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## Using the lens of enablement to explore patients' experiences of Nurse Practitioner care in the Primary Health Care setting

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### ABSTRACT

**Background:** Patient enablement is a patient-centred concept reflecting a patient's ability to cope, understand and manage their own health. It can be used as a measure of the quality of care and has been linked with improved patient outcomes. While there have been studies into patient enablement following consultations with General Practitioners (GPs) and practice nurses, Nurse Practitioners' (NPs) role in enabling patients remains unexplored.

**Aim:** To use the lens of enablement to explore patients' lived experience of NP care in a Primary Health Care (PHC) setting in Australia.

**Methods:** Using a qualitative approach, 12 patients who had consulted an NP in PHC participated in unstructured interviews. An interpretative phenomenological approach was used to inform the study. A secondary analysis was conducted to explore possible synergies and resonance between the data and the constructs of the Patient Enablement Instrument (PEI).

**Findings:** This small qualitative study found that, following consultations with NPs in PHC, patients reported personal approaches and behaviours consistent with enablement. Three key existential themes appeared to contribute to patient enablement: the way NPs used consultation time (temporality), the building of partnerships between NPs and patients (relationality) and through NPs' holistic and hands-on consultation approach (corporality). The effective use of time in the consultation was seen as particularly important.

**Conclusion:** The findings from this study suggest consultations with NPs do enable patients. This is a previously undocumented strength of NP care. Further research, using a variety of settings, methods and patient and health care provider populations, is recommended.

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### 1. Introduction

Enablement is a patient-centred concept, which builds on adjustment and coping theories (Pawlikowska & Marcinowicz, 2015). Enablement has been linked with improved health outcomes and is widely regarded as an outcome measure of the quality of a consultation in Primary Health Care (PHC) (Howie, Heaney, & Maxwell, 1997; Hudon, St-Cyr Tribble, Bravo, & Poitras, 2011; Mead, Bower, & Roland, 2008b; Mercer et al., 2007). A review of the literature identified that while the concept of enablement in PHC is well

defined, evidence regarding its practice was sparse (Frost, Currie, & Cruickshank, 2015). This literature review also determined that research about enablement focuses on General Practitioners (GPs) and argued that research into patient enablement by other health professionals, such as Nurse Practitioners (NPs), was needed (Frost et al., 2015).

Here we report findings from an Australian study which explored patients' experiences of NP consultations in the PHC setting. For the purpose of this study, the PHC setting was defined as health services that are holistic and generalist in nature, as opposed to specialist services provided in the community. The definition of enablement for this study was taken from Howie, Heaney, Maxwell, and Walker (1998) who defined enablement as the ability of a patient to cope, manage and understand following a consultation.

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**Summary box**

- Patients believe that NPs assist them to cope, manage and understand their illness, key elements of enablement.
- This is the first time enablement has been explored in respect to NP consultations in PHC.
- Patient enablement has not previously been documented as an outcome of NP care.
- Further qualitative and quantitative research is recommended in this area.

This definition is reflected in the structure of Patient Enablement Instrument (PEI) devised by [Howie et al. \(1998\)](#). A phenomenological approach and the lens of enablement were used in this study to examine the patients' lived experiences of a NP consultation. The objectives of the study were to: better understand how NPs contribute to care in the PHC setting in Australia; explore the role of enablement in the patients' experience in PHC, examine if NPs play a role in facilitating enablement in PHC and determine the possibility of enablement being used as a NP sensitive outcome.

**2. Literature review**

NPs have only recently been introduced into the Australia PHC setting and, despite extensive overseas evidence showing that the role is safe and effective ([Carter, Owen-Williams, & Della, 2015](#); [Kinnnersley et al., 2000](#); [Laurant et al., 2005](#); [Venning, Durie, Roland, Roberts, & Leese, 2000](#); [Masso & Thompson, 2014](#); [Sangster-Gormley, 2016](#)), this has met with resistance. [Sangster-Gormley, \(2016\)](#) explored the role of NPs and proposed NP sensitive outcomes in an effort to make their contributions visible within the health system, and to support the implementation of NP roles in Nova Scotia. The authors found NP patients reported an improved ability to manage their symptoms ([Sangster-Gormley, 2016](#)). However, these authors did not specifically associate their findings with the concept of enablement.

