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# Australian primary health care nurses most and least satisfying aspects of work

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# Australian primary health care nurses most and least satisfying aspects of work

## Abstract

**Aims and objectives:** To identify the aspects of working in Australian primary health care that nurses rate as the most and least satisfying.

**Background:** The nursing workforce in Australian primary health care has grown exponentially to meet the growing demand for health care. To maintain and further growth requires the recruitment and retention of nurses to this setting. Understanding the factors that nurses' rate as the most and least satisfying about their job will inform strategies to enhance nurse retention.

**Design:** A cross-sectional online survey.

**Method:** Nurses employed in primary health care settings across Australia were recruited (n = 1166) to participate in a survey which combined items related to the respondent, their job, type of work, clinical activities, job satisfaction and future intention, with two open-ended items about the most and least satisfying aspects of their work.

**Results:** Patient interactions, respect, teamwork, collegiality and autonomy were identified as the most satisfying professional aspects of their role. Personal considerations such as family friendly work arrangements and a satisfactory work-life balance were also important, overriding negative components of the role. The least satisfying aspects were poor financial support and remuneration, lack of a career path, physical work environment and time constraints. National restructuring of the primary health care environment was seen as a barrier to role stability and ability to work to a full scope of practice.

**Conclusions:** This study has identified a range of positive and negative professional and personal aspects of the primary health care nursing role, which may impact on staff recruitment and retention. Findings from the study should be considered by employers seeking to retain and maximise the skills of their primary health care workforce.

**Relevance to clinical practice:** Understanding the factors that nurses perceive as being the most and least satisfying aspects of the work is can open up dialogue about how to improve the working experience of nurses in primary health care.

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# Australian primary health care nurses most and least satisfying aspects of work

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## **ABSTRACT**

**Aims & objectives:** To identify the aspects of working in Australian primary health care that nurses rate as the most and least satisfying.

**Background:** The nursing workforce in Australian primary health care has grown exponentially to meet the growing demand for health care. To maintain and further grow this requires the recruitment and retention of nurses to this setting. Understanding the factors that nurses' rate as the most and least satisfying about their job will inform strategies to enhance nurse retention.

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**Conclusions:** This study has identified a range of positive and negative professional and personal aspects of the primary health care nursing role, which may impact on staff recruitment and retention. Findings from the study should be considered by employers seeking to retain and maximize the skills of their primary health care workforce.

**Keywords:** Primary Care, Nursing Workforce, Job Motivation, Work Satisfaction, Workforce Planning, General Practice

**What does this paper contribute to the wider nursing community?**

- The rate of turnover of nurses working in primary health care has been associated with job satisfaction and professional barriers.
- This study has identified aspects of nursing in Australian primary health care which are considered the most and least satisfying aspects of the work.
- The analysis highlights areas where improvements could be made by employers and managers to enhance job satisfaction amongst Australian primary health care nurses.

**Relevance to clinical practice**

Understanding the factors that nurses perceive as being the most and least satisfying aspects of the work is can open up dialogue about how to improve the working experience of nurses in primary health care.

## **INTRODUCTION**

The changing health needs of our community and the need to shift health care services into the community setting has led to an exponential growth of primary health care nursing both in Australia and internationally (IOM 2011, Smolowitz *et al.* 2015). At the same time, however, we are facing a global shortage of nurses (Buchan *et al.* 2015, Gantz *et al.* 2012, Lartey *et al.* 2014). Therefore, there is an imperative to ensure that the nurses who are employed in primary health care are retained in the nursing workforce. Retention of nurses is a complex issue, however, workplace factors play a significant role in mediating job satisfaction and intention to stay employed in a particular setting (Authors Own , Castaneda & Scanlan 2014, Chang *et al.* 2015).

