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Final-year undergraduate nursing students’ perceptions of general practice nursing: A qualitative study

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Abstract

Aim: To explore final-year nursing students’ perceptions of general practice nursing.

Background: The need for general practice nurses has increased due to growing demands for health care in the community. This demand is exacerbated by a shortage in the general practice nursing workforce. Understanding final-year nursing students’ perceptions of general practice nursing is important as these may influence career choices.

Design: Qualitative descriptive study within a mixed methods project.

Methods: Telephone interviews were conducted with sixteen final-year nursing students. Interviews were audio-recorded, transcribed verbatim and analysed using thematic analysis. Reporting follows the COREQ checklist.

Results: Perceptions of general practice nursing varied between participants and related to three main themes; ways of working; a broad role to meet diverse health needs; and relationships with patients. General practice nurses were seen to have stable and collaborative working relationships, with their role ranging from supporting general practitioners to being autonomous professionals. The nurse's broad role was associated with diverse presentations and was considered interesting and challenging. Participants perceived that general practice nurses had more time to spend with patients, and this helped establish trust, and facilitated patient-centred care.

Conclusion: Participants’ perceptions of general practice nursing varied, with some students recognising the diversity of the role and others perceiving it as limited. These views were often impacted by others experiences rather than personal experience. These variations underscore the need for students to receive greater exposure to general practice nursing. Review of undergraduate curricula to increase focus on preparing nursing students to work in general practice may help shape students’ interest to seek employment in this setting.

Relevance to clinical practice: Students perceptions of a clinical setting can influence their career decisions. Understanding these perceptions can inform clinicians and managers and highlight areas that may need to be addressed to promote career opportunities.

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<td>Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data</td>
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**Keywords:** Primary care, nursing student, perception, attitude, education, career intention
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Relevance to clinical practice: Students perceptions of a clinical setting can influence their career decisions. Understanding these perceptions can inform clinicians and managers and highlight areas that may need to be addressed to promote career opportunities.
1. Introduction

New graduate nurses have diverse career opportunities ranging from acute general settings, to specialist units and community based services (van Iersel et al., 2016; Wilkinson et al., 2016). Pre-conceived opinions about these areas are often developed during the nurse’s undergraduate education (Matarese et al., 2019; McCann, Clark & Lu, 2010). Although nursing students tend to hold preconceived career pathways upon commencing their education (McKenna & Brooks, 2018), career interests and choices develop over time as a product of undergraduate nursing students’ interaction with their environment (Hickey, Sumsion & Harrison, 2013; Matarese et al., 2019). Extrinsic factors such as curricula and academic staff expertise (Calma, Halcomb & Stephens, 2019; Koehler et al., 2016; Waddell et al., 2015), clinical placement experience (Chai et al., 2019; McInnes et al., 2015), perceived employment conditions (Larsen, Reif & Frauendienst, 2012; Palese et al., 2016), perceptions around work-life balance and opportunities for career progression (Palese et al., 2016; Price et al., 2018) all influence nursing students’ career interests. Undergraduate nursing students tend to have greater certainty about their career intentions in their final years as shaped by their educational programs (McCann, Clark & Lu, 2010).

Understanding undergraduate nursing students’ career choices and the perceptions that influence these are important elements of recruitment and retention of a nursing workforce. While there has been research examining the perceptions of undergraduate nursing students regarding work in specialist clinical areas such as critical care (Halcomb et al., 2012), mental health (Hoekstra, Meijel & Hooft-Leemans, 2010; Thongpriwan et al., 2015) and aged care (Koehler et al., 2016), gaps remain regarding the perceptions of undergraduate nursing students regarding work in primary care settings (Keleher, Parker & Francis, 2010). Given the importance of attracting new graduate nurses to address workforce shortages in general practice internationally, it is essential to understand final-year undergraduate nursing students’ perceptions of the general practice nursing role to understand how these underpin their career choices.

