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Culturally and linguistically diverse general practitioners' utilisation of practice nurses

Abstract

Background Practice nurses are primarily employed by general practitioners, however little is known about the barriers to practice nurse employment from the perspective of general practitioners (GPs). **Aim** This paper seeks to explore solo, culturally and linguistically diverse (CALD) general practitioners' perceptions of the practice nurse role, and to identify the barriers and facilitators of these doctors employing nurses within their practice. **Methods** A descriptive study, using semi-structured interviews, was conducted from July to August 2010. Participants were CALD GPs working as solo practitioners who were members of a Division of General Practice in South Western Sydney. Quantitative data were analysed using descriptive statistics and qualitative data were analysed using thematic analysis. **Results** The response rate was 51%, however no demographic differences were identified between responders and non-responders. The majority of participants (73%) agreed that practice nurses could perform vital sign measurements or spirometry. Fewer participants (52-63%) believed practice nurses could perform breast checks, pap smears, or assessment of medication regimes. Perceived barriers to employing a practice nurse included lack of space or equipment, legal implications, lack of a specific job description and language communication issues. Participants identified the need for greater financial rebates, assistance with training practice nurses and assistance with business modelling as facilitators to practice nurse employment. **Conclusion** The feasibility of practice nurse employment in practices with solo, culturally and linguistically diverse general practitioners remains a challenge that needs further exploration. Employment of practice nurses may be a viable option for younger practitioners who have a desire to work in collaborative multidisciplinary models.

Keywords

practitioners, culturally, linguistically, utilisation, practice, nurses, diverse, general

Disciplines

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Culturally and Linguistically Diverse General Practitioners' Utilisation of Practice Nurses

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AUTHOR CONTRIBUTIONS

EJH & YS conceived and designed the study, as well as overseeing the Project, conducting the data analysis and drafting the manuscript. MC, JC & LL recruited participants, conducted the data collection, prepared the literature review, undertook the initial data analysis and contributed to the manuscript.

ABSTRACT

Background: Practice nurses are primarily employed by general practitioners, however little is known about the barriers to practice nurse employment from the perspective of general practitioners.

Aim: This paper seeks to explore solo, culturally and linguistically diverse general practitioners' perceptions of the practice nurse role, and to identify the barriers and facilitators of these doctors employing nurses within their Practice.

Methods: A descriptive study, using semi-structured interviews, was conducted from July to August 2010. Participants were CALD GPs working as solo practitioners who were members of a Division of General Practice in South Western Sydney. Quantitative data were analysed using descriptive statistics and qualitative data were analysed using thematic analysis.

Results: The response rate was 51%, however no demographic differences were identified between responders and non-responders. The majority of participants (73%) agreed that practice nurses could perform vital sign measurements or spirometry. Fewer participants (52-63%) believed practice nurses could perform breast checks, pap smears, or assessment of medication regimes. Perceived barriers to employing a practice nurse included lack of space or equipment, legal implication, lack of specific job description and language communication issues. Participants identified the need for greater financial rebates, assistance with training practice nurses and assistance with business modelling as facilitators to practice nurse employment.

Conclusion: The feasibility of practice nurse employment in practices with solo, culturally and linguistically diverse general practitioners remains a challenge that needs further exploration. Employment of practice nurses may be a viable option for younger practitioners who have a desire to work in collaborative models.

Key words: General practitioner; Culturally and linguistically diverse; Practice nurse role; Employment.

BACKGROUND

The current focus on primary health care attempts to address issues such as our ageing population and increasing chronic disease diagnoses; this has recently led to rapid growth in the number of nurses employed in Australian general practices (Halcomb & Hickman, 2010). Federal funding has provided support for the employment of nurses in general practice, reflecting governmental awareness of the important role the practice nurse (PN) plays within general practice (Walker, 2006). Between 2005 and 2007, the number of nurses working in general practice increased by 59%, and nearly 60% of general practices currently employ at least one practice nurse (Australian General Practice Network, 2008). Although PNs are primarily employed by general practitioners (GPs), there is little known about the GP's perspective of employing a practice nurse.