The aim of this study was to undertake a national survey of the large cohort of nurses employed in Australian primary health care (PHC) to explore a range of workforce issues, including their clinical role, employment conditions and remuneration, job satisfaction and career intentions. This paper reports specifically on the data gathered about the most and least satisfying aspects of the work. Other aspects of the survey data are necessarily reported separately due to the large volume of data (Authors own). Identifying and understanding the most and least satisfying aspects of work for these nurses will contribute to a discussion of the strategies which may be employed to enhance job satisfaction amongst nurses in Australian PHC.

## **BACKGROUND**

Establishing and retaining a skilled nursing workforce is increasingly challenging for health providers, with shortages reported worldwide (Buchan *et al.* 2015, Gantz *et al.* 2012, Lartey *et al.* 2014). Shortages of nurses and the associated potential reduction in the quality of care has led to considerable interest in identifying what factors can effectively retain nurses in the workforce. Lambrou *et al.* (2014) reported that improving the

environment in which nurses practice, and managing negative aspects of roles is likely to positively impact on retention rates, reduce burnout, and increase job satisfaction, as well as directly affecting the quality of health care and health outcomes. The correlation between job satisfaction, the empowerment of nurses and the practice environment are core features of the Magnet Recognition Model (Aiken *et al.* 2008), which has provided a framework for improving staff retention in hospital environments. There is now a significant body of research which focuses on job satisfaction and retention strategies in acute hospital environments (Aiken *et al.* 2011, Leone *et al.* 2015). However, there is only limited evidence relating to workforce issues in the primary health care sector either in Australia or internationally (Authors Own, Curtis & Glacken 2014). This is despite the significant growth of the Australian PHC nursing workforce in recent years (Halcomb *et al.* 2014). Identifying the factors which lead to job satisfaction and retention of staff is therefore difficult in such a diverse workforce, and reported findings vary from country to country and types of PHC (Authors own).

One study which explored job satisfaction among public health nurses in Ireland (Curtis & Glacken 2014) concluded that there were three key contributors to job satisfaction amongst PHC Nurses - namely professional status, interaction and autonomy. Conversely, task requirements and pay contributed least to job satisfaction. A further study of nurse manager satisfaction rates in primary health care clinics in South Africa identified workloads, professional support, access to professional development and safety as significant factors in reporting job satisfaction (Munyewende *et al.* 2014). In Australia, a study of residential aged care nurses level of job satisfaction identified that these nurses experienced satisfaction from the pleasure they gained in providing care, from positive resident feedback, and from the empowerment they felt by working in effective teams and with supportive management (Chenoweth *et al.* 2014). Similarly, an Australian study of PHC nurses working in a walk in clinic described positive aspects of their role as the level

of autonomy, team relationships and the capacity to deliver quality nursing care, with negative stressors identified as concerns relating to adaption to the level of autonomy, role incongruity and lack of professional support (Desborough *et al.* 2013).

Gaining a better understanding of the factors contributing to job satisfaction across PHC settings, has significant implications for employers, managers, health administrators and policy makers. This insight will equip them to implement evidence-based strategies to optimize nurse retention.

## **METHODS**

### **Design**

A descriptive exploratory design was used to gather information to address the research questions:

1. What aspects of their work do Australian PHC nurses find the most satisfying?
2. What aspects of their work do Australian PHC nurses find least satisfying?

### **Participants**

This study sought to recruit nurses currently employed in Australian PHC settings. Primary health care was loosely defined as a setting where nursing care is delivered outside the bounds of an acute care facility. Such settings might include, but were not limited to, general practices, schools / universities, correctional facilities, sexual health clinics and community nursing services. Of these, nurses in general practice and various community nursing positions make up the largest numbers working in PHC, apart from aged care nurses who were not specifically targeted in this study as their roles were not always considered strictly PHC focused (AIHW 2013).

## **Survey tool**

The survey tool was developed by the researchers following a process of critical evaluation of relevant published literature, review of key research reports, mapping of existing survey instruments (Australian Divisions of General Practice Ltd 2003, Australian Medicare Local Alliance 2012, Australian Primary Care Nurse Association. 2014) and in consultation with key stakeholders.

