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Impact of nursing care in Australian general practice on the quality of care: A pilot of the Patient Enablement and Satisfaction Survey (PESS)



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Summary

Background: Nursing roles in general practice have undergone significant expansion, but as yet there are few tools to measure the quality of nursing care in general practice. This study piloted the Patient Enablement and Satisfaction Survey (PESS) to evaluate two aspects of quality of care in this setting.

Methods: Participants were patients attending nurse-led general and chronic-disease clinics in two general practices. The survey was posted to 180 consecutive patients attending these clinics over one week (response rate, 28% for general clinic, 40% chronic diseases clinic; $n = 57$). Scores were calculated for enablement and satisfaction and free text comments were analysed. Comparisons were made between patients who had attended the general clinic for influenza vaccination and for other conditions, and those who attended the chronic diseases clinic.

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Findings: Overall results indicate high levels of satisfaction ($M=68.3/75$ $SD=8.1$) and moderate enablement ($M=4.7/8$ $SD=3.2$). Significant differences were observed between satisfaction scores for patients attending the chronic disease clinic and the general clinic for influenza vaccinations alone, and between those attending the general clinic for influenza vaccinations *versus* treatment of other conditions. Patients attending the chronic disease clinic had higher enablement scores than patients receiving influenza vaccinations at the general clinic. Analysis of free-text comments in the survey supported these findings.

Conclusion: All patients reported satisfaction with nursing care. Patients receiving chronic disease management reported high levels of enablement. This pilot indicated that the PESS can distinguish between two aspects of the quality of nursing care that may impact on patient outcomes.

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Background

The role of nurses in general practice has expanded internationally since the 1990s and more recently in Australia. Whilst initial Australian government policy initiatives incentivised the employment of nurses in general practice (NiGP) and associated task orientated roles (Australian Government Department of Health and Ageing, 2012; Patterson, Del Mar, & Najman, 1999; Pearce, Hall, & Phillips, 2010), the most recent Practice Nurse Incentive Programme (PNIP) (Australian Government Department of Human Services, 2013) was designed to make nurses' roles more responsive to patients' and community needs (Australian Government, 2010). NiGP are able to take on more autonomous roles, often providing complete episodes of care (Joyce & Piterman, 2010; Merrick, Duffield, Baldwin, Fry, & Stasa, 2012). Evaluation of this care is an essential quality assurance activity in the interests of patients and the community, results from which can inform future policy initiatives regarding models of care in general practice.

Isolating the contribution of nurses working in general practice to health outcomes is difficult, since so much care in general practice is co-contributed by nurses and doctors. Studies of the roles of practice nurses indicate that key features are a focus on the patient through education, continuity of care and clinical work, often in ways that are responsive and less time-limited than medical care (Phillips et al., 2009). This suggests that patient reports of satisfaction with care, and enablement (the state of being more able to manage one's own care) may be two aspects of quality that are particularly relevant to capturing some of nurses' contributions to good clinical care. Campbell, Roland, and Buetow (2000) identify satisfaction and enablement as key indicators of quality in health care. At the same time, we acknowledge that quality in care is multidimensional and that both satisfaction and enablement are two components of a larger multidimensional construct (Australian Commission on Safety and Quality in Health Care, 2012).

Pascoe defined patient satisfaction as "a health care recipient's reaction to salient aspects of the context, process, and result of their service experience" (Pascoe, 1983). Patients' satisfaction with health care is the end result of a complex process, involving a number of factors (Calnan, 1988; Edwards, Staniszewska, & Crighton, 2004; Williams, 1998). In studies in New Zealand and Australia using a

21-item General Practice Nurse Satisfaction Scale, consumers demonstrated a high level of satisfaction with general practice nurses (Halcomb, Caldwell, Salamonson, & Davidson, 2011); those in New Zealand who attended more than 4 visits reported higher levels of satisfaction (Halcomb, Davies, & Salamonson, 2014).

Mahomed, St John, & Patterson (2012) described the process of establishing patient satisfaction with nurse-led chronic disease management in general practice. Once patients have determined that their care needs can be met by a nurse, they begin the process of "forming a relationship" with the nurse to manage the chronic disease. Whilst patient satisfaction is an important contributor to a thorough and balanced evaluation of health care provision, due to its small effect size it needs to be "considered as one of several sources of information" in an evaluation framework (Pascoe, 1983).

Patient enablement has been defined as "a professional intervention by which the health care provider recognises, promotes and enhances patients' ability to control their health and life" (Hudon, St-Cyr Tribble, Bravo, & Poitras, 2011, p. 143). The concepts of enablement and empowerment overlap, with some referring to empowerment as an outcome of enablement. The underlying assumption is that there is a hierarchy of power and the aim of enablement is to transfer power from the health provider to the patient, arming them with the means, ability and opportunities to look after their health (Stamler, 1996). Patient enablement is conceptually distinct from satisfaction (Howie, Heaney, Maxwell, & Walker, 1998). Enablement is aligned with the patient-centred model of care due to the shared attributes which consider the person as a whole, the therapeutic relationship and the emphasis on supporting patient control of decision making (Hudon et al., 2011).

These outcomes provide insightful measures of patients' perceptions of the processes of care delivery and their sense of empowerment resulting from increased knowledge, understanding and improved capacity for managing illness. Both measures have been identified as robust indicators of quality (Campbell et al., 2000; Howie, Heaney, & Maxwell, 1997; Pascoe, 1983), improved patient compliance with recommended treatment regimens (Donovan, 1995) and improved patient-rated (Mercer, Neumann, Wirtz, Fitzpatrick, & Vojt, 2008) and clinical outcomes (Alazri & Neal, 2003; Hudon et al., 2011).

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