Quantitative studies using the PEI link enablement to patient-centredness ([Mead, Bower, & Hann, 2002](#)); the practitioner's communication style ([Mead, Bower, & Roland, 2008a](#)); practitioner empathy ([Mercer, Neumann, Wirtz, Fitzpatrick, & Vojt, 2008](#)); continuity of care ([Mercer et al., 2008](#)) and patient independence ([Kurosawa et al., 2012](#)). We are unable to find any published studies examining the patient's experience of enablement and only two studies exploring patients' perspectives of enablement ([Hudon et al., 2013](#); [Desborough, Banfield, Phillips, & Mills, 2016](#)). [Hudon et al. \(2013\)](#) in a Canadian study of patients' consultations with GPs, reported six elements of enablement: starting from the patient's situation, legitimising the experience of illness, recognising the patient's strengths/expertise, offering hope, developing a partnership and advocating for the patient in the health care system ([Hudon et al., 2013](#)). These elements were also found in the study by [Desborough, Banfield et al. \(2016\)](#), which explored patient enablement by general practice nurses in Australia.

The PEI was developed to quantitatively examine the impact of a clinical consultation on a patient's ability to understand, manage and cope with their health issues ([Howie et al., 1998](#)). It has been widely used to measure enablement as an indicator of the quality of GP consultations in PHC ([Mead et al., 2008b](#); [Mercer et al., 2007](#); [Howie et al., 1998](#)). We suggest the six constructs of the PEI also provide a theoretical framework for qualitative research into enablement ([Fig. 1](#)). Our study sought to begin to address gaps in the literature by exploring the patient's experience of a NP consultation in PHC through the lens of enablement.

**3. Methods****3.1. Ethics**

The study was approved by the (institution removed for blind review) Human Ethics Committee in June 2012 (Approval number 12–30). Issues of informed consent, confidentiality and the protection of participants were addressed in the following ways: patients were not asked to divulge their personal 'lifeworlds' or medical history, were not asked to identify the NP with whom they had consulted, and patient demographic information are presented only as aggregate data.

**3.2. Hermeneutic phenomenology**

Phenomenology was considered the most appropriate research design to address the study aim and objectives as phenomenology can be used to interpret and describe human behaviour and the meanings individuals attribute to their experiences ([Carpenter, 2010](#)). Further, hermeneutic phenomenology was chosen because this approach seeks to go beyond description to discover meanings not immediately apparent. This allows preconceptions to be an integral part of the process of understanding, and supports the idea that, although an individual's experience is unique, generalisations about the human condition are possible ([Heidegger, 1996](#)). Moreover, the use of this methodological approach was considered appropriate given the principle researcher's background as a NP in PHC. Using hermeneutic phenomenology allowed her knowledge and reflections to be recognised and fused into the study.

The approach used was based on the work of Van Manen (1994, 2014) who suggests the following criteria to assess the phenomenological quality of a study: heuristic questioning, descriptive richness, interpretive depth, distinctive rigour, strong and addressive meaning, experiential awakening, and inceptual epiphany. [Van Manen \(2014\)](#) suggests that member checking is not always the best approach so this was not used in this study.

It was initially envisaged that patients would be asked about their experience of enablement. However during a pilot interview, it became clear that the concept was not well understood, and that providing definitions of enablement could influence patients' responses. Therefore, the authors adopted an unstructured interview approach to explore the patients' lived experience of the consultation with the NP.

**3.3. Sampling and recruitment**

Purposive sampling and snowball sampling were used to recruit patients of endorsed NPs working in PHC settings across Australia. Snowball sampling was used to enhance purposive sampling. Participants were asked if they knew anyone else who had seen a NP in PHC and may be interested in participating in the study. To be included in the study, participants needed to have consulted with a PHC NP within the two weeks before the interview, to be over 18 years of age and English speaking. Patients were excluded if they had a diagnosed cognitive impairment or intellectual disability or were unable to provide their own informed consent for any reason. Eligible, consenting participants were enrolled in one of two patient samples.

**3.3.1. Sample 1**

The first sample comprised self-selecting patients recruited by NPs in the field. Nine NPs agreed to provide all patients consulting them over a 10-day period with the research flyer which invited patients to contact the researcher to discuss study participation. NPs distributed an average of 70 flyers to their patients. Seven NP patients contacted the primary researcher and consented to be

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