

How general practice nurses view their expanding role

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ABSTRACT

Objective

The purpose of this research was to explore the barriers and enablers that nurses working in general medical practice experience in relation to the Australian Government driven expansion of their roles (nurses working in general medical practice are titled general practice nurses in Australia).

The study design was part of a Masters of Public Health course. The research was conducted as part of employment with the Greater South Eastern Division of General Practice (GSEDGP), Victoria, Australia (now called the Greater Monash General Practice Network, Victoria, Australia). The Executive Director of the GSEDGP gave permission for the study to be undertaken.

Design

The study used an exploratory descriptive design.

Setting

The setting was general medical practices.

Subjects

The subjects were 22 registered and enrolled nurses working in general medical practices in Victoria, Australia (registered nurses are titled RN Division 1 and enrolled nurses are titled RN Division 2 in Victoria, Australia).

Main outcome measures

The main outcomes measures were: attitudes of the nurse's toward role expansion; number of nurses moving into expanded roles; adoption of government expansion initiatives; and barriers and enablers.

Results

Over 90% of the respondents identified their role as a practice nurse had expanded since the introduction of the Australian Government general practice initiatives. 86.4% were happy with the expansion of their roles and positive about government plans for further role expansion. General practitioners (GPs) were seen as supportive of the nurses' role expansion, however half the sample identified that it was up to the nurses to initiate their own role expansion.

Variables were compared with attitudes toward expansion between registered nurses and enrolled nurses; nurses over and under 40 years of age; and those who had been in general practice differing lengths of time. No significant differences ($p > 0.01$) were found when any of the variables were compared.

Conclusions

The majority of practice nurses have experienced role expansion and are positive about this. Most practice nurses indicated they were the driving force behind the expansion. Nurses felt that role expansion had improved the quality of care provided to patients and enhanced their job satisfaction. The major inhibitors were lack of physical space within general practices and lack of time. The major enablers were physical space within the general practice office for a nurse to see patients and agreement from the GPs working within the practice for the nurse to expand into new areas.

INTRODUCTION

In Australia, the role of the practice nurse has developed in an ad hoc nature and with little public or professional recognition (Halcomb et al 2005; Watts et al 2004). In many general practices, it has been left up to individual nurses to create their own roles and responsibilities. A number of authors mention the 'paucity of Australian research on the work of the practice nurse' (Tolhurst et al 2004; Condon et al 2000; Patterson et al 2000). This study was designed to examine the expanding role of the nurse in general practice in Australia and to add to the body of research on general practice nursing.

The announcement of \$104.3 million over four years for nurses working in general practice in the 2001-2002 Australian Government budget indicated that practice nursing was to undergo an expansion of roles and a rise in profile. The Australian Government, concerned about the rise of chronic disease in the community and the shortage of general practitioners saw the broadening of the role of nurses in general practice as part of the answer to these problems. In November 2003 the Australian Government introduced the *Strengthening Medicare Initiative*, which enables some services provided by nurses working in general practice to be paid through the Medicare Benefits Schedule (MBS) without a general practitioner being present. From April 2005, the Australian Government through the *Chronic Disease Management Initiative 2001-2004*, agreed to supply funding to all divisions of general practice to enhance the role of practice nurses in the maintenance and management of chronic disease (Department of Health and Ageing 2004).

In view of these changes within general practice nursing, this research was undertaken to establish the attitudes, barriers and enablers of a group of nurses in a Division of General Practice to the expansion of their profession.

Although there is no Australian research that directly examines attitudes of practice nurses to changes to their role, through related research on general practice nursing both in Australia and overseas, a

number of potential barriers and enablers to the expansion of the role were identified. The barriers include: that general practitioners (GPs) are not always informed about the benefits of employing a practice nurse; concerns about liability issues; the fee structure of general practices (Department of Health and Ageing 2005); and concerns that the structural and organisational barriers in general practice were too great (Halcomb et al 2005; Patterson and McMurray 2003; Wilson et al 2002; Willis et al 2000a). Barriers which were identified in relation to practice nurses are: anxiety about medico-legal and indemnity issues (Watts et al 2004); that nurses were happy with their role and did not want change (Condon et al 2000); were employed part-time and had family commitments; and the nature of general practice, with the GPs being the employer of the nurses in the practice (Willis et al 2000b). Enablers include: involving practice nurses in chronic disease care in a collaborative manner gives improved health outcomes for patients (Proudfoot et al 2005; Wagner 2000; Wagner et al 1996); and, that given the right conditions, practice nurses in Australia can achieve significant role expansion (Pearson et al 2000). This has also been confirmed through overseas literature as cited in Patterson and McMurray (2003).