2. Background

Countries with a strong primary health care (PHC) system have better access to care, lower rates of hospital readmissions, less use of emergency services, and lower rates of ill-health and mortality (World Health Organization, 2018). Increasingly, the demand for PHC services, such as general practice, has grown in response to an ageing population, and increasing burdens of chronic disease (Halcomb et al., 2018; World Health Organization, 2018).
In the United Kingdom (UK), general practices are privately owned businesses contracted to deliver primary care (Cowling et al., 2017). On the other hand, many general practices in New Zealand are private businesses, but are increasingly becoming a part of larger corporations or are owned by trusts in low-socioeconomic areas (Goodyear-Smith & Kassai, 2015). In Australia, general practices may be either owned by a general practitioner (GP), as a private business, or be part of larger corporate practices. Most general practices employ at least one general practice nurse (GPN) (Australian Medicare Local Alliance, 2012). Similar to the UK and New Zealand, GPNs in Australia are either baccalaureate-prepared or equivalent RNs or diploma-prepared ENs. The GPN workforce has rapidly expanded over the past fifteen years, with registered nurses making up the majority of the GPN workforce (Australian Medicare Local Alliance, 2012; Australian Primary Health Care Nurses Association, 2019).

As the number of GPNs have grown, their role has shifted from being a ‘handmaiden’, to making a significant contribution to the delivery of chronic disease management, acute care and preventative health services (Halcomb et al., 2017). However, the growing demand for general practice nurses is exacerbated by an ageing GPN workforce and high frequency of part-time and casual employment (Heywood & Laurence, 2018). Heywood and Laurence (2018) identify that a larger proportion of the Australian GPN workforce, as is the case internationally (Innes, 2019), is predicted to retire in the next 10 years compared to the broader nursing workforce, which places further pressure on general practice to attract a strong nursing workforce.

While many experienced nurses transition into primary care from acute care (Ashley et al., 2017), to sustain the workforce, it is vital that new graduate nurses also see general practice as a viable career option (Calma et al., 2021c). However, negative perceptions of PHC nursing are influenced by an acute care focused curriculum (Albutt, Ali & Watson, 2013; Keleher, Parker & Francis, 2010; Wojnar & Whelan, 2017), a lack of academic nurses with PHC experience (Albutt, Ali & Watson, 2013; Wojnar & Whelan, 2017), beliefs of academic staff around preparing students for an acute care career (Wojnar & Whelan, 2017), and limited exposure to PHC through clinical placements (Albutt, Ali & Watson, 2013; Wojnar & Whelan, 2017). To maintain and expand the GPN workforce, it is important to understand nursing students’ perceptions of general practice nursing. Understanding these perceptions can inform academics and managers and highlight areas that may need to be addressed to promote the career opportunities within the clinical setting (Halcomb et al., 2014; Parker, Keleher &
Thus, the aim of this paper was to explore final-year undergraduate nursing students’ perceptions of general practice nursing.

3. Method

3.1 Design

This paper reports the findings of a qualitative descriptive study within a larger sequential explanatory mixed methods project. Initially, a cross-sectional online survey of final-year undergraduate nursing students was undertaken (Calma et al., 2021a; Calma et al., 2021b). This paper reports findings from subsequent qualitative interviews. A qualitative descriptive approach was employed as it provides a comprehensive description of participants’ experiences, enabling a deeper understanding of the phenomena being explored (Sandelowski, 2010). This study is reported using the Consolidated Criteria for Reporting Qualitative Research.

3.2 Participant Recruitment

Final year undergraduate nursing students from five universities in NSW, Australia that provide a BN program were included in the study. Given variations in university policies, survey information was disseminated to potential participants either via a direct email from academic staff within their institution, or through promotion on the university learning platform. Reminders were provided with posters placed in prominent locations on campus and electronic reminders sent via email and the learning platform.

At the end of the survey, respondents were invited to provide contact details to participate in an interview. Potential interview participants were identified based on responses to the modified 14-item Attitudes, Subjective Norms, Perceived Behavioural Control, and Intention to Pursue a Career in Mental Health Nursing (ASPIRE) scale that described respondents’ intention and attitudes to work in general practice following graduation (Wilbourn et al., 2018). Respondents were stratified in terms of low, mid and high intention to work in general practice. Contact with potential participants from each group occurred via email and phone by the lead author (KC) to provide study information and arrange an interview time. Recruitment continued until data saturation was achieved.