The survey tool gathered information about the respondent, their job, type of work, clinical activities, job satisfaction and future intentions. The majority of questions followed a multiple-choice format however some short response items were included to further explore attitudes and opinions. The survey tool was successfully piloted with a group of 11 nurses including academic experts, policy and industrial experts and individuals with experience in workforce surveys prior to the major data collection. This process revealed a few areas where wording and terminology were clarified and the technical flow of the survey was improved.

Apart from the participant demographics, the data reported in this paper is drawn from a single quantitative item which asked participants to rate their level of satisfaction with eleven aspects of their current position on a 5-point Likert scale (Very dissatisfied to Very satisfied) and two open-ended items which asked participants to identify the least and most satisfying aspects of their work.

## **Data collection**

There is no national register of nurses who are employed in Australian PHC (Halcomb *et al.* 2014). Many of these nurses are employed in a variety of small businesses and non-government organizations, thus precluding distribution of surveys via employers.

Therefore, the survey was distributed via key nursing organizations. The survey was launched on the 30<sup>th</sup> March 2015. Invitations to participate, including an electronic link to

the survey, were sent to all members and subscribers of the Australian Primary Health Care Nurses Association (APNA). Additionally, emails were sent to contacts within Australian Primary Health Care Organisations, including the Australian College of Nursing and the Australian Nursing and Midwifery Federation. The survey was also promulgated through social media avenues such as Twitter, LinkedIn and Facebook. Reminder emails were sent two weeks prior to the survey closure to optimize response rate.

Participants were asked to complete the online survey that was hosted using Survey Monkey™ software (<http://www.surveymonkey.com>). The survey was closed after four weeks due to the deadline imposed by the funding body.

### **Data analysis**

Data was exported from Survey Monkey™ directly into the Statistical Package for the Social Sciences Version 21 (IBM 2012). Responses to open-ended items were separated from the main dataset and exported into NVivo™ (2012). From here these data were coded using a process of thematic analysis (Braun & Clarke 2006). This involved one author (EH) reading and re-reading the data whilst identifying patterns of response. These were then organized into initial themes which were then checked against the dataset. Once the themes were clarified the story of each theme was developed and the theme named. These themes and their stories were checked by the other author (CA).

### **Ethical considerations**

Approval for the conduct of the study was provided by the University of XXXX Human Research Ethics Committee (Approval Number HE15/074) and the Australian Government Statistical Clearing House (Approval Number 01725 – 05). All responses were confidential and anonymous. Only aggregated data are reported.

## **RESULTS**

### **Demographics**

1413 responses were received, however, 247 responses (17.5%) did not provide data or provided demographic data only and so were removed. Of the remaining responses, 950 respondents (81.7%) worked in general practice and 212 (18.3%) worked in other areas of PHC. Full details about the demographics of respondents are provided elsewhere (Authors Own). Most respondents were female (96.4%), registered nurses (RNs) (79.3%), with a mean age of 49.9 years. The majority of respondents (n=808; 69.5%) had completed their nursing / midwifery qualification more than 20 years ago. Most (n=919; 80.1%) had worked as a nurse / midwife for over 11 years. Despite this, just under half reported having worked in PHC for less than five years (n=490; 42.7%).

### **Satisfaction with aspects of job**

As can be seen from Figure 1, respondents were most satisfied with the relationships, trust and respect in the workplace, their current role and overall job. More respondents were dissatisfied with the provision of benefits, access to education and training and their wage / salary, however, for each of these items more respondents were satisfied than were dissatisfied.