METHODOLOGY

This exploratory descriptive study used a questionnaire that was designed to measure the nurses' movement into expanded roles and their attitudes toward role expansion in general practice settings. The study design was part of a Masters of Public Health course. The research was conducted as part of employment with the Greater South Eastern Division of General Practice (GSEDGP) (now called the Greater Monash GP Network, Victoria, Australia). The Executive Director of the GSEDGP gave permission for the study to be undertaken. The questionnaire was based on six semi-structured interviews conducted with seven nurses within the GSEDGP, Victoria, Australia. The interview questions and subsequent questionnaire were assembled based on published research undertaken in Australia and internationally on the expanding role of nurses in the general practice

setting (Halcomb et al 2005; Pascoe et al 2005; Wilson et al 2002; Condon et al 2000; Bonawit and Watson 1996.) The questionnaire was piloted by three general practice nurses and changes made according to their feedback. Input to the questionnaire was also sought from the Executive Officer of the Australian Practice Nurses Association (APNA); the Principal Advisor for Nursing in General Practice, Australian Divisions of General Practice (ADGP); and Program Consultant for the Practice Nurse Program, General Practice Divisions Victoria, Australia (GPDV).

A 32 item postal survey, containing quantitative, qualitative and Likert scale questions was distributed to 40 general practice nurses (both registered and enrolled) working in the GSEDGP. The introductory questions collected demographic information about the nurses. The questionnaire used a range of qualitative and quantitative measures to assess the

nurse's perception, attitudes and beliefs with regard to role expansion. Likert scales, tick boxes and open ended questions were employed to allow for collection of both qualitative and quantitative data. An ANOVA analysis was used to compare the mean ratings of the Likert scales questions.

The convenience sample of nurses was recruited through a mail-out to all nurses on the GSEDGP data base of general practice nurses. Descriptive and inferential analyses were computed using the Statistical Package for Social Sciences (SPSS) for Windows.

The resulting sample for the survey included 22 nurses currently working in general practice in the GSEDGP (response rate 55%). The majority of the sample consisted of registered nurses (n=18) and enrolled nurses (n=4). Results are given as percentage of responses.

Table 1: Demographic information by percentage

| | | | | | | |
|---------------------------------------|----------------------------|-------------------------|-----------------------|--------------|------------|------|
| Age | 20-29 | 30-39 | 40-49 | 50-59 | 60+ | |
| | 9.1% | 13.6% | 31.8% | 40.9% | 4.5% | 100% |
| Sex | M | F | | | | |
| | 0 | 100 | | | | 100% |
| Registration | RN | EN | | | | |
| | 81.8% | 18.2% | | | | 100% |
| Size of practice | Small (Solo - 1 GP) | Medium (2-5 GPs) | Large (6+ GPs) | | | |
| | 4.5% | 33.3% | 61.9% | | | 100% |
| Years as a practice nurse | 0-5 | 5-10 | 10-15 | 15-20 | 20+ | |
| | 27.3% | 27.3% | 9.1% | 27.3% | 9.1% | 100% |
| University or hospital trained | University | Hospital | | | | |
| | 18.2% | 81.8% | | | | 100% |
| Post graduate qualifications | Yes | No | | | | |
| | 54.5% | 45.5% | | | | 100% |

RESULTS

Table 1 gives the breakdown of demographic information of nurses in the sample. All the practice nurses in the sample were female. The majority of nurses were in the 50 to 59 age range (40.9%) and

were hospital trained (81.8%). These figures support research cited by Patterson and McMurray (2003) who describe the typical practice nurse as female, middle aged and hospital trained (Patterson and McMurray 2003 p.46). The majority come from a

practice of six or more general practitioners (GPs) (61.9%) which is consistent with research by Pascoe et al (2005) and Bonawit and Watson (1996) who also found that general practice nurses in Victoria, Australia were most commonly employed in practices with three or more GPs.