3.3 Data Collection

A semi-structured interview schedule was developed from a literature review and survey data (Calma, Halcomb & Stephens, 2019). The schedule comprised open-ended questions, for example “Tell me about your understanding of nursing in general practice?”, and prompts
including “What might have influenced these perceptions?”. The geographical spread of participants meant that all interviews were conducted via telephone by the lead author (KC), a registered nurse and doctoral candidate with experience in qualitative descriptive research. Other team members were female registered nurses who are experienced qualitative researchers with a background in primary care research.

Interviews were audio-recorded and transcribed verbatim by a professional transcription company. Field notes were written during and immediately after each interview. Given the lack of personal meaning and timing of data collection at the end of a study year, transcripts were not returned to participants.

3.4 Data Analysis
The inductive thematic analysis framework by Braun and Clarke (2006) was used to analyse the data. The lead author (KC) familiarised herself with the data through reading and re-reading transcripts while listening to audio recordings. Field notes provided a descriptive account of the researchers’ observations, and allowed the researcher to reflect on and interpret emerging ideas. Preliminary codes, patterns and meanings were identified independently and manually coded. Codes were organised into potential themes by collating the coded extracts (Braun & Clarke, 2006). To establish congruence throughout the analysis, the team reviewed and cross-checked the developing coding framework against transcripts. Extracts were organised against developing sub-themes. Review of the identified themes established coherence in the patterns forming, and assessed whether the themes reflected the meanings evident in the entire dataset (Braun & Clarke, 2006). The meaning and name of each theme was discussed until consensus was achieved.

3.5 Rigour
To establish rigour, the criteria for trustworthiness, described by Lincoln and Guba (1985), were used. All researchers participated in peer-debriefing, examining each other’s perspectives and clarifying interpretations throughout the analysis process. Checking the accuracy of transcriptions against audio-recordings established the congruence and credibility of data. A detailed description of participants and the use of verbatim quotes assured transferability (Lincoln & Guba, 1985). Dependability was achieved through the description of steps taken from the study commencement, through to the analysis and reporting (Lincoln & Guba, 1985). This audit trail, together with cross checking codes for accuracy, further established confirmability (Lincoln & Guba, 1985).
3.6 Ethical Considerations

Ethics approval was provided by the Human Research Ethics Committee of the University of Wollongong (Approval No HREC 2018/556) prior to data collection. The information sheet and consent form described the research team, study aims, and the benefits and potential risks to participants. Written consent was given before each interview. Pseudonyms are used to protect participants’ confidentiality.

4. Results

Sixteen semi-structured interviews were conducted between October and November 2019. Fifteen participants (93.8%) identified as female. Two participants (12.5%) had experience as an Enrolled Nurse in general practice and two (12.5%) had worked as receptionists. Only one (6.3%) participant reported having had a general practice clinical placement experience. The remaining 11 (68.8%) participants had no clinical exposure to general practice (Table 7.1).

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Age</th>
<th>Gender</th>
<th>Experience in General Practice</th>
<th>ASPIRE Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anne</td>
<td>27</td>
<td>F</td>
<td>Nil</td>
<td>Low</td>
</tr>
<tr>
<td>Bronte</td>
<td>41</td>
<td>F</td>
<td>Nil</td>
<td>High</td>
</tr>
<tr>
<td>Celestine</td>
<td>40</td>
<td>F</td>
<td>Nil</td>
<td>High</td>
</tr>
<tr>
<td>Denise</td>
<td>20</td>
<td>F</td>
<td>Nil</td>
<td>Low</td>
</tr>
<tr>
<td>Edna</td>
<td>35</td>
<td>F</td>
<td>Student placement</td>
<td>High</td>
</tr>
<tr>
<td>Faye</td>
<td>54</td>
<td>F</td>
<td>Nil</td>
<td>High</td>
</tr>
<tr>
<td>Grace</td>
<td>31</td>
<td>F</td>
<td>Nil</td>
<td>Low</td>
</tr>
<tr>
<td>Hailey</td>
<td>29</td>
<td>F</td>
<td>Nil</td>
<td>High</td>
</tr>
<tr>
<td>Ian</td>
<td>23</td>
<td>M</td>
<td>Nil</td>
<td>Low</td>
</tr>
<tr>
<td>Jessica</td>
<td>33</td>
<td>F</td>
<td>Receptionist</td>
<td>Mid</td>
</tr>
<tr>
<td>Klara</td>
<td>37</td>
<td>F</td>
<td>Enrolled Nurse</td>
<td>Low</td>
</tr>
<tr>
<td>Lorraine</td>
<td>26</td>
<td>F</td>
<td>Nil</td>
<td>Low</td>
</tr>
<tr>
<td>Maggie</td>
<td>21</td>
<td>F</td>
<td>Nil</td>
<td>Mid</td>
</tr>
<tr>
<td>Nadine</td>
<td>20</td>
<td>F</td>
<td>Nil</td>
<td>Mid</td>
</tr>
<tr>
<td>Olivia</td>
<td>20</td>
<td>F</td>
<td>Receptionist</td>
<td>High</td>
</tr>
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</table>
Analysis revealed three themes regarding participants’ perceptions of general practice nursing: a) Ways of working; b) A broad role to meet diverse health needs; and c) Relationships with patients.

