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Abstract

The practice nursing workforce has grown exponentially in recent years. Whilst evidence has shown the important contributions of nurses to general practice service delivery, the consumer perspective of nursing in general practice has received limited attention. Given that acceptability of nurses is influenced by patient satisfaction which can in turn improve both treatment adherence and clinical outcomes, this is an important area for investigation. The primary aim of this study was to evaluate consumer satisfaction with chronic disease management by nurses in general practice (NiGP) and comfort with the tasks undertaken by nurses in general practice. Consumers receiving chronic disease services from nurses in general practice participating in a larger study were recruited to complete a survey. The survey comprised of demographic information, and items related to satisfaction with the nurse encounter (SPN-9) and consumer comfort with nurse roles in general practice (CPN-18). Eighty-one consumers participated in the study. Cronbach's alpha values of the SPN-9 and the CPN-18 were 0.95 and 0.97 respectively. SPN-9 results demonstrated high levels of satisfaction with PN consultations. Bivariate analysis did not show any significant differences within the consumer group relating to satisfaction. However, those who presented for diabetes-related reasons were more likely to report high comfort levels with the nurse encounter compare to those who presented to general practice for other chronic disease conditions (38% versus 14%, $p = 0.016$). The results of this study demonstrate that consumers are generally satisfied with nursing consultations in general practice related to chronic disease. However, further research evaluating consumer confidence, comfort and satisfaction with nursing care is needed to ensure that nursing services meet consumer needs.

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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Consumer Satisfaction and Comfort with the Nursing in Australian General Practice

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Contributions

Study Design (EH, YS), Data Collection and Analyses (EH, YS, AC), Manuscript Preparation and Editing (EH, YS, AC). This project was undertaken in fulfilment of a BN(Hons) degree undertaken by AC, supervised by EH and YS.

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Conflict of Interest

None declared

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Abstract

The practice nursing workforce has grown exponentially in recent years. Whilst evidence has shown the important contributions of nurses to general practice service delivery, the consumer perspective of nursing in general practice has received limited attention. Given that acceptability of nurses is influenced by patient satisfaction which can in turn improve both treatment adherence and clinical outcomes, this is an important area for investigation. The primary aim of this study was to evaluate consumer satisfaction with chronic disease management by nurses in general practice (NiGP) and comfort with the tasks undertaken by nurses in general practice.

Consumers receiving chronic disease services from nurses in general practice participating in a larger study were recruited to complete a survey. The survey comprised of demographic information, and items related to satisfaction with the nurse encounter (SPN-9) and consumer comfort with nurse roles in general practice (CPN-18).

Eighty-one consumers participated in the study. Cronbach's alpha of the SPN-9 and the CPN-18 were 0.95, and 0.97 respectively. Satisfaction results demonstrated high levels of satisfaction with PN consultations. Bivariate analysis did not show any significant differences within the consumer group relating to satisfaction. However, those who presented for diabetes-related reasons were more likely to report high

comfort levels with the nurse encounter compare to those who presented to general practice for other chronic disease conditions (38% versus 14%, $p=0.016$).

The results of this study demonstrate that consumers are generally satisfied with nursing consultations in general practice related to chronic disease. However, further research evaluating consumer confidence, comfort and satisfaction is needed to ensure nurses' provide a service that ensures optimum health outcomes.

Key words: *practice nurse; nursing workforce; general practice; primary care; Australia*

Introduction

The considerable growth of nursing in general practice in the last decade has exposed many more consumers to nursing services in this setting (Australian Medicare Local Alliance., 2012). In 2012, an estimated 63.5 per cent of Australian general practices employed a nurse, representing a workforce of over 10 693 nurses (Australian Medicare Local Alliance., 2012). This growth in the primary care workforce is an international strategy to manage the increasing burdens of chronic and complex disease and population aging being faced by all industrialised nations. Strong primary care systems that support early intervention and self-management have been demonstrated to improve outcomes (Coleman, Austin, Brach, & Wagner, 2009). Additionally, consumer participation in chronic disease management and adherence with therapeutic regimes is influenced by the acceptability of and patient satisfaction with the services provided by health professionals (Cheraghi-Sohi et al., 2008; Sitzia & Wood, 1997; van Dam, van der Horst, van den Borne, Ryckman, & Crebolder, 2003). It is recognised that consumer confidence or comfort with a health professionals role has a clear impact on satisfaction (Spreng & Page, 2001). Therefore, it is timely to investigate the acceptability of the nursing role and consumer satisfaction with nurses in general practice setting as a strategy to optimise service delivery and health outcomes.