The findings of question one to three are presented in Tables 2 to 4.

Table 2: How do you come to be in your current position?

| | Percent |
|---------------------------------------|---------|
| Answered job advertisement | 40.9% |
| Invited by GP/practice staff to apply | 40.9% |
| Word of mouth | 13.6% |
| Other | 4.5% |
| Total | 100.0% |

Table 3: Why have you chosen practice nursing as a career?

| | Percent |
|------------------------|---------|
| Interested in the work | 27.3% |
| Escape shift work | 13.3% |
| Family commitments | 22.7% |
| Other | 4.5% |
| Multiple | 31.8% |
| Total | 100.0% |

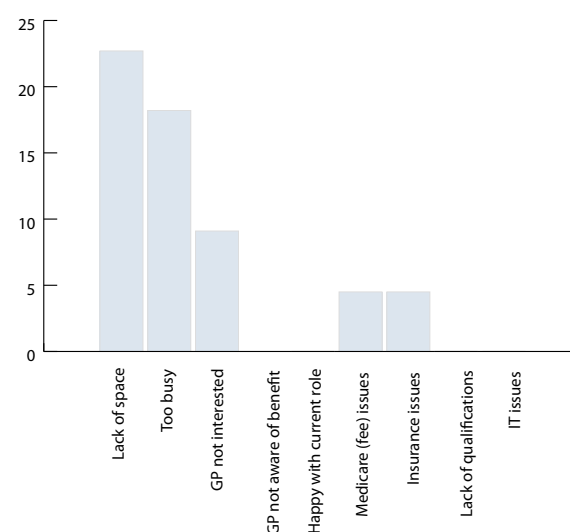
Table 4: Do you consider that your role as a practice nurse has expanded in the last 5 years?

| | Percent |
|-----|---------|
| Yes | 90.9% |
| No | 9.1% |

Table 2 demonstrates the majority of nurses entered practice nursing through answering a job advertisement (40.9%) or through personal invitation (40.9%). A smaller proportion (13.6%) indicated they heard about the job informally. This indicates over half of the practice nurse positions were filled through informal networks (54.5%). This finding has implications for the recruitment of practice nurses in an expanding profession with an ageing workforce. Almost one third (31.8%) of the sample indicated they entered practice nursing for a number of reasons (table 3) including interest in the work, to escape

shift work and for family reasons. Table 4 suggests that the vast majority of practice nurses consider that their roles have expanded in the last five years. Reasons for not expanding, or not expanding further are demonstrated in the graph below. Lack of space (22.7%) and busy practices (18.2%) were listed as the most common reasons.

Figure 1: Reasons why the practice nurse role has not expanded or not expanded further



When asked what roles were expanded, the nurses indicated that 86.4% (n=19) were now performing health assessments; 68.2% were now undertaking both wound management (n=15) and recall reminder responsibilities (n=15); 54.5% (n=12) were now performing chronic disease management duties such as *Team Care Arrangements and GP Management Plans*; 50.0% (n=11) were undertaking diabetes education and 36.5% (n=8) asthma education. Only one nurse in the region (4.5%) was performing cervical screening.

Both Halcomb (2005) and Watts (2004) suggest the role of the practice nurse in Australia has developed with little support from nursing bodies and in an unplanned manner. This is supported by the finding in question 5. When asked who within the practice had initiated the expanded role, 68.2% (n=15) of practice nurses indicated they were the main initiator. GPs were identified next at 31.8% (n=7). Question 6 asked respondents to nominate the main motivation for the role expansion which was:

- a) the nurses desire to embrace a greater role (54.5%),
- b) to provide more holistic care (50.00%),
- c) the availability of Medicare rebates (13.6%),
- d) encouragement from the Division of GP (9.1%).

Question 7 explored continuing professional development activities undertaken by the practice nurses. 100% of nurses recorded they had taken part in some form of continuing professional development in relation to the expansion of their role. The most common answer was a short course (77.3%); upskilling provided by the Division of GP (59.1%); or a university course (22.7%). This finding is consistent with Pascoe et al (2005 p.46) who found that most practice nurses involved in their survey had engaged in some form of professional development in the past two years.

