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# An investigation of barriers and enablers to advanced nursing roles in Australian general practice



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## KEYWORDS

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**Summary** Over the past decade, there has been substantial increase in nurses' roles in primary health care, particularly in general practice settings. Simultaneously, there has been an expansion of advanced roles for nurses across a range of clinical environments. This paper draws upon findings from a study that sought to develop a framework to support development of advanced nursing roles in general practice. It presents findings from one part of that study that explored barriers and facilitators to the development of these roles. Twenty-three key leaders from nursing, general practice and professional organisations participated in semi-structured interviews. Data were analysed using thematic analysis. A range of factors was identified as key to developing advanced roles in general practice. These included increasing awareness and attractiveness of practice nursing, health reform activities, practice limitations, education and professional development.

Understanding complex systems and workforce issues is required to promote active intervention that can facilitate development of advanced nursing roles in Australian general practice. © 2015 Australian College of Nursing Ltd. Published by Elsevier Ltd.

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## 1. Background

In Australia, practice nurses are employed in general medical practices, which are small for profit businesses operated under the supervision of medical practitioners. The Australian government has, in recent years, introduced a series of incentives to support the employment of nurses in general practice through increasing community access to health care and chronic disease management (Joyce & Piterman, 2011). Since the introduction of this explicit support for the practice nurse, the number of nurses employed in this setting has risen from 3255 in 2003–2004 to over 10,700 nurses in 2010–2011 (Primary Health Care Research and Information Service, 2014). With this growth in nursing numbers in general practice has come development in the nurse's role from undertaking tasks specifically to assist the general practitioner, to task-based work based on Medicare Benefit Scheme (MBS) remuneration for specific nursing services (Halcomb, Davidson, Salamonson, & Ollerton, 2008). Further role change was promoted by the 2012 introduction of block funding of practices to support the employment of nurses through the Practice Nurse Incentive Program (Australian Government, Department of Human Services, 2012). This evolution in the nursing role demonstrates an increasing emphasis being placed on nurses being able to work to the full extent of their regulated scope of practice (Australian Nursing Federation, 2005).

Nurses' roles in general practice have been reported as constituting delivery and organisation of patient care, quality control, problem solving, patient education, and connecting health disciplines (Phillips et al., 2009). Nurse-led models of care in primary care have the potential to increase access to health care for social groups that have difficulty accessing traditional services. In the United Kingdom, for example, autonomous practice nurse-led care is the norm for people with chronic illnesses (Hoare, Mills, & Francis, 2011). An Australian study conducted by Mahomed, St. John, and Patterson (2012) exploring patient satisfaction with nurse-led chronic disease management in general practice found that patients liked that nurses monitored their conditions, added value to GP care, provided support and encouraged self-management. Hence, nurses were seen to play a distinct role that has the potential to expand.

As in other areas of nursing internationally, there is a move towards development of advanced practice roles in general practice. According to Gardner, Chang, and Duffield (2007), advanced practice nursing roles "involve higher level knowledge and skills that enable clinicians to practise with autonomy and initiate nursing actions but do not include diagnostic and treatment decision-making" (p. 383). As such, these authors make a clear distinction between advanced nursing roles and those of nurse practitioners, which are beyond the scope of this paper. In the United States, advanced practice nurses have been used in primary care to improve access to care in areas where shortages of general practice physicians exist, particular in rural areas and underserved populations (Newhouse et al., 2012). Despite some attempt in the Competency Standards for Nursing in Australian General Practice (Australian Nursing Federation, 2005) to articulate the differences between a registered nurse and advanced registered nurse, the advanced practice nursing role in primary care remains

poorly defined. Additionally, little is known about the challenges in implementing advanced practice roles into general practice contexts.

This study sought to explore barriers and enablers influencing the development of advanced nursing roles in general practice from the perspective of key stakeholders in primary care. Exploring scope of advanced practice functions themselves was beyond the scope of this study. Whilst barriers and facilitators have previously been explored from the perspective of nurses (Halcomb, Davidson, Griffiths, & Daly, 2008), understanding the perspectives of stakeholders within primary health care organisations is important as these organisations drive the delivery of primary care services within Australia.

## 2. Methodology

The interviews formed the first round of a three-round modified e-survey Delphi study (Keeney, Hasson, & McKenna, 2011) process that aimed to achieve consensus amongst "experts" investigating the role of primary health care organisations in developing advanced nursing roles in Australian general practice. Key stakeholders from around Australia were invited to participate in semi-structured interviews. Individuals were selected based on their current employment in positions or prior demonstrated expertise in the domain of practice nursing, and were invited to participate by email, phone calls or in person. We sought leaders in nursing policy, research and practice, general practice decision makers, representatives from primary health care organisations (Divisions of General Practice/Medicare Locals), and relevant professional organisations. Snowball sampling allowed for further identification of key individuals to invite to participate.

This paper reports on the interview component of the Delphi study. Semi-structured interviews were conducted in February and March 2012. Participants had the opportunity of participating in either telephone or face-to-face interviews. The interview schedule consisted of a number of key questions including:

1. What role do primary health care organisations play in communicating new policies and directives and initiatives in relation to general practice nursing?
2. From your perspective, what is "advanced practice nursing" in general practice?
3. What kinds of services have primary health care organisations offered – for practice nurses and other professionals – to prepare nurses for advanced practice?

Probing was used to elicit more detail around the responses. All interviews were audio recorded and transcribed verbatim for subsequent analysis. Data were analysed using a process of thematic analysis informed by Grbich (2007). Transcripts were read multiple times by three research team members to enable familiarisation with the data and general trends emerging. Each member coded data individually then collated these into preliminary themes. Group members then met to compare themes and develop and validate the final themes.

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