4.1 Ways of Working

Diverse perceptions about the GPN role indicated that participants were largely unsure about ways of working in general practice. This may be attributed to “a lack of education surrounding job roles and responsibilities” [Denise] in general practice at university;

“... my placement has been – like [for] example, the emergency department, then coronary care or ICU. So, most of my placements is on those levels. So, I really have no idea of what the general practice is. But in my mind, is the general practice - is it equal to a ward? So, I really don't know?” [Grace]

“I mean I went online, there was a little chat a couple of - maybe a few months ago now on primary health care for general practicing nursing and that was the only time I heard about a general practice nursing..” [Bronte]

Some participants relied on the perceptions of others to shape their understanding of the GPN role.

“[Some students] said it’s a good experience. Some have said there’s not as much clinical experience or it’s a very slow-moving position.” [Denise]

“So when you're talking about general practice nursing, is that just general ward?... From what I hear, it sounds difficult. But I've never really seen a general practice nurse... But my cousin, because she's working in the community ... I've heard some stories from her.” [Ian]

Several participants perceived that GPNs work in isolation from other nurses, but still work as part of the multidisciplinary team. Maggie described “it’s a different style of nursing. You more work alone a lot of the time – well at least in rural locations or remote locations…you don’t really have that team of nurses [like] if you’re on the wards.” However, Olivia added that although GPNs may not always be working with other nurses, “really from my experiences
working [as a receptionist in general practice], [nurses] do have the support from the doctors. You do have support from everyone else and you're not just expected to be alone there.”

Perceptions regarding the GPNs clinical role varied from a fully supportive role to the work of the GP to being professionally autonomous in their practice. Faye described the GPN’s role as being “someone that's supporting the doctor. You work under a doctor very closely. You'd be triaging the patients for the doctor”. Similarly, Denise perceived the GPN role as “assisting their doctors and what not. Reading results and helping out with the follow up of doctors’ reviews”. However, other participants perceived that GPNs have defined nursing responsibilities:

“I can see a lot of people that have the misconception that, oh, they just do what the doctor tells them to do but that’s not true…they’ve got their responsibilities as an RN to direct the care [of the patient].” [Edna]

Olivia summed it up, identifying that “it does vary from practice to practice…I've seen some where the nurse will go and get the observations of the patient…and then other tasks would be helping out doctors with procedures such as dressings and minor surgical procedures”.

Participants varying perceptions about the GPNs autonomy influenced their perceptions of the role. Some participants perceived that an independent, self-directed role for GPNs would be appealing and provide a level of decisional authority around patient care. Lorraine described how “having the freedom to breathe and not just constantly have people down [their] throat all the time” and “having the freedom to make decisions…within your scope of practice…..Would be a positive for me absolutely.”

Conversely, an increased level of responsibility could carry an unwanted element of risk that required the nurses to understand any limitations in knowledge or experience that they might not know and be confident in regards to their scope of practice.

