



# The impact of general practice nursing care on patient satisfaction and enablement in Australia: A mixed methods study



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## ABSTRACT

**Background:** The numbers of nurses in general practice in Australia tripled between 2004 and 2012. However, evidence on whether nursing care in general practice improves patient outcomes is scarce. Although patient satisfaction and enablement have been examined extensively as outcomes of general practitioner care, there is little research into these outcomes from nursing care in general practice. The aim of this study was to examine the relationships between specific general practice characteristics and nurse consultation characteristics, and patient satisfaction and enablement.

**Methods:** A mixed methods study examined a cross-section of patients from 21 general practices in the Australian Capital Territory. The Patient Enablement and Satisfaction Survey was distributed to 1665 patients who received nursing care between September 2013 and March 2014. Grounded theory methods were used to analyse interviews with staff and patients from these same practices. An integrated analysis of data from both components was conducted using multilevel mixed effect models.

**Results:** Data from 678 completed patient surveys (response rate = 42%) and 48 interviews with 16 nurses, 23 patients and 9 practice managers were analysed. Patients who had longer nurse consultations were more satisfied (OR = 2.50, 95% CI: 1.43–4.35) and more enabled (OR = 2.55, 95% CI: 1.45–4.50) than those who had shorter consultations. Patients who had continuity of care with the same general practice nurse were more satisfied (OR = 2.31, 95% CI: 1.33–4.00) than those who consulted with a nurse they had never met before. Patients who attended practices where nurses worked with broad scopes of practice and high levels of autonomy were more satisfied (OR = 1.76, 95% CI: 1.09–2.82) and more enabled (OR = 2.56, 95% CI: 1.40–4.68) than patients who attended practices where nurses worked with narrow scopes of practice and low levels of autonomy. Patients who received nursing care for the management of chronic conditions (OR = 2.64, 95% CI: 1.32–5.30) were more enabled than those receiving preventive health care. **Conclusions:** This study provides the first evidence of the importance of continuity of general practice nurse care, adequate time in general practice nurse consultations, and broad scopes of nursing practice and autonomy for patient satisfaction and enablement. The findings of this study provide evidence of the true value of enhanced nursing roles in general practice. They demonstrate that when the vision for improved coordination and multidisciplinary primary health care, including expanded roles of nurses, is implemented, high quality patient outcomes can be achieved.

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## What is already known about this topic?

- The numbers of nurses working in Australian general practice have increased threefold in the past decade

- Increasing the roles of nurses in general practice has benefits for general practitioners and general practice organisations
- There is a paucity of evidence regarding the impact of general practice nursing care on the quality of care patients experience in general practice.

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### What this paper adds

- This study highlights the value of longer consultations and continuity of nursing care, including patient initiated appointments to see a particular nurse, in enhancing quality of care experienced by patients.
- Our understanding of the value of the breadth of nursing scope of practice and organisational autonomy is extended beyond the professional capacity of nurses to the impact this can have on the quality of patient care.
- This paper deepens our understanding of the value that patients requiring chronic disease management can derive from general practice nurse consultations.

### The implications of this paper

- These findings provide clear direction for the way in which general practice nurse consultations can be tailored to optimise patient satisfaction and enablement.
- Primary health care policies can further support the enhancement of nursing roles in general practice through fostering understanding of the potential of these roles and implementing workforce initiatives that build capacity for nurses to work to their full scope of practice with appropriate levels of autonomy.

## 1. Background

In developed countries ageing of the population and the increasing burden of chronic diseases have driven an agenda to improve the coordination of prevention and management of these conditions (Knight et al., 2012). Part of Australia's policy response to this was to increase the number of general practice nurses (also referred to as nurses in this paper) to support the shrinking and overworked medical workforce (Phillips et al., 2009; Pearce et al., 2011).

General practice nurses in Australia are either baccalaureate-prepared registered nurses (RN) or diploma-prepared enrolled nurses (EN). There has been a rapid rise in general practice nurse numbers; their demographic profile and factors influencing their integration into general practice and their footprint on general practice at an organisational level have been well described (Patterson et al., 1999a,b; Halcomb et al., 2005, 2008; Patterson et al., 2000; Mills and Fitzgerald, 2008a; Phillips et al., 2008; Price, 2007; Mills and Fitzgerald, 2008b; Australian General Practice Network, 2009; Porritt, 2007). However, despite calls for examination of the impact of general practice nurses' care on patient outcomes (Keleher et al., 2007; Halcomb et al., 2006) there is a paucity of this type of research. If we are to prioritise patient-centred care, it is essential to establish whether care provided by general practice nurses improves patient outcomes.