Questions 8 to 13 featured a Likert scale relating to the dynamics of role expansion and Questions 18 to 25 a Likert scale relating to the nurses' attitudes and beliefs about role expansion. Questions 26 to 30 explored the nurse's perceived confidence in embracing an expanded role. Anovas were performed to determine whether significant differences in attitudes toward role expansion was evident between registered nurses and enrolled nurses; nurses over and under 40 years of age; and those who had been in general practice differing lengths of time. No significant differences ($p > 0.01$) were found when any of the variables were compared.

Of those who responded to the Likert scale questions ($n=22$) answers to questions which were unequivocally agreed or strongly agreed by a majority were:

- I had to initiate and drive my role forward (50.0%),
- The GPs have been very supportive of my role (77.3%),
- The practice staff have been very supportive (63.6%),
- I am happy with my expanded role (86.4%),
- At first, staff were lukewarm however they are now more accepting (35.4%),
- Enhances the quality of care (90.9%),
- Increases job satisfaction for practice nurses (86.3%),
- Reduces GP workloads (77.3%),
- Increases collaboration between GPs and nurses (81.8%),
- Increases workloads for nurses (59.1%).

Answers to questions which were unequivocally disagreed or strongly disagreed by a majority were:

- To a certain extent the role has been imposed on me (59.1%),
- Disadvantage the uniqueness of the nursing profession (63.6%).

Nurses felt confident or very confident about moving in to the following roles:

- Immunisation (81.8%),
- Health assessments for people over 75 years of age (86.4%),
- Chronic disease management Medicare item numbers: GP Management Plans and Team Care Arrangements (63.6%),
- Wound management (90.9%),
- Recall/Reminder (72.7%).

When asked if the nurses could see their role expanding in the future, 45.5% ($n=10$) said yes and 13.6% ($n=3$) said 'maybe'. Reasons given were:

- 'that the expanded role would require working overtime to complete chronic disease management plans',
- 'Might put on another nurse to assist with health assessments',
- 'If I were to undertake an asthma course or similar, but prefer not to as workload is already enough'.

It would appear that a number of nurses are cautious about expanding into additional areas and therefore increasing their already significant workload.

Question 16 and 17 asked if the practice nurses had ever been asked to work outside their scope of practice and if so how had they managed the situation; 72.7% ($n=16$) said no, 22.7% ($n=5$) said

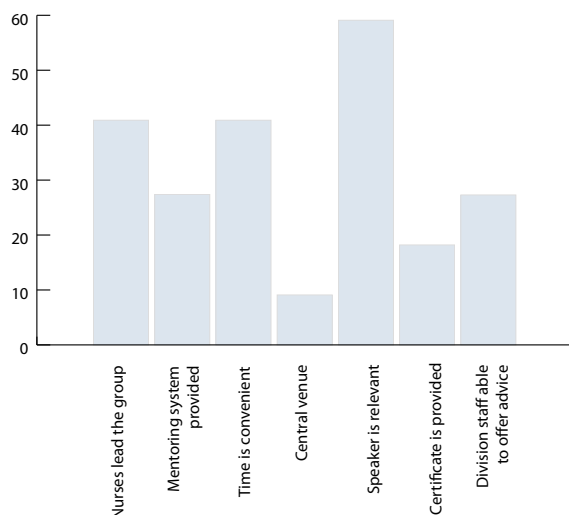
yes. Qualitative data in relation to how this was managed included comments such as:

- 'Discussion and explanation led to a resolution',
- 'Lack of training in ear-syringing',
- 'GPs were advised about the scope of practice of an enrolled nurse and are now understanding',
- 'In trying to set up duties'.

The respondents were asked how they felt about Australian Government plans to further expand their professional role in general practice (Question 31); 81.8% (n=18) either agreed or strongly agreed with the Government's plans to further expand the role. None disagreed or strongly disagreed.

In the last question respondents were asked to rank out of seven choices what they thought were important characteristics of a successful general practice nurse support network offered by a division of general practice. The results are shown in the graph below.

Figure 2: Valued characteristics of a General Practice Support Network



The top three issues of importance are listed as having a speaker relevant to nursing in general practice (59.1%), followed by convenient time (40.9%) and having a qualified nurse leading the support group also (40.9%).