“You would have to know what you don't know. You'd have to be confident and - yeah, I guess the autonomy could be a positive and a negative. It's great in the sense that you can use your experience to help, but you are [autonomous] and you'd have to be very careful with that as well.” [Celestine]

In fulfilling an autonomous role, GPNs were perceived to require extensive knowledge and experience:
“I can imagine in my head the scope of practice they must have to have... the knowledge base must have to be so wide for them to be really effective at their job, because they're basically - outside of being able to prescribe, they're really doing a doctor's role. They're very autonomous, so I think... to be good at their job they must be quite experienced.” [Celestine]

On the other hand, some participants felt that the level of professional autonomy provided opportunities for ongoing learning and development as a registered nurse. For example, Ian described that while there are “daunting” aspects to self-directed practice, “you learn a lot more when you have to do things yourself... having to do those tasks and be confident in your own practice, it helps with the experience of being a nurse”.

Some participants described their observations of general practice nurses and the working environment. Olivia asserted that general practice seemed to be “a pretty fun environment to be around most of the time” [Olivia]. While Nadine commented “… From the nurses I can see they always have a smile on their faces… that's what makes it look like they do enjoy what they do in... general practice.” [Nadine]

### 4.2 A Broad Role to Meet Diverse Health Needs

There were favourable perceptions around the diversity of general practice nursing, where “you get everyone from tiny babies to the elderly population, so there is a wide range of things going on” [Lorraine]. Alternatively, others viewed this diversity as requiring GPNs to have broad skills and knowledge to work effectively.

“I would think that their role would be very varied and pretty wonderful, but I would think that it would have to have come with quite a wide knowledge base.” [Celestine]

“You need to also know your skills, know your information...you need to know health issues that are relevant to the population where you work.” [Maggie]

The disparate presentations were thought by some to potentially make general practice nursing a busy role and stressful job.

“I would say it's very busy. You don't know what to expect so it's very ..., it's busy and sometimes schedule can be off track.... Sometimes it could be stressful.” [Nadine]
Acute presentations were seen as commonplace, where “you might get somebody with chest pains come in… or you might get somebody that’s come in and cut themselves on glass in their garden” [Paula] or someone needing “removal of stitches” [Olivia]. Others described that “there’s a lot of family health, immunisations and baby health checks…” [Jessica], issues related to “sexual health… and [advice] with alcohol intake” [Maggie], and management of “mental health… being the first port of call for that” [Lorraine]. Some participants also described the GPN’s role in supporting self-management, with a focus on educating clients, working in the multidisciplinary team and coordinating care.

“Maybe long-term cases, like COPD patients, diabetes clients, people with… ongoing medications… maybe with some partnership with the palliative care team at some point… it would be education and then collaboration and coordination.” [Grace]

“You’re getting to see people that aren’t critically ill but you’re able to give them education and assistance on how to deal with whatever they’re going through to prevent them from going to hospital.” [Paula]

The important contribution of GPNs in health education was best described by Paula;

“Being able to explain the processes of disease in a simplified manner that the patient can understand…The doctors will just say you need a care plan because you’ve got diabetes… that [it’s] really important that you see a podiatrist once every 12 months… But the patients don’t understand why. [GPNs] can say it’s because the little blood vessels in your toes can sometimes lose feeling because of the glucose supply in your blood…you can get sores. The patients will often say, oh I had no idea because the doctor hasn’t been able to explain that to me.” [Paula]

GPN engagement in various clinical procedures that hospital nurses might not participate in were thought to be interesting.

“I’ve recently come into contact with some nurses for some procedures for myself and I have got to see some of the things that they do... It actually made me quite curious because I realised that they were doing some tasks that perhaps a nurse on the ward wouldn't be able to get to do.” [Anne]
“I’ve got friends that are in general practice... some can do a lot more than what other people can do on the wards” [Edna]

Despite the recognition of the potential within the role, other participants viewed general practice nursing as slower paced, with limited opportunities for skill development.

“Nurses in GP roles, it’s more of a slow pace kind of job. It’s not a broad range of experience or sorry, clinical experience....you wouldn’t want to do a GP [nursing] role because it’s just giving needles and doing check-ups and giving results and doing a minute amount of clinical experience as to what you would get in a hospital setting.” [Denise]

“it can be a little bit slow depending on the time of year.” [Nadine]

4.3 Relationships with Patients

Most participants shared an appreciation for GPNs’ perceived ability to spend more time with patients than acute care nurses. This time was perceived as an enabler to develop trusting relationships with patients because “you can actually sit down with a patient, inform them what procedure you’re going to do. You get to know the patient better” [Nadine]. It was acknowledged, however, that this was dependent on the nurse having well developed communication skills.