Accredited practice nurses commonly serve as 'substitutes' for GPs by undertaking particular tasks such as pap tests, immunisation and chronic disease management (Sibbald, Laurant, & Reeves, 2006; Walker, 2006). Delegation of tasks to practice nurses allows the GP to spend additional time with patients who have greater health needs (Walker, 2006). However, there is a lack of understanding between GPs and practice nurses relating to clearly defined roles which can contribute to confusion and challenges in the general practice setting (Phillips et al., 2008). Expansion of the PN role can sometimes be challenged by the small business nature of Australian general practice mixed with the GPs' attitudes and perceptions towards the hierarchal roles between doctors and nurses (Halcomb, Patterson, & Davidson, 2006; Phillips et al., 2007; Phillips, et al., 2008). Some barriers to utilising PNs that have been identified in the literature include a lack of training, poor GP understanding of nursing roles, liability concerns, billing structure within the practice, lack of professional nursing standards, PN employment costs, part time or casual employment and lack of space (Gibson &

Heartfield, 2005; Halcomb, Davidson, Griffiths, & Daly, 2008; Phillips, et al., 2008). Additionally, the historical model of general practice has focussed primarily on general practitioners working in group or solo practices, with limited exposure to nurses. Whilst these barriers have been identified in the literature, these data have been collected from the perspective of the nurse. To date, the GPs perspective has not been fully explored. Given the GPs role as the employer, it is important to understand these issues from their perspective.

A significant proportion of the Australian community are from culturally and linguistically diverse (CALD) backgrounds (Salamonson, Everett, Koch, Andrew, & Davidson, 2008). Such individuals may experience marginalisation and can be greatly disadvantaged when attempting to access health care (Garrett, Dickson, Young, & Whelan, 2010). The role of a GP is often central in empowering this vulnerable population to access vital health resources. Understandably, a significant amount of CALD patients seek medical advice from GPs with a CALD background (Knox & Britt, 2002). Anecdotally, the uptake of PNs has been less amongst CALD GPs compared to other GPs. Given the increasing evidence to support the impact of the PN role on patient outcomes (Halcomb, Davidson, Yallop, Griffiths, & Daly, 2007), exploring strategies to enhance the uptake of PNs amongst CALD GPs is logically an important strategy to potentially improve outcomes of CALD patients.

PURPOSE

This study sought to explore solo CALD GPs' perceptions of the PN role and identify the barriers and facilitators of solo CALD GPs employing PNs. Solo CALD GPs were the focus of the study as their solo practitioner status meant that they were responsible for both patient care and practice management issues within the practice. Additionally, evidence

suggests that overseas trained doctors are more likely to work in smaller practices (Bayram, Knox, Miller, Ng, & Britt, 2007).

METHODOLOGY

Design

A descriptive design was used to acquire new knowledge relating to the identified phenomenon, of which little is known.

Recruitment and sample size

Solo GPs who were identified on the membership database of a single Division of General Practice as being from a CALD background were identified. Those who did not currently employ a practice nurse were asked to participate in the study. The Division of General Practice covered four local Government areas across South Western Sydney.

Data collection

Data were collected via semi-structured interviews between July - August 2010. The interview comprised of 16 structured items that elicited quantifiable data, and then 6 semi-structured items that provided qualitative data. Research interns (undergraduate nursing students) conducted the interviews after completing a training program run by the chief investigators. Interviews were conducted either via telephone (n=38; 79%) or face-to-face (n=7; 15%). A small number of participants requested hard copies of the interview questions via facsimile in lieu of an interview (n=3; 6%). With the participants' consent, telephone and face-to-face interviews were audio-taped for data analysis purposes.

Ethical consideration

Ethics approval was granted from the University of Western Sydney Human Research Ethics Committee (HREC Approval No. H8519). Participation was voluntary and confidentiality of participants was maintained.

Data analysis

Quantitative data were entered into SPSS Version 18 software and analysed using descriptive statistics. For data analysis purposes, responses of “unsure” and “no” were grouped together. Qualitative interview data and the interns’ field notes were analysed using a reflexive, iterative approach to data management as described by Halcomb & Davidson (2006). Thematic analysis was used to analyse the data, with common themes identified independently by two research interns.