DISCUSSION

Over 90% of respondents identified their role as a general practice nurse had expanded over the past five years and were positive about this change. Although happy with these developments, half the sample identified it was up to them to initiate and drive the role expansion. These results indicate that nurses working within general practice who seek to expand their roles have found carving out a new role challenging. Assistance for nurses who are seeking role expansion may make this transition easier. If general practices want to access and take advantage of the Medicare item numbers for practice nurses, then providing an appropriate space in which the nurse can work; supporting and encouraging role expansion; facilitating relevant continuing education; and reorientation of the practice and practice staff, including GPs, to include the services of a practice nurse is essential. It also further supports the need for a mentoring program for nurses in general practice as identified by the Department of Health and Ageing (2005).

The two major areas of reported role expansion were health assessments of persons over 75 years of age (86.4%) and wound management (68.2%). Reasons for the identified role expansion may be related to the addition of the 'Over 75 Health Assessment' as the earliest Medicare item number for practice nurse services. This item number was introduced in November 1999 (Department of Health and Ageing 2001), giving the nurses a number of years to include this activity in their role. The wound management Medicare item number was introduced in February 2004 and also had a high uptake (Department of Health and Ageing 2008). These two item numbers allow nurses to perform a service on behalf of a GP while the GP is not present and for the general practice to receive a reimbursement from the government through Medicare for the service the nurse provides. The capacity to see a patient independently from the GP may be a reason for the high expansion rate in incorporating these activities into the practice nurse role.

Reasons for not expanding or not expanding further included: lack of space at the practice (this was also supported by the ADGP Nurse Scoping Study 2001) and that nurses were already very busy. Qualitative comments by nurses in relation to lack of expansion all centred on the need for more staff or overtime if further role expansion was to occur. Considering the Australian Government recently released a new Medicare item number that enables nurses to undertake five consultations a year with patients in the area of chronic disease maintenance (Department of Health and Ageing 2008), the issue of nursing staff who already feel they are too busy to expand their practice further is very real.

The majority of practice nurses (72.7%) had not been asked to work outside their scope of practice. Those who had (22.7%) all indicated that with discussion the situation had been resolved amicably. This result may reflect the age of the majority of nurses responding to the questionnaire with 77% over 40 years of age and 45.5% having been in general practice nursing for over 10 years.

Anovas performed on a variety of variables such as nurses under and over 40 years of age; size of practice; hospital or university education; failed to detect any significant differences. This may be due to the small sample (22 nurses), or due to the fact that the practice nurses in the GSEDGP are a homogenous group.

The results from this research indicate that general practice nurses are indeed moving into the expanded roles being initiated by the Australian Government. The research indicates that the expansion is usually driven by the nurse and often initiated with few resources to assist them. One of the main barriers identified, lack of space for the nurse to perform duties, has implications for the design of future general practices.

The high uptake of the two Medicare item numbers that allow the nurse to see patients autonomously is also an indicator that both GPs and nurses have confidence in the nurses' ability to perform consultations independently of the GPs.

Qualitative data from the questionnaire and interviews indicate that nurses are concerned about their workload. The Australian Government continues to role out initiatives that encourage nurses to take greater responsibility in general practice, however many nurses already seem to be overwhelmed with their workload. This has implications for further Medicare item numbers that are focused on the general practice nurse.

CONCLUSIONS

The majority of nurses were positive about the expansion of their professional roles. The majority of participants have expanded their scope of practice to some extent over the last five years. Most nurses indicated they were the driving force behind the adoption of new areas of nursing in their practices and overall found that staff they work with were supportive of their expanded roles. The major inhibitor to role extension was a lack of space within general practices as many nurses did not have their own workspace. The general practice nurses in this study indicated they are very busy and taking on more roles is not always possible. Nurses felt that by expanding their roles, the quality of care provided to patients would improve and their job satisfaction would be enhanced.

RECOMMENDATIONS

Repeat this study in other Divisions of General Practice to discover how representative these responses are.

Explore why some MBS practice nurse item numbers (such as wound management and 'over 75 health assessment') have a high utilisation rate than other Medicare practice nurse item numbers (such as nurse cervical screening) which are under utilised.

Divisions of General Practice need to work with practices to assist nurses who lack work spaces and advise new practices being built of the need for workspace for their practice nurse.

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