

AUSTRALIAN PRIMARY HEALTH CARE RESEARCH INSTITUTE

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REVIEW OF PRIMARY AND COMMUNITY CARE NURSING

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POLICY CONTEXT

Community-based and primary health care nursing is under-developed in Australia. The main reasons for this are lack of national policy, limited education opportunities and little understanding of the evidence regarding the effectiveness of community and primary health care nursing on patient outcomes or its cost-effectiveness.

Although nurses comprise just over half of the health care workforce there is on-going, and sometimes increasing, shortages of nurses, particularly in rural and outer metropolitan areas. Nationwide nursing education programs are primarily designed to meet acute care needs, even though significant health reform is driving the expansion of the primary health care and community-based service delivery systems.

There is potential for Australian nursing to articulate the contributions of nursing to the emerging health reform landscape. Goals for health reform include increased service access, strengthened prevention and early intervention, better management of chronic diseases, integrated service delivery and multidisciplinary team-based care. There is increasing interest in strengthening the role of primary health and prevention to enhance population health outcomes.

The quality of nursing education and training is critical. Nurses are employed in the primary health care and community sectors with little specific preparation or education. Acute care nursing is based on competencies and evidence-based practice, but these frameworks are missing in primary and community nursing. Competencies and career pathways differ from acute nursing but are given little, if any, attention in undergraduate programs. Retention and re-entry programs are not focused on careers in primary and community based health care, despite the positive effects on stabilising the nursing workforce of these programs.

The review aimed to provide evidence of measures that will support Australia in developing a capable, efficient and effective primary and community health care nursing workforce to address health needs.

KEY FINDINGS

EFFECTIVENESS

Nurses in primary health care and the community provide effective health care for patients. Based on the available evidence it is possible to conclude that nurses can enhance patients' knowledge, quality of life and compliance with treatments. There is potential for nurses to optimally deploy their skills in prevention programs, chronic disease self-management and medication maintenance support. However, there is no framework for the provision of evidence-based cost-effective primary and community-based nursing services that is tied to health care outcomes.

EDUCATION

Primary and community-based nurse education is mostly informal and unaccredited. There are no guidelines for the minimum education requirements for primary and community nurses relative to competencies and a career structure. Nurses working in the acute sector have well developed career structures that are comparatively lacking in primary health care settings. Career structures provide incentives for acute care nurses to invest in post-graduate training. Prevention and health promotion are emerging areas where nurses could be used, suggesting a stronger curriculum of health promotion and illness prevention knowledge and skills into nursing education programs is warranted.

The United Kingdom career framework for practice nurses provides an exemplary model tying competencies to education and career pathways. Increased value could be derived from primary and community-based nurses if a systematic career and education framework were in place in Australia. Nurses' job satisfaction and achievement is tied to career development, education, training and professional autonomy. Recruitment and retention are intimately tied to these workforce factors which are neglected relative to other forms of nursing and other types of health professionals.

FUNDING

Significant funds have been invested by the Australian government in primary health care nursing. Practice Incentive Payments (PIP) have provided financial support for employing practice nurses in rural and remote areas and in urban areas of workforce shortage. A series of Medicare Benefit Schedule item numbers have also been provided for practice nurses. However, these do not allow flexibility for the delivery of prevention, health promotion and patient education activities by nurses. In addition, the Nursing in General Practice Program provided \$28 million since the 2001-02 Budget to support practice nurse education and training which is not provided through a competency or career framework. There is no evidence that fee-for-service funding models in practice nursing are a cost effective or efficient model of funding. Indeed, the Productivity Commission (2005) argued that funding arrangements can detract from efficient outcomes. There is no available evidence in Australia indicating whether practice nurse funding models are cost effective or provide efficient health outcomes.

POLICY OPTIONS

- To establish evidence of effectiveness of the practice nurse role, develop systematic approaches to data collection on practice nurse activities and their impact on health outcomes and quality of care.
- Provide funding for the profession to standardise core elements of primary and community health care, education and training with particular emphasis on health promotion, illness prevention and effective evidence-based care
- Higher education institutions, working in collaboration with the nursing profession and government bodies, could develop and deliver appropriate, quality assured and consistent education and training
- Develop a nationally co-ordinated approach to implementing a career framework based on education levels, competencies and skills to support professionalism and attract and retain practice nurses
- Reform payment models for practice nurses to award rates, while enabling a range of alternative and affordable models of care including prevention. Payment reforms for will also ensure they are appropriately rewarded in a manner consistent with the industry
- Develop systems in general practice and/or Divisions for the management and appropriate supervision of nurses by nurses to enhance professional development

METHODS

An initial scoping search was conducted to identify studies relevant to the research questions. There is no uniform definition of primary and community health care nurse in the published literature, with definitions varying across countries and studies. Informed by the literature, we considered a primary and community care nurse as any type of nurse who works in a primary health care setting, which in turn incorporates ambulatory care, family practice, general practice and domiciliary/home visits. Research questions were refined iteratively based on the initial scoping search.

The aim of this review was to answer the following research questions:

1. What is the impact of primary and community care nurse on patient health outcomes compared with doctor-led care or usual care?
2. What are the education models and policy frameworks that support career pathways for primary and community care nursing?
3. What are the economics of supporting the practice nurse role: current arrangements and future options?

A multi-strategy approach was used including stakeholder consultations, systematic and narrative review.

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

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