RESULTS

Participant demographics

Of the 94 potential participants, 48 (51%) GPs consented to participate, 28 (30%) declined involvement in the study and 18 (19%) could not be contacted. This represented approximately 16.5% of the GP membership of the Division. The characteristics of this group are outlined in Table 1. More than half (n=54; 58%) of participants obtained their medical qualifications in Australia. Non-English languages spoken by GPs, in order of prevalence, were Vietnamese (34%), Chinese languages and/or dialects (21%), multi-lingual (18%), Indian languages and/or dialects (17%) and Arabic (10%). Just over a quarter (n=21; 26%) of the Practices run by participants were accredited at the time of data collection.

[INSERT “Table 1” HERE]

Characteristics of study participants and non-participants

As the response rate in this study was slightly below those cited in studies of related participant groups (Baruch & Holtom, 2008), we analysed all three target groups (participated, declined & non-contactable) for comparability of sample characteristics based on Divisional membership data. As can be seen from Table 2, there were no

statistically significant demographic differences between those GPs who were not contactable, those who declined to participate and those who participated in the study.

[INSERT "Table 2" HERE]

Appropriate tasks for practice nurses

Figure 1 shows the clinical skills that the participants perceived PNs could perform. The majority (n=39; 81%) of participants perceived that PNs could perform vital sign measurements and could assess social support needs (n=39; 81%). Approximately three quarters of participants were comfortable with a PN performing technical skills such as collecting blood (n=37; 77%), spirometry (n=36; 75%) or ECG testing (n=35; 73%). Just over half of the participants were comfortable for PNs to perform breast checks (n=30, 63%) and pap smears (n=27, 56%), or follow-up on pathology results (n=30, 63%). Some GPs made comments such as *"as long as my patients were comfortable"*, referring particularly to breast checks. Similarly, just over half of the participants felt that PNs could undertake counselling for mental health issues (n=26; 54%) and assessment of medication regimes (n=25; 52%).

Qualitative data identified an overall perception that PNs can perform the majority of clinical tasks as long as they were appropriately trained. Additionally, it was identified that participants felt that having a PN undertake some of these tasks would help reduce a GP's workload.

[INSERT "Figure 1" HERE]

Barriers to utilising nurses in general practice

GPs' expressed a variety of perceived barriers to employing a practice nurse (Figure 2). When asked about this, participants cited lack of space or equipment as the most significant factor (n=29; 60%). Space limitations were particularly an issue for solo GPs,

with one GP stating *“There is no space in my practice to even considering employing extra staff”*.

More than half of the participants identified legal implications of extended nursing roles (n=27; 56%), the belief that current structure in practice is appropriate (n=25; 52%) and lack of opportunity (n=25; 52%) as barriers to employing a PN. Fewer participants identified a lack of a clear job description (n=22; 46%), lack of training (n=22; 46%) and patients’ perceptions of the PN’s role (n=21; 44%) as barriers to PN employment. Surprisingly, only 18 (38%) participants cited communication issues as a barrier to employing a PN. A number of participants clarified this by saying that they were close to retirement age and did not have any desire to change their current business model. *“At my age, I want to retire soon. My current model of practice does not require a PN and I surround myself with a multidisciplinary list of contacts”*.

[INSERT “Figure 2” HERE]

Assistance required to employ a PN

Participants were asked about the types of assistance that they would require if they sought to employ a nurse in their Practice (Figure 3). The majority (n=35; 73%) considered greater financial rebates to be an important factor to support GPs employing PNs. One participant qualified this by stating *“The additional money would be useful with equipment purchases and nurse promotion”*. Other potential areas of assistance were identified as orientation and training of the nurse (n=33; 69%) and nurse recruitment (n=31; 65%). Fewer than half (n=23, 48%) of the participants thought that business modelling would be helpful.

[INSERT “Figure 3” HERE]

Models of PN employment

The majority of participants (n=28; 57%) preferred the business model of a nurse employed by the Division and contracted out to the GP for an agreed number of hours per week. Fewer participants expressed an interest in directly employing a nurse themselves (n=16; 33%), whilst 4 participants (21%) stated they did not have a preference (Figure 5). One participant stated *“I’d prefer a nurse employed only in my practice, but cost is an issue for me”*.