**\*\*INSERT FIGURE 1 HERE\*\***

### **Most satisfying aspect of work**

Five key themes emerged around what respondents considered to be the most satisfying aspect(s) of their work, namely; a) helping people, b) teamwork, c) autonomy d) work/life balance, and e) variety of work.

a) *Helping people*

Overwhelmingly, respondents identified satisfaction in *"helping people"* and felt that through working with people both *"one on one"* and within their family and community groups they were able to improve health outcomes and quality of life. One respondent noted: *"I love making a difference and being part of a person's life"*. Others recognised their broader role within the local community: *"I love being part of a community in being their nurse."*

Respondents reported that as nurses they were able to *"educate"*, *"advocate"*, provide *"care"*, offer *"personal contact"* and develop *"good rapport"* with patients. One respondent summed it up by saying *"I find working on a one on one basis with the patients is very rewarding as I get to know them very well and they know me very well so I have built up the foundation of trust and this makes it easier for them to talk to me and so we can work together to benefit their health."*

Despite recognition of the scope of the nursing role and the potential contribution of nurses to health care delivery across the lifespan, there was a significant emphasis on the notion of *"helping"* within the responses. *"The patients and helping them...that's why I am still at this after 33 years"*. *"The fact that although sometimes I don't have to do much for the patient, I always do all I can and I think I am helping them."*

Positive reactions from patients were also highly valued by respondents, *"I genuinely care for them and just treat them as people and I get great satisfaction when I can see that they appreciate the way I go about my work."*

b) *Teamwork*

Respondents also identified the *"teamwork"* and *"collegiality"* as satisfying. Key aspects of this teamwork included trust and respect between team members. *"Being trusted and being part of a team I'm proud of."* Several respondents spoke of how feeling valued was

satisfying; *"The {general practitioners} GPs and allied health professionals I work with value my knowledge and areas of expertise... I feel a valued member of the health care team"*.

c) *Autonomy*

A number of respondents identified *"autonomy"* as a source of satisfaction. It was somewhat difficult to discern what was meant by this as many responses referred to autonomy as a single word. Some respondents provided some insight, describing how they *"work autonomously. I refer directly to the GPs I work with if any issues arise. I always consult the doctors if there are patient concerns or I am concerned about the patients."*

Others spoke of how general practice work afforded them responsibility for their own clinical practice. *"I am responsible for my own work in that I determine how much or little I do on a daily basis. So I go full-steam ahead every day I work & enjoy accomplishing what I can each working day"*. Participants also described how they were able to *"extend the role as I see fit"* and *"being able to plan my day"*.

Some respondents, however, identified that the level of their autonomy in their practice was improved through recognition and respect by the GP and/or practice management. For example; *"Being respected enough by [the] GP to organise my working day"*; *"The doctors that I work with trust my abilities and know that I will seek help and assistance if something is outside my scope of practice."*

d) *Work/Life balance*

Many respondents spoke of the *"very friendly environment"*, *"flexible work arrangements"*, *"hours of employment that suit my young family"* or other life circumstances, *"no shift work or weekends"* and the value of a *"location close to home"*. It was identified that these factors contributed to a better work/life balance and a better *"fit"* within their lifestyle than they had previously experienced in a hospital setting.

A small number of respondents identified that the benefits of flexible hours and a good location outweighed other negative aspects. *“Our owners know that for convenience of location & work hours we will stay despite the pay, despite ALL our nurses feeling undervalued with our pay given the money we generate for the practice”.*

e) *Variety of work*

Respondents spoke of the variety in their clinical practice and the opportunity for them to use a wide range of clinical skills *“making the work I do interesting and not mundane.”* One respondent commented; *“I love the fact that often unexpected events can come through the door and a whole new set of skills and thinking needs to be employed. There is variety in the types of care that patients need and that the whole of life span is covered, sometimes in only a couple of hours.”* Another stated; *“The job is vary varied.... It is never boring.”*

**Least satisfying aspect of work**

Six key themes emerged around what respondents considered to be the least satisfying aspects of their work, namely; a) poor remuneration, b) time constraints, c) lack of space, d) lack of respect or recognition, e) funding models and health policy, and f) limiting the nurses' role.

a) *Poor remuneration*

Many respondents spoke of being *“paid poorly for the work I do”*;

*“My pay is shocking, my children were paid a higher hourly rate of pay for after school jobs.”*

*“I feel ripped off. I just registered as a Registered nurse and am now being paid \$4 an hour less than where I work at a group home, with token penalty*