“You always get your client to come back to you...The things that aren’t taught in nursing is how to be approachable... you still need that bit of salesmanship as well, you need to really sell yourself to be able to interact with other people well.” [Klara]

Participants suggested that the therapeutic relationship developed by GPN with their patients had positive benefits for both the patient and the nurse. From her experience as a patient, Nadine described how the positive relationship with the GPN optimised her outcome;

“There was this kind nurse that helped me during the procedure. I had to get a wound dressing done and I feel like they build more of an interpersonal relationship with the patients. I experienced good outcome from seeing the nurse...You can kind of see a difference with a nurse with a heavy patient workload... ” [Nadine]

Relationships with patients were perceived as equally rewarding for GPNs.
“What I would like mostly about it is the rapport that you would build with your patients in supporting them... That one on one that you would be able to have with people, the time, building rapport. It’d be quite special and be heart-warming.” [Faye]

“What I like probably most is the contact with the patients... We do have a lot of patient contact.” [Paula]

“I like that you get to be a little more one on one in that moment... that you might get to know a history of someone, be able to see a progression.” [Celestine]

Views around the GPN-patient relationship led to the perception that patients might feel more comfortable discussing health concerns with the GPN than the doctor.

“through the half an hour or so that you get to spend with the parents chatting that you find out whether there are any concerns that they’re not going to raise with the doctor. A lot of the time it’s because they get to spend time with the nurse and begin to trust the nurse that they mention things, what do you think about this?” [Paula]

“My dad... won’t tell the doctors things because then he’ll go on more pills or whatever, but if he goes into the nurse’s station to go and get a blood pressure check then he discloses a lot more to her than what he does to the doctor.” [Edna]

5. Discussion
This study sought to explore final-year undergraduate nursing students’ perceptions of general practice nursing. This is a topic of international relevance given the growing need to develop and sustain the primary care nursing workforce internationally. While this study is one of the first of its kind to investigate final-year undergraduate nursing students’ perceptions of general practice and was undertaken in Australia, the findings have synergies with the international literature and are relevant internationally.

Findings illustrated that participants had diverse views of nursing in this setting in terms of the GPN’s ways of working within the team and the diversity of their role. This variation highlights an intriguing contradiction in the findings. On one hand, some participants perceived GP nursing as being ‘less stimulating’ than acute nursing roles, which could limit career
advancement and negatively impact on their interest to work in general practice. Conversely, others expressed views that GP nursing was broad and complex that would demand extensive skill and experience. In contrast, participants largely agreed that the time GPNs spent with patients’ enabled them to build close relationships that fostered care quality and job satisfaction.

The variation in participants’ perceptions likely stem from the perceptions of others and personal experiences. Furthermore, only a few participants had experienced clinical placements in general practice where they could be exposed to the GPN role. This is consistent with the international literature describing an overall lack or inconsistent delivery of PHC content (Betony & Yarwood, 2013; Keleher, Parker & Francis, 2010; Murray-Parahi et al., 2020; Wojnar & Whelan, 2017). As students’ career decision making is influenced by positive learning environments (Hickey, Sumsion & Harrison, 2013), providing high quality theoretical and clinical experiences may enhance students’ understanding and interest in general practice nursing (Hoekstra, Meijel & Hooft-Leemans, 2010; Koh, 2012; McCann, Clark & Lu, 2010; van Iersel et al., 2018). Given that students’ career intentions become increasingly clear as they near the end of their degree (McCann, Clark & Lu, 2010), it is important for universities to evaluate not only the consistency of general practice content but also the timing of content delivery within the curricula. Furthermore, incorporating appropriate clinical placement experiences, and content that is delivered by academics with primary care experience can contribute to the realistic representation of general practice nursing as a career opportunity.