[INSERT “Figure 4” HERE]

Awareness of Government incentives

The majority of respondents (n=35; 73%) were aware of the incoming Government initiative to provide block funding to employ PNs. Information sources were either word of mouth, via reading GP-related publications and mass media. However, qualitative responses suggest that participants had limited information. Participants disclosed that they were unaware of the qualifying criteria and how to access the initiative. As expected, there was a general perception that with the impending Federal election at the time of the data collection, they were unsure if this initiative would change under a new government. A small number of participants expressed that they would need to obtain accreditation to be eligible while others were not sure the incentive was substantial enough to warrant the employment of a PN. One participant stated *“The \$25,000 is not enough incentive. It will not cover the wages [of a PN]”*.

DISCUSSION

The findings of this study revealed that solo CALD GPs practising in the South Western Sydney were over-represented by an ageing GP workforce. Despite this, their views regarding the roles and functions of PNs were not dissimilar to previous findings which demonstrated the under-utilisation of the capacity and skills of PNs, and the lack of professional recognition of the PN role in general practice settings (Halcomb, Davidson,

Salamonson, Ollerton, & Griffiths, 2008; Price, Patterson, & Hegney, 2006). It is likely that most of these GPs have been practising as solo practitioners, with no experience of working with PNs who perform both core clinical skills, as well as undertake advanced and expanded nursing skills (Halcomb, Davidson, Salamonson, et al., 2008). Reasons identified by participants for not employing a PN in their general practice can be summarised by four key themes: a) cost benefit related to funding incentive of employing a PN; b) lack of space in the practice setting; c) lack of interest to employ a PN; and d) GP's belief about patients' perception of PNs.

Cost benefit and funding incentive of employing a PN

A number of issues were raised by the participants related to the financial benefits of employing a PN in their general practice. Despite participants' recognition of the benefits that PN employment may bring, the GPs remained concerned about the potential financial burden of this undertaking. Being unclear about the financial rebates, coupled with the limited understanding of the potential scope of the PN's roles and functions within the practice were likely to be one explanatory factor for this perception. The concern about the economic benefits of employing PNs is not without basis, in light of the current Medicare structure, whereby only a limited list of nursing activities generate an independent fee-for-service income for the general practice setting (Halcomb, Davidson, & Brown, 2010; Phillips, et al., 2007). This concern is supported by Oldroyd et al. (2003) who also reported that the employment of a PN by solo GPs was not affordable despite funding incentives. This gives credence to the idea that the current health care funding system devalues the role of the PN in general practice (Price, et al., 2006). Nevertheless, increasing the fee-for-service reimbursement alone for nursing activities is not likely to be the solution. According to Sibbald *et al.* (2006), the financial gains as a result of nurse-doctor substitution are rarely achieved as

doctors continue to provide same service as nurses, leading to duplication rather than substitution. They further suggested that financial viability is only possible if the GP focuses on performing tasks only doctors can perform and discontinue services delegated to nursing staff (Sibbald, et al., 2006). This is clearly not what most of the CALD GPs in this study were aiming to achieve in the 'small business' structure of their practice. Calculations of financial viability, therefore, are complex and need to consider a range of factors beyond the amount of revenue a nurse can bring in to the practice.

Lack of space in the practice setting

In the current study, the lack of space to accommodate a PN in the practice setting was a prevailing and common concern articulated by study participants. Due to the nature of the nursing activities undertaken by PNs, the lack of space can be a limiting factor (Halcomb, Davidson, Griffiths, et al., 2008; Phillips, et al., 2008). However, further exploration is required to determine if this lack of space can be overcome with some modification of existing spaces in the practice setting, as previous studies have cited that the workspace of PNs is often a central non-private space such as the treatment room, which can be very effective for frequent, non-directive contact with patients and were often described in very positive terms by PNs (Phillips, et al., 2008).

Lack of interest to employ a PN

A lack of inertia for change was expressed by some participants regarding the potential for employment of a PN in their practice. This finding is not unexpected, taking into consideration the long-standing history of solo practice among some of the participants, and the ageing profile of this group of GPs, with some expressing an intention of retirement in the near future. The concern about legal implications of the extended role of a PN is a valid concern. Although each health practitioner is liable for their own

clinical practice, as the employer of the PN, GPs have the added obligation of ensuring adequate training and supervision (Sibbald, et al., 2006).