*rates. I can't afford to dedicate myself to this job - I have to keep working 2 jobs."*

Some respondents did acknowledge that the lower wage was balanced by employment conditions. *"I miss the higher wages of the acute setting but have had to live with that, as the benefit of no shift work is enormous."* However, for others, the concern was more around the fact that they felt that their employers did not recognise their concerns around remuneration. *"The last time I approached head office for a pay rise I was informed that I could seek other employment if the pay rate was not satisfactory."* *"It's hard to negotiate with GP for pay increases."*

Other respondents spoke of the lack of recognition with remuneration for undertaking skill development and continuing professional education or taking on additional roles within the Practice;

*"I want pay recognition for the extra roles that I perform as I have advanced practice nurse skills. Pap smear, immunising, rostering staff and management of nursing staff."*

*"I go above and beyond in my job and have developed new skills, gained new and higher qualifications all without any assistance from work place or increase in wage to reflect increase in skills."*

*"As the Senior Clinical Nurse at my practice I am not paid any higher than the other RNs at the workplace but have significantly more responsibility ... The wage is definitely a downfall and would like to see this improve."*

#### *b) Time constraints*

Many respondents spoke of having *"too much work, not enough time to achieve what I would like to"*, *"rushed to do tasks"* and facing *"time pressures that prevent spending as*

*much time as desirable with patients.*” For a number of respondents this equated to *“often missing out on morning and afternoon tea and being interrupted at lunch time to see patients”*. For many it seemed that a lack of break time was accepted as part of their role and was not remunerated or rewarded with time in lieu. Indeed one respondent commented *“I need morning tea gaps and afternoon tea gaps for catch up time.”*

In contrast to the respondents who reported having autonomy over their schedule, another group of respondents reported having their time managed by others. Some respondents reported *“administration/office staff over booking nurse without consult or even listening to time frame requirements.”* *“The overbooking leads to me having to rush through the work. I find this aspect stressful as I often have very little or no time for a meal break.”* Having *“patients booked in with little or no consultation - it means that down time is affected and that I am both physically and mentally exhausted at the end of the day.”*

A further consideration was the amount of administration work that nurses were required to undertake. *“Lots of administration work - less time to provide patient care.”* Where administration tasks were felt to be non-clinical in nature respondents expressed concern that using nurses to undertake these tasks was not effective resource allocation. *“Not enough administration help. I do most administration tasks which is a waste of my time and money.”* Another commented *“I have to do some reception work, my schedule is very full. We need another nurse and another receptionist to share the work load”*.

In contrast, other respondents identified that, in their experience, the time required for administrative functions was not recognised within their workload. *“I feel frustrated in having trouble allocating time to do the admin side of our job like stock ordering, ringing patients on recall lists, getting medical note transfers done for insurance companies or other clinic requests.”* Another respondent described *“the perception of ‘not working’ (by doctor principals or practice manager) when in our open plan workspace working at our desks...when we are actually working”*

A small number of respondents commented that they were least satisfied by *“no relief staff”*, so *“when I am off sick or take annual leave there is nobody to replace [me] while I am gone. Therefore I still have to catch up on things when I come back.”*

c) *Lack of space*

Respondents identified how space issues within the practice impacted on their capacity to deliver high quality nursing care. The lack of space was viewed as having a negative impact on their time and productivity. With *“no space of my own I need to wait for a room to be available.”* Another commented; *“I feel I could perform much more efficiently if I had more work space.”*

A lack of space was identified by some respondents as directly inhibiting their capacity to provide nursing care to patients;

*“There is limited space, so that I am located in a different room/office each day, and need to carry my paperwork etc. to each location. On occasion I am unable to see patients for diabetes education because there is not a suitable room available.”*

Others identified that a lack of a consistent workspace impacted on communication as people within the practice were unable to locate the nurse.

