

CHARTING NEW ROLES FOR AUSTRALIAN GENERAL PRACTICE NURSES: A MULTICENTRE QUALITATIVE STUDY

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POLICY CONTEXT

General practice in Australia is undergoing a period of intense change with an emerging policy focus on nurses as deliverers of primary care services. During the time of this study, the number of practice nurses employed in Australian general practices rose from just under 5000 to nearly 8000, and there is steadily increasing recognition of the contribution nurses can make to primary care. However until now there has been little detailed research exploring nurses' work as the practice nurse role evolves, the determinants of these roles and ways of driving change in general practices to improve teamwork between GPs and nurses.

KEY FINDINGS

Nurses have six key operating roles in general practice. These operating roles extend beyond the clinical and administrative roles which are generally understood to be part of nurses' work, and are: nurse as patient carer; nurse as quality controller; nurse as organiser; nurse as problem solver; nurse as educator; nurse as agent of connectivity. Nurses play a key role in creating resilient general practices, through their capacity to cycle rapidly through these six operating roles and their particular function around connectivity – where they act as a bridge between all staff within the general practice, and between the practice and patients in the community.

The most important structural shaper of the nurse's role is the changed funding context, which has increased the absorption of nurses into general practice. At the practice level, the role is shaped mainly through the constrained spaces available to nurses, and the presence of collegiate or hierarchical relations between doctors and nurses. The nurse's experience and community connections and standing are key individual determinants of the role. Many GPs are unaware of the range of work done by nurses in their practices. Most nursing work is complementary rather than substituted doctors' work.

Nurses combine quality improvement activities like accreditation with more patient-centred, subjective caring activities. Elements that support quality care by nurses include: being able to access all parts of the general practice; being centrally located within the practice; being invested with continuity of personal care; and having relative freedom over disposal decisions about their time.

Most of the innovations introduced in the research practices were small, but at 12 month follow-up, the knock-on effects in most practices have been substantial with enhancement of the nurse role and greater cohesion in the general practice unit. Successful changes tend to result in organisational change, which then drives changes to interprofessional working. Key to this innovation was the existence of structured external support and networking between practices.

Ways to enhance nursing roles are: progressive opening up of the patient care work nurses do, fostering the nurse educator role and addressing barriers to enhanced roles such as lack of career structure, and salary structures, and organisational support for practices to promote interprofessional working.

For more details, please go to the [full report](#)

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