Internationally, it is only in recent years that attention has been paid to evaluating the consumers perspective of the nurses' role in general practice (Hegney, Price, Patterson, Martin-McDonald, & Rees, 2004; Redsell, Stokes, Jackson, Hastings, & Baker, 2007). In the United Kingdom, research has shown consumer support for practice nurses (PNs) highlighting that they have more time to listen to patient concerns and are more likely to develop care plans that are suitable for consumers

(Poulton, 1996; Redsell et al., 2007). A recently published survey from New Zealand demonstrated that there was general support for the nurses' role in general practice and satisfaction with nursing services (Halcomb, Davies, & Salamonson, in press; Halcomb, Peters, & Davies, 2013). However, qualitative data demonstrated a level of confusion amongst consumers about the exact nature and scope of the nursing role in general practice (Halcomb et al., 2013).

Several recently published Australian studies have explored various aspects of consumer perceptions of general practice nurses. Unlike previous studies that sort perceptions of the public, these papers explored the perspectives of consumers of nursing services. In 2011, Halcomb et al. reported the development of a tool to measure consumer satisfaction with nurses in general practice, that was subsequently used in the New Zealand evaluation (Halcomb et al., in press). This study showed that demographic characteristics, such as age, gender and employment status significantly impacted upon satisfaction with the nurse (Halcomb et al., in press).

A further study was reported by Mahomed et al. (2012). This study undertook in-depth interviews in a grounded theory approach to develop a theory of patient satisfaction with a practice nurse-led intervention for chronic disease management. Additionally, Desborough et al. (2013) developed a tool to measure a combination of patient enablement and satisfaction with practice nurse services. Whilst these studies have added to our understanding of consumers perceptions of and satisfaction with nursing services in general practice, they each have a distinct focus that means that they each provide one piece of a large and complex issue. Further research is required to explore additional dimensions of the concepts under investigation.

Method

Data Collection

Data were collected as part of a mixed methods study exploring the changing role of practice nurses in chronic disease management. Other aspects of this larger study have been published previously (Halcomb, Davidson, & Brown, 2010). This paper reports on the discrete data collected via a consumer survey.

A convenience sample of general practices within NSW that employed practice nurses volunteered to participate, following advertisements distributed via General Practice NSW. Recruitment of consumer participants was undertaken over a six to eight week period at each Practice. After receiving services from a participating practice nurse, consumers were given an information pack containing a plain English information sheet and survey form by the Practice Administration staff. Contact details of the primary investigators were included in the information pack should consumers need any further information regarding the study. A sealed box was provided at each participating Practice for consumers to return their survey forms. Alternatively consumers were provided with a reply paid envelope and facsimile number should they wish to return the completed form directly to the research team. Consumers who had a cognitive impairment that would impact on their ability to provide informed consent or those who were unable to read and write sufficient English to complete the survey form were excluded from the study. These consumers were identified by the practice nurse and not offered a survey package.

The Human Research Ethics Committee of the University of Western Sydney granted approval for the conduct of the survey (Approval No. H6774) before the commencement of participant recruitment.

Survey Instrument

A survey tool was developed based on a review of the literature (Cook, 2013) and individual consultation with key stakeholders, including the Australian Primary Care Nurses Association, experts in primary care nursing and nursing research and consumers. The final survey tool comprised a total of 33 items. The initial six items collected demographic data about the consumer. A further nine items used a 5-point Likert scale (Highly Dissatisfied – Highly Satisfied) to explore the consumer's satisfaction with the practice nurse (SPN-9). The remaining eighteen items evaluated consumer levels of comfort with the practice nurse undertaking various tasks on a 5-point Likert scale (Very Uncomfortable – Very Comfortable) (CPN-18).