*“The lack of a dedicated space and computer means I waste time finding one,.. Also means the days I am not rostered for clinical work even though you send messages people do not always know where to put phone calls through to.”*

Some respondents who did have workspace reported that the allocated space was not suitable due to its size or lack of privacy. One respondent described that you *“can hardly fit a pram in the room.”* A Practice Nurse Co-ordinator described how she doesn't have an

office; *"I have a set of drawers that are mobile and I work out of. I often have to pack and unpack.."*

d) *Lack of respect or recognition*

The key theme that respondents reported as being least satisfying about their work was a lack of respect or recognition of their role, and capacity as nurses by either management or medical staff. One respondent summed it up saying that *"in general people have very little idea what we do."*

Respondents spoke of a general *"lack of respect, being told what to do and others seem to think it is ok to criticise or dictate when I am a very well trained and qualified nurse"*. Other respondents spoke of being least satisfied about the lack of recognition of their status as professional clinicians. One respondent described how *"clinical / clerical assistances are used to fill staffing gaps despite no formal training"* and the impact this has on recognition of the *"role of the RN & knowledge we hold as professional clinicians"*. Another respondent described how in her experience there was *"lots of indecision and ambiguity as to the role of a nurse at times"*. Respondents described being treated *"like a maid"* by some GPs and feeling *"like cheap labour"*. One respondent, reported that her least satisfying aspect of her current job was;

*"the attitude of the GPs towards my opinion, even when it pertains to best practice and experience working in other practices. They consider me a hand maiden. I have run my own nurse led clinics but .....the new practice is very behind in recognising the role that an experienced, skilled primary care nurse can add to their practice. Now working in a small remote country town with non-Australian trained GPs."*

Respondents also conveyed dissatisfaction with a lack of feedback around their work performance. One respondent described *"not receiving much acknowledgement of the*

*work that is done but definitely hear when something isn't done". Another commented that there is "never a thank you from management or doctors despite working at an incredible pace and totally stretched due to high volumes of patients coming through the practice."*

Others spoke of feeling that their professional input to patient care wasn't valued:

*"Not having my professional experience and knowledge treated as a valuable contribution to patient care."*

*"When the doctors don't treat you as part of the team and value your input"*

*"being undervalued for my skills and what I could give to the practice- often feel as if the GP's could use me more in a 'team approach' to patient care"*

A number of respondents identified that they felt that a lack of respect or recognition of nurses stemmed from having a non-clinical management structure:

*"Non- clinical Management are extremely difficult to work with. There is no respect for the nursing profession, very little support for further education, and poor communication skills."*

*"New management has no experience with clinicians and therefore does not appreciate the work involved."*

*"Being managed by a non-clinician"* was seen by a number of respondents as the least satisfying aspect of their work. This was particularly the case when it was perceived that *"non-clinical staff were having input into clinical matters"* or when the *"manager is not a nurse and has no clinical knowledge often makes clinical decisions"*. Two respondents described how they were left unsatisfied;

*"I have gone from a small GP practice to a very large one and am still getting used to General Managers who are not clinical telling you what to do!!"*

*“Lack of support from a non-clinical Practice Manager who does not understand the patient load even when witnessing it.”*

e) *Funding models and health policy*

Despite the introduction of the Practice Nurse Incentive Payment (PNIP), respondents spoke of the impact of MBS *{Medicare benefits scheme}* items interfering with how nurses can do their work”, and the *“financial push for doing health assessments for income over patient care”*. The imperatives of funding programs, such as care planning, was perceived by some as resulting in *“not enough hands on nursing, most days are spent completing chronic condition care plans”*. A number of respondents identified a level of frustration that they were *“spending an hour to do a care plan / health assessment to have the GP not even read it. Doing CDMs {chronic disease management plans} to generate money for GPs who don't follow up with them”*. Others perceived that *“working within the current Medicare Item numbers ... restricts scope of practice and opportunities to provide health promotion and illness prevention”*.