Examination of the quality of care rather than clinical outcomes provides a means to evaluate the impact of individual health care providers on patients' experiences, as opposed to system or team level impacts. The measurement of patient experience has been used since the early 1980s as an indicator of quality and to improve accountability and innovation in health care services (Gardner, 2015). Two key elements of patient experience and indicators of quality are patient satisfaction and enablement (Campbell et al., 2000). Patient satisfaction has been defined as patients' reactions to the structure, process and outcomes of their health care experience, and as the contrast between patients' perceptions of ideal health care and the care they receive (Merkouris et al., 2004; Pascoe, 1983). Patient enablement has been defined as patients' abilities to manage their health and life as a result of interventions aimed at recognising and promoting their means of doing this. (Hudon et al., 2011a).

Patient satisfaction is a predictor of patients' intention to comply with medications prescribed by nurses and midwives and other treatment regimens, and has been associated with clinical improvements for diabetic patients. (Drennan et al., 2016; Alazri and Neal, 2003; Donovan, 1995; Winefield et al., 1995). Research examining patients' preferences and experiences has informed approaches to quality measurement in primary health care, including the development of patient experience surveys (Poulton, 1996; Mead and Bower, 2000; Mead et al., 2002; Bear and Bowers, 1998; Grogan et al., 2000; Howie et al., 1997; Jung et al., 2003; Cheraghi-Sohi et al., 2008; Baker and Streathfield, 1995; Bower et al., 2002; Cheraghi-Sohi et al., 2006; Williams and Calnan, 1991; Williams et al., 1995). However, much of the work examining these quality outcomes has focused on GPs or primary health care teams (Hudon et al., 2011a; Alazri and Neal, 2003; Poulton, 1996; Mead et al., 2002; Howie et al., 1997; Cheraghi-Sohi et al., 2008; Baker and Streathfield, 1995; Al-Mallah et al., 2016; Mercer et al., 2007a, b, 2012, 2008; Howie et al., 1998, 1999; Hudon et al., 2011b; Cousin et al., 2012; Potiridis et al., 2008; Birhanu et al., 2010; McKinley et al., 2004; Banerjee and Sanyal, 2012; Kurosawa et al., 2012; Pawlikowska et al., 2012, 2010a; Sayer, 2000; Caracelli and Greene, 1993). The Patient Enablement and Satisfaction Survey (PESS) was developed and validated for the evaluation of nursing care in Australian general practice (Desborough et al., 2013). While this tool was piloted on a small population in two general practices (Desborough et al., 2014), this paper reports the first time it has been used to examine the quality of nursing care in a larger population.

The limited quantitative evidence to date shows that patients report high levels of satisfaction with general practice nurse care in Australia and New Zealand (Desborough et al., 2014; Halcomb et al., 2011, 2014a; Jayasinghe et al., 2008). In these studies, females, younger patients (<49 years and <60 years) and students (compared to those not in paid employment) were more satisfied with general practice nurse care than their counterparts (Halcomb et al., 2011, 2014a). Patients who had seen a general practice nurse more than four times were significantly more satisfied than those who had seen one less than four times (Halcomb et al., 2014a) and patients seeing nurses for vaccinations were significantly more satisfied than those attending for a medical test or follow-up appointment (Halcomb et al., 2011).

Qualitative research has shown that once patients have determined that their chronic care needs can be met by a general practice nurse, they begin the process of forming a relationship with the nurse to manage their health conditions (Mahomed et al., 2012). Patients' satisfaction with general practice nurses is related to a sense of being valued by them, developing relationships, and confidence with their knowledge and accessibility (Halcomb et al., 2013).

A number of characteristics of GPs and their consultations are significantly associated with patient enablement; these include older age (Ozvacic Adzic et al., 2008), male gender (Ozvacic Adzic et al., 2008; Pawlikowska et al., 2010b), physicians who see fewer patients per day (Ozvacic Adzic et al., 2008), physicians' confidence in the therapeutic relationship (Mercer et al., 2002) and perceived practitioner empathy or caring (Mercer et al., 2012, 2008, 2002). The pilot study of the PESS was the first, and at that time the only, study to examine patient enablement arising from general practice nurse care (Desborough et al., 2014). In that study patients attending a general practice nurse-led clinic for chronic disease management reported significantly higher satisfaction and enablement scores than those attending a nurse-led influenza vaccination clinic (Desborough et al., 2014). However, these findings were limited due to the size and the lack of investigation of patient and practice variables that may be associated with both outcomes.

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