serves to highlight potential problems in implementing changes that are funding driven and not piloted in the first instance. There is no literature that discusses outcomes from general practice reforms in Australia that include the introduction of specific MBS item numbers for practice nurses. How such changes are managed in clinical practice is vital to ensure their success and improved client access to services. As such this study could be considered a valuable pilot for potentially a larger study taking in wider geographical boundaries and other established MBS item numbers.

Another important outcome of this study that relates to change management is the role of practice champions in implementing new models of primary care. Participants identified that practice managers could be a helpful conduit between themselves, practice principals and other members of the general practice team when developing strategies to effect change in their role. Continuing professional development activities for practice managers that focus on communication and team building would assist in developing their leadership potential and capacity to implement change.

## CONCLUSION

Practice nursing in Australia is under the spotlight as a means to improve access to primary care services however the current funding model of general practice relies on task allocation, which limits and controls the type of care nurses are able to provide. Complicating this is the genderisation of medicine that results in work such as women's health services becoming the business of female general practitioners and a source of potential conflict within the general practice team should nurses want to provide similar services. Implementing a change in the role of the practice nurse requires careful thought. The ad hoc

introduction of MBS item numbers without trial has failed to identify potential barriers that could be overcome given a more systematic and planned approach.

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