Additionally, respondents spoke of the funding requirements that necessitate medical oversight as a major area of dissatisfaction;

*“Practice nurses feel like they have their hands tied on occasions, there are many situations when patients do not need to see a GP e.g.; dressing, childhood immunisations, but because of the Medicare billing system, this is not possible.”*

*“having put in 100% to create/review a care plan only for the Dr to sign off on it and the \$ allocation to the GP and Practice - I know the PNIP is relevant to this but still feel a little hard done by.”*

*“after working as a practice nurse in England with so much more responsibility, I get very frustrated by Medicare and the way payments to GPs happen which I feel limits the nurse’s duties to work autonomously.”*

One respondent summed up her source of dissatisfaction as being due to *“lack of appropriate, fair and equitable reimbursement for performing my job compared to GPs. Unable to order diagnostic imaging tests or make referrals to allied health professionals due to MBS restrictions.”*

Finally, some respondents expressed dissatisfaction with the *“ever changing landscape”* whereby PHC organisations have changed name and structure several times in the last five years in response to government re-organisation. They described the impact of *“Politics and Bureaucracy within the Federal Government’s ability to make decisions around Primary Health. It seems to be a revolving door - so it really depends on who’s in power next. This has a direct negative impact on nurses in primary health care.”*

f) *Limiting the nurses role*

Whilst the previously discussed themes all underpin the theme of limiting the nurses’ role, it was clear that some respondents were least satisfied about these limitations to their scopes of practice.

*“I feel we could do so much more if we weren’t so restricted in what we do and how it is done.”* Respondents spoke of *“the drudgery of non-nursing duties such as changing curtains, cleaning under beds and cupboards, not what my skills are for”*. Others identified that they *“feel like a cleaning woman - constantly chasing the doctors and cleaning up after them”*, are dissatisfied *“having to do menial tasks i.e. making sure doctors have copy paper and script paper in their printers, picking up their rubbish / linen from the floor, emptying bins etc.”* and are *“unsatisfied when I am expected to make up for administrative staff i.e. reception staff absences etc.”*

Several respondents identified that they *“feel that I have de-skilled a lot and don't get to use a lot of the skills I had from the acute care environment”* or from their various specialty areas.

*“Not being able to use my existing skills in Sexual and Women's Health in my current position”*

*“I am a trained care plan nurse and a health coach but unfortunately I don't get to use these valuable skills.”*

*“Ability to utilise all skills. I am also a Child and Family Nurse but the practice I work for does not undertake childhood immunisation schedule. Management does not want to change this. We offer the childhood assessments but without the immunisation package parents are not using the service.”*

Whilst respondents spoke of a *“lack of support from management & not always recognising my skills & allowing me to use them”*, others identified that *“I have not pushed this point either”*. This highlights the need for nurses to develop their negotiation skills with employers.

## **DISCUSSION**

This study was conducted to explore the nursing workforce in Australian PHC. The issue of job satisfaction and its correlation with staff turnover has been widely reported in the broader nursing literature (Castaneda & Scanlan 2014, Hegney *et al.* 2006, Roberts *et al.* 2004, Shacklock *et al.* 2014). Findings from this study support findings from previous reports relating to the barriers and enablers specifically associated with nursing in various PHC settings (Delobelle *et al.* 2011, Halcomb *et al.* 2008a, Halcomb *et al.* 2014, McInnes 2013). Study participants were generally satisfied in their roles. In particular, they rated patient interactions, respect, teamwork, collegiality and autonomy as important professional components of job satisfaction, with personal factors such as family friendly

work arrangements and a satisfactory work - life balance overriding some negative aspects of the work.

The least satisfying aspects of work identified in our study, unfortunately are not that dissimilar to those identified by Halcomb *et al.* (2008a) several years previously. In their study of barriers and facilitators to the nurses' role in general practice, Halcomb *et al.* (2008a) identified issues with the nurses' scope of practice, lack of space, remuneration and funding models and general practitioner attitudes as key barriers to general practice nurses extending their roles. In recent years funding models have been introduced by the Australian Government to provide incentives for the employment of nurses in general practice settings and to remove individual item numbers for nurse services. These strategies were intended to increase the number of nurses employed in PHC and allow them to provide the types of nursing care that best met the needs of the consumers in their setting, rather than predefined 'items' of service (Halcomb *et al.* 2008c). However, our study highlights that the potential benefits of these changes on the nursing role has not yet been realized. Nurses in our study reported continued frustration resulting from their inability to work to their full scope of practice, receive appropriate remuneration for the work that they do and by the lack of recognition of their skills by others.