Data Analysis

Data were entered into Statistical Package for Social Sciences (SPSS) for Windows Version 22 (IBM Corporation, 2013). A random sample of forms was selected and the data audited to check for errors in data entry, and all missing values were cross-checked.

Data were initially examined using descriptive statistics to ascertain markers of central tendency. Exploratory factor analysis using principal component analysis was used to determine factorial validity of both SPN-9 and CPN-18 scales. The internal consistency was computed using Cronbach's alpha, 'corrected item-total correlation' to evaluate how well each item related to other scale items, as well as Cronbach's alpha 'if item deleted' to determine the contribution of each scale item to the overall SPN-9 and CPN-18 scales. To test for group differences, satisfaction and comfort results were dichotomised at the median value (Satisfaction: <45 or 45; Comfort: <72

or 72 and over) and analysis was undertaken using Pearson's Chi-Square. In this project, $p=0.05$ was considered significant.

Results

Participant Demographics

Data were returned from 8 of the 27 general practices who initially agreed to participate in the study (response rate 29.6%). Eighty-one consumers completed the survey. The demographics of participants are provided in Table 1. Just under half of the participants were male ($n=35$; 43.2%). The mean age of participants was 71 years (range 41-88 years; SD 11.1). Most participants were Australian-born ($n=59$; 72.8%) and were regular attendees ($n=80$; 98.8%) of the participating general practice. There was variation in the number of previous visits to the practice nurse, ranging from their first encounter with the PN ($n=8$; 9.9%) to those who had visited the PNs for more than 11 occasions ($n=23$; 28.4%). Just over one third of the participants had diabetes ($n=31$; 38.3%).

*****Insert Table 1 Here*****

Scales

SPN-9

Exploratory factor analysis of the 9-item SPN-9 was examined using principal component analysis. All items loaded significantly, with the measured component ranging between 0.81 and 0.89, explaining 73.12% of the total variance. The

retention of eigenvalues was based on a value of >1 (Cattell, 1966). All other components had eigenvalues that were less than 1, hence only one component was included. The use of 'Corrected Item-Total Correlation' and 'Cronbach's Alpha deleted' examined internal consistency of the SPN-9 (Table 2). The cut-off of the 'corrected item-total correlation' was applied where ≥ 0.3 and for the Cronbach's alpha of ≥ 0.7 . All items for the SPN-9 were retained as they were above the specified 0.3 threshold and ranged from 0.77 to 0.86. The Cronbach's alpha of the SPN-9 was 0.95 and none of the items increased above this if removed.

*****Insert Table 2 Here*****

CPN-18

We also used exploratory factor analysis to examine the factorial validity of the 18-item CPN-18. All items loaded on the one component, with component loading that ranged from $-.66$ to 0.92 , explaining for 64.43% of the total variance. Similarly, internal consistency was used computed using the same procedure as for the SPN-9 (Table 3). All 18 items of the CPN-18 were retained as they were above the specified 0.3 threshold and ranged from 0.64 to 0.90. The Cronbach's alpha of the CPN-18 was 0.97 and none of the items increased above this if removed (Table 3).

*****Insert Table 3 Here*****

Group comparisons of consumers' satisfaction and comfort scores

Group comparisons of consumers' satisfaction and comfort scores were dichotomised at the median value (Satisfaction: <45 or 45 ; Comfort: <72 or 72 and over). Consumers' satisfaction, as measured by the SPN-9 scale was very high, with nearly two-thirds (n=51, 63%) of consumers giving the maximum SPN-9 score of 45. However, no statistically significant group differences were detected between consumers' characteristics, number of visits to the nurse or and high (≥ 45) and low (<45) satisfaction ratings.

Similarly, the levels of consumers' self-report comfort with the PN as measured by the CPN-18 scale was high (median: 72, possible range: 18 to 90). Although there were no other significant differences, the bivariate group comparisons using Pearson chi-square test indicated that consumers who consulted the PNs for diabetes-related conditions were almost three times more comfortable (38% versus 14%, $p=0.016$) with their encounter than those who consulted the PNs for other chronic health conditions.