GPs' beliefs of patients' perception of PNs

This study revealed that participants were concerned if patients would be receptive to a PN providing care. Although previous studies have shown that patients view PNs favourably (Halcomb, Caldwell, Davidson, & Salamonson, 2011; Phillips, et al., 2007), it needs to be taken into consideration that language and cultural barriers could be an issue for PNs practising in a CALD setting. Although potentially more challenging to recruit and collect data from, future research around consumer perceptions of PNs needs to include consumers from CALD backgrounds (Halcomb, et al., 2011).

Study strengths and limitations

Anecdotally CALD GPs are a difficult group to engage with for a variety of reasons. This study utilised a small sample of solo GPs in a single outer metropolitan Division of General Practice who did not employ a practice nurse. These GPs agreed to participate in the study within a relatively small data collection period. Therefore, the views of these GPs may not be generalisable to all solo GPs across Australia. However, given that responders and non-responders were not significantly different in their demographic characteristics, we can be confident that data were gained from a broad cross section of eligible GPs.

This study specifically targeted solo GPs who did not currently employ a PN. Whilst the opinions of this group are important, it may be that those GPs who have had experience of working with a PN and exposure to models of general practice incorporating nurses may have a different perception in relation to these issues.

Directions for future research, policy & practice

To date there have been few attempts to explore GPs' perceptions of the PN role and understand the rationale behind a GP's decision whether or not to employ a PN. Given the significant impact that GP employers have on the PN role, employment conditions and models of practice, it is important that further research focus on exploring the perspectives of GPs. The feasibility of PN employment in solo CALD GP practice remains a challenge that needs further exploration. Clearly, from this study, PN employment is not an ideal option for some CALD GPs, however, it may be a model that is worthwhile considering for the younger group of CALD GPs with intention of quality improvement or expanding their practice. Additionally, the changes occurring in contemporary general practice, such as the evolution of Medicare locals, may provide the support and structures required to facilitate the employment of nurses in innovative models. Such models may include casual or part-time employment across practices, provision of specialist nurses at a central location or the provision of one-off clinics.

Since this study was conducted the Australian government has introduced the Practice Nurse Incentive Program which provides block funding for practice nurse employment. Providing GPs with business cases that demonstrate the financial impact of such funding on the practice is an important step in promoting PN employment.

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Figure 1 Appropriate tasks that can be performed by a PN

Figure 2 Barriers to employing a PN

Figure 3 Assistance required to employ a PN

Figure 4 Preferred model of PN Employment

Table 1 Solo GPs from a CALD background practising in the South Western Sydney area (*n* = 94)

Characteristic	
Age group, <i>n</i> (%)	
30-39 years	6 (6)
40-49 years	19 (20)
50-59 years	21 (22)
60-69 years	37 (40)
70 and over years	11 (12)
Gender - Male, <i>n</i> (%)	83 (88)
Language spoken by GP, other than English %	
Arabic	9 (10)
Chinese-related language & dialects	20 (21)
Indian-related language & dialects	16 (17)
Vietnamese	32 (34)
Multilingual	17 (18)
Years since graduation as a medical practitioner, years (Range: 3 to 52) mean (SD)	29.8 (10.5)
Country where qualification was obtained (Australia/Overseas)%	57/43
Accredited general practice (Yes/No) %	26/74
Recruitment outcome %	
Not contactable	21(22)
Decline to participate	27(29)
Consent to participate	46(49)

Table 2 Comparison of characteristics: Participants and non-participants

Characteristic	Not contactable (n=18)	Declined to participate (n=28)	Participants (n=48)	Significance
Age group (Years) %				
30-39	11	4	6	0.856 ^a
40-49	28	14	21	
50-59	28	21	21	
60-69	28	46	40	
70 and over	6	14	13	
Gender (Male)%	89	93	86	0.620 ^a
Language spoken, other than English %				
Arabic	0	7	15	0.549 ^a
Chinese-related language & dialects	28	25	17	
Indian-related language & dialects	22	18	15	
Vietnamese	39	25	38	
Multilingual	11	25	17	
Years since graduation as a medical practitioner (mean, SD) years	26.8 (8.2)	30.9 (10.6)	30.2 (11.2)	0.422 ^b
Qualification obtained overseas %	29	46	44	0.499 ^a
Accredited general practice (Yes) %	36	22	26	0.638 ^a

*P < 0.05 level (2-tailed)

^aPearson Chi-square test

^bOne-way ANOVA