A key area of diverse perceptions was around the level of self-direction in general practice nursing, with some assuming that GPNs primarily support GPs while others expected that GPNs were autonomous. Professional autonomy is considered a highly valued nursing attribute that influences job satisfaction (Dilig-Ruiz et al., 2018) and its absence is associated with greater likelihood of leaving nursing (Halcomb, Smyth & McInnes, 2018). There is a need to reinforce students’ understanding that as health professionals, GPNs are accountable for delivering nursing care. However, comparable to nurses working in other settings, GPNs are still expected to work within their scope of practice in collaboration with other nurses and the multidisciplinary team (Halcomb et al., 2017; Queen's Nursing Institute, 2015). Furthermore, GPNs’ level of self-direction may vary due to other factors, such as level of experience and differences in practice setting. This highlights the need for new graduates to have a good understanding of professional concepts such as scope of practice to prepare them for employment in a diverse range of settings. Additionally, poor role clarity around general
practice nursing continues to challenge perceptions of the value of the role (Thomas et al., 2018) and perpetuates the perception that acute care experience is necessary (Thomas et al., 2018). Indeed GPNs themselves often have diverse perceptions around their professional autonomy and identity (McInnes et al., 2017). Strategies to promote the visibility of GPNs, develop their professional identity and advocate for the role could be powerful in promoting this setting as a valuable employment opportunity.

The breadth of general practice nursing was perceived as interesting and challenging by participants. General practice nurses have been previously described as “specialised generalists” (Oandasan et al., 2010, p. 380) given their wide reaching set of clinical skills and knowledge base (James et al., 2019; Queen’s Nursing Institute, 2015). However, the breadth of the GPN role also raised concerns around the extent of knowledge and clinical skills that a GPN would require to be a safe and effective nurse (Crossman et al., 2016). As such, participants who described the complexity of the role expressed some trepidation as they compared this to acute care employment. Enhancing undergraduate nursing students’ experience of general practice nursing, through developing high quality clinical placement experiences, networking opportunities and continuous learning opportunities may help to allay these concerns by facilitating familiarity with the setting and role.

This perception of complexity, however, was not shared by all participants. Other participants described their perceptions around the ‘lightness’ of the GPNs workload compared to acute care nursing. For these participants, this had the potential to negatively impact their interest to seek employment in this setting. The literature has described PHC as an area where a nurse could lose important skills and reduce potential for career advancement (van Iersel et al., 2018; Wojnar & Whelan, 2017). Indeed, McInnes et al. (2015) reported on undergraduate nursing students’ limited understanding of general practice nursing, and their beliefs that GPNs perform basic tasks with little autonomy. While the scope and workload of GPNs have evolved, there remains considerable room for this to expand on an international scale, as many GPNs remain underutilised (Halcomb & Ashley, 2019; Oelke, Besner & Carter, 2014). Exploring strategies that could support funding and policy changes to maximise the role of the GPN can improve job satisfaction (Halcomb & Ashley, 2019), and may influence undergraduate nursing students’ perceptions of the role and intent to pursue a career in general practice (Gale et al., 2016; McInnes et al., 2015).
5.1 Limitations
Several limitations need to be considered when evaluating this study. Although participants were recruited from five different universities across metropolitan and rural areas of NSW, Australia students in other jurisdictions may have different perceptions. Additionally, those who volunteered to participate may be more likely to have stronger feelings about general practice nursing than those who did not engage. Unfortunately few participants had personal experience of general practice nursing during their undergraduate course. While this is likely reflective of the current curricula, it does impact on the interpretation of the findings. Finally, students were recruited via email or on their university website close to the Christmas break, which made it challenging to ensure that all students had access to this information during the study period.

6. Conclusion
Understanding final-year undergraduate nursing students’ perceptions of general practice nursing is key to addressing the current and future workforce shortages in this setting internationally. Findings of this study reveal that final-year undergraduate nursing students’ perceptions of general practice nursing varied. This highlights a need for students to greater exposure to general practice nursing during their undergraduate education. Increasing focus on preparing nursing students for employment outside acute hospitals can help develop students’ competence and confidence to seek employment in diverse clinical settings.

Relevance to Clinical Practice
Nursing students’ perceptions of a clinical setting can influence their career decisions. Understanding these perceptions can inform clinicians, managers and nurse educators and highlight areas that may need to be addressed to promote the career opportunities across the health sector beyond acute hospitals. Collaboration between nurse academics, PHC professional organisations and GPNs are key to ensure realistic appraisal of general practice nursing is shared with students and other nurses.
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