*****Insert Table 4 Here*****

Limitations

Whilst this study is an important contribution to our understanding of consumers perceptions of nurses in Australian general practice, it has several limitations which should be acknowledged. In relation to the SPN-9 scores, 63% of participants reported a maximum score of 45 indicating a substantial ceiling effect. Such a finding is not unusual in the consumer satisfaction literature and has been reported as an

issues elsewhere (Andrew, Salamonson, Everett, Halcomb, & Davidson, 2011). This ceiling effect may produce artificially skewed data from the participants, and as such, further qualitative and mixed methods studies should be undertaken to clarify reasons behind such high positive results and further explore the concept of consumer satisfaction and comfort. The study also had a relatively small sample size drawn from a small number of general practices within NSW. Whilst the sample size (n=81) was sufficient to facilitate discriminant validity testing and show that the SPN-9 and CPN-18 were each measuring a single concept, a larger sample size may have facilitated greater discrimination within the data. Additionally, a larger number of practices may have yielded more variation in consumer responses and allowed differences based on geographical location to be identified. Finally, ideally, greater separation would have been achieved between the health providers and data collection. However, the limited resources precluded this in this investigation. However, to minimise potential bias, the survey form was provided to consumers by the Practice administration staff rather than the nurses, and surveys were returned either into a sealed box or via mail / fax to the researchers.

Discussion

It is recognised in the literature that tailoring models of care to meet consumer needs improves healthcare outcomes (Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003). In turn, more satisfied consumers are more likely to follow suggested therapeutic regimes and, thus, have improved clinical outcomes (Donovan, 1995). The current study generates important information to guide the development of the role of nurses working in general practice around their role in chronic disease management.

This study confirms findings within the existing literature which demonstrate that health care consumers were generally satisfied with the chronic disease services delivered by the PN (Desborough et al., 2013; Halcomb et al., in press; Halcomb et al., 2013; Mahomed, 2012). However, unlike other studies of consumer satisfaction with PNs which have demonstrated variation in satisfaction as a result of demographic variables such as age (Cheraghi-Sohi et al., 2008; Halcomb et al., in press; Halcomb et al., 2011; Hall & Dornan, 1990), gender (Halcomb et al., in press), or ethnicity (Halcomb et al., in press; Halcomb et al., 2011), this study did not demonstrate a significant difference in either satisfaction or comfort related to demographic variables.

In this study, consumers who consulted the PNs for diabetes-related conditions were almost three times more comfortable with their encounter than those who consulted the PNs for other chronic health conditions. It can be hypothesised that this might be related to the long history of nurses providing support to this group in the role of diabetes educators (Funnell et al., 2012). Such differences highlight the need for further investigation as to the reasons for this groups' higher levels of comfort could be undertaken to identify factors that could be used to improve comfort amongst other chronic disease groups.

Several studies indicate that consumers have little understanding of the knowledge level and scope of practice of nurses in general practice (Cheek et al., 2002; Halcomb et al., 2013; Hegney et al., 2004). Consumer attitudes reported in the literature value the nurses' role in general practice but still privilege the position of the general practitioner (Halcomb et al., in press; Patterson, Price, & Hegney, 2005). Even those consumers who have received care from a nurse in general practice often find it difficult to conceptualise the PN's role (Carrier, Snell, Perry, Hunt, &

Blakey, 2008; Kenealy, Docherty, Sheridan, & Gao, 2010). It has been previously hypothesised that this confusion about the knowledge level and scope of practice of nurses in general practice is reflected in consumers' low levels of confidence/comfort in PN's (Patterson et al., 2005). Results from the current study suggest that consumer's comfort in the knowledge level and scope of practice of nurses in general practice remains unchanged after multiple satisfactory interactions with a PN. It is therefore paramount that consumers are provided with ongoing education about the scope of practice and role of the nurse within the general practice. Further research should examine the impact of public education on raising the profile and improving consumers' understanding of the role and scope of practice of nurses in the general practice setting.