Remuneration was found to be a major barrier to satisfaction for many nurses in this study. In particular, unwillingness by employers to financially reward professional experience and clinical skills, lack of a career path, and restricted financial support available for continuing professional development. Such findings have previously been reported in the literature (Halcomb *et al.* 2008a, Parker *et al.* 2010), however, their continued reporting evidences the lack of gains being made in this area.

Additionally, a lack of respect and recognition by both GPs and non-clinical managers was identified by participants in this survey. Such a finding has significant implications for both the self-worth of the nurse as a health professional and teamwork within the clinical

environment. A lack of understanding around the scope of the nurses' practice may result in the underutilisation of their skills and expertise (Halcomb *et al.*, Hall 2005). This can create frustration and reduced job satisfaction as they are not practicing to the extent of their skills, and can prompt staff turnover and reduce staff retention (Lorenz & De Brito Guirardello 2014, Pearce *et al.* 2010). In general practice in particular, the issue of nurse remuneration and recognition was complicated by general practitioners having the dual role of employer and clinical colleague (Halcomb & Davidson 2006).

The lack of a career path identified by participants in this study has been previously reported (Halcomb *et al.* 2005, Halcomb *et al.* 2008b, Parker *et al.* 2011). Whilst professional associations have made some attempts to move this agenda forward, the small business model of Australian general practice makes it difficult to establish broad career frameworks across so many employer stakeholders. Additionally, the major restructuring of the Australian primary health sector from Medicare Locals to larger Primary Health Networks was taking place nationally at the time of this study. This change process resulted in the loss of established support networks for general practice nurses, further destabilizing attempts to create cohesive career frameworks.

### **Study limitations and strengths**

Undertaking research within the Australian PHC nursing workforce has been identified as challenging, as there is no accurate database identifying the population of nurses working in PHC (Halcomb *et al.* 2014). A limitation of this study, therefore was that it was not possible to confirm how representative the sample was, nor could a response denominator be calculated. However, the methodology employed to recruit participants was similar to other national surveys (Australian Medicare Local Alliance 2012, Australian Primary Care Nurse Association. 2014, Halcomb *et al.* 2008c, Halcomb *et al.* 2014), and responses were received from a range of PHC settings. A strength of this work was that the sample size was one of the largest amongst PHC nurses undertaken in Australia (Australian Medicare

Local Alliance 2012, Australian Primary Care Nurse Association. 2014, Halcomb *et al.* 2008c, Halcomb *et al.* 2014).

The other limitation is that the data reported in this paper were provided from two open-ended items within a larger workforce survey. Whilst open-ended survey items often receive limited response, the large amount of rich data provided by the respondents was a strength of the study and led to the researchers' reporting these data in a stand-alone paper. However, further qualitative enquiry would assist in exploring the issues raised in this paper in more depth.

## **CONCLUSION**

The findings from this study indicate that there is still work to be done to improve systemic and professional barriers for nurses working in PHC. As the size of the primary health workforce is likely to continue to expand, managers and employers need to focus on the importance of staff retention and the causes of staff turnover in order to ensure that highly skilled nurses are retained in the PHC sector. Likewise, policy makers need to consider the impact of continuous systemic change on workforce stability and staff retention. It is vital that the lessons from this study and the previous literature are translated into policy and practice to ensure that real and substantial change is achieved.

## **RELEVANCE TO CLINICAL PRACTICE**

Job satisfaction is likely to reduce nursing turnover in primary health care, and result in improved client outcomes through the development of a core body of nursing expertise in the workplace.

## **Conflict of interest**

No authors reported a conflict of interest.

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**Figure 1.** Satisfaction with aspects of job