Conclusion

Meeting consumer expectations is essential in developing and maintaining services that meet the needs of the community. Acquiring consumer insights into service delivery is integral to understanding consumer expectations and understandings, as well as to implementing strategies to address misconceptions or information needs. Results of the current study demonstrated that consumers were largely satisfied and comfortable with the chronic disease services they received from the nurse in general practice. This study also demonstrated that the SPN-9 and CPN-18 are reliable and valid measures of consumer satisfaction and comfort with nurses in Australian general practice. Given the limitations of this investigation, further research using larger and more diverse samples is important to better understand consumers' comfort with nursing roles in general practice and their satisfaction with care delivered by nurses in this setting.

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Table 1 Consumer Characteristics

Consumer Characteristic	N	%
Gender		
Male	35	43.2
Female	41	50.6
Missing	5	6.2
Country of Birth		
Australia	59	72.8
Other	22	27.2
Highest Education Level		
High School	52	64.2
Trade Certificate	5	6.2
Tertiary Degree	12	14.8
Higher Degree	2	2.5
Missing	10	12.3
Number of Visits with PN		
Never	8	9.9
1-4 occasions	28	34.6
5-10 occasions	17	21.0
≥11 occasions	23	28.4
Missing	5	6.2
Major Presenting Health Problem		
Diabetes	31	38.3
Other Reasons	26	32.1
Multiple Conditions	9	11.1
Cardiac	7	8.6
Skin or Wound Care	5	6.2
Respiratory	3	3.7

Table 2 **Item-Total Correlation and Cronbach's Alpha of SPN-9**

Item No.	Satisfaction Item	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
<i>Cronbach's Alpha of SPN-9 = 0.95</i>			
1	In general, how satisfied are you with the overall health care that you receive at this general practice?	0.816	0.946
2	How satisfied are you with the process of arranging to see the practice nurse?	0.814	0.946
3	How satisfied are you with the amount of time spent with you by the practice nurse?	0.802	0.947
4	How satisfied are you with the practice nurses' willingness to answer your questions?	0.768	0.948
5	How satisfied are you with the practice nurses' ability to answer your questions?	0.823	0.945
6	How satisfied are you with the respect shown to you by the practice nurses?	0.839	0.945
7	How satisfied are you with the ability of the practice nurses' to treat your problem?	0.769	0.950
8	How satisfied are you with the practice nurses' concern about your problem?	0.827	0.945
9	In general, how satisfied are you with today's consultation with the practice nurse?	0.855	0.944

Table 3 Item-Total Correlation and Cronbach's Alpha of CPN-18

Item No.	Comfort Item How comfortable are you with the nurse.....?	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
<i>Cronbach's Alpha of CPN-18 = 0.97</i>			
1	Giving vaccinations?	0.821	0.969
2	Managing wounds?	0.698	0.970
3	Diagnosing and treating minor illnesses?	0.704	0.970
4	Undertaking Routine Health Checks?	0.895	0.968
5	Giving out Test Results?	0.831	0.969
6	Overseeing chronic illness with your Doctor?	0.820	0.969
7	Giving health advice over the phone?	0.774	0.969
8	Being the initial contact at the surgery in an emergency?	0.814	0.969
9	Providing health education?	0.830	0.969
10	Assessing disease risk factors?	0.841	0.968
11	Giving counselling?	0.740	0.970
12	Following Up care post hospital discharge?	0.840	0.968
13	Undertaking a Home Safety Checks for Falls Risks	0.862	0.968
14	Managing aged care?	0.840	0.968
15	Giving lifestyle advice?	0.789	0.969
16	Checking current medications?	0.871	0.968
17	Performing routine tests such as ECG?	0.804	0.969
18	Prescribing legally sanctioned medications?	0.640	0.972

Table – 4 Comparison of Comfort and Major Presenting Health Problem

	Other than Diabetes	Diabetes
Less than Totally Comfortable (<72)	38 (86.4%)	18 (62.1%)
Totally Comfortable (72 or more)	6 (13.6%)	11 (37.9%)