Introduction

While a variety of commentators have argued that the availability of health services in Australia is largely determined by business and government policy rather than consumer demands (see for example Johnston & Duffield 2002), consumers are increasingly seeking more information and involvement in decision-making related to their health (NSW Health Department, 2001). Consumers demand their right to choice (Hegney et al 2004b). Moreover, consumers are more likely to seek out the most advanced, safest, lowest cost care options where possible (AHMC 2004). In the context of general practice, it is imperative that Practice Nurses (PNs) and General Practitioners (GPs) understand what consumers want. It is important to provide services in such a way that prevents consumers from sacrificing visits to a general practice because they are not involved in decision-making; are offered the most advanced, safest, lowest care options where possible; and are assisted in being kept informed about the self-management of, for example, their chronic disease.

Our paper is premised on the view that the nursing and medical professions need to be strategic and take into account the views of consumers so as to progress general practice services. Describing experiences and expectations of consumers is one way of assisting to make health care services more responsive to individuals’ and community needs (Bastian 1998). The authors of this paper were involved in two independent studies in which Australian consumers articulated their perceptions of the role of the nurse in general practice: Consumer perceptions of nursing and nurses in general practice (Cheek et al 2003); and Consumer perceptions of practice nursing (Hegney et al 2004b).

Practice Nurses and GPs have also highlighted the issues they believe currently and potentially impact on this role in Australia. These issues are reported by the Royal Australian College of General Practitioners (RACGP) and the Royal College of Nursing Australia (RCNA), in the report General Practice Nursing in Australia (Watts et al 2004).

Drawing on these three publications, this paper identifies and discusses the nexus between the consumers’ perceptions and expectations and the professionals’ issues. The authors assert that taking account of the experiences and expectations of consumers, to make general practice services more responsive to their needs, will provide...
direction for nursing practice and facilitate the acceptance of nurses working in general practice. The basis for this view is presented in this paper.

**Background to the consumer perception studies and the role of the practice nurse in general practice**

While there is long-standing acceptance of medical officers as providers of general practice services in the Australian health system, the increasing focus on nurses working in general practices is challenging what the scope of general practice services could be. The role of general practices as primary health care settings and the role of the nurse in these settings is not a new concept in the United Kingdom (UK). In the UK nurses not only work with GPs in the provision of services, they also provide walk-in primary care services from nurse-led clinics (Wilson et al 2002). In Australia, Government funding and initiatives have only recently focused on the role that nurses in general practice might play as health professionals. One example is allocation of Medical Benefits Scheme funding items to services provided by appropriately skilled nurses in general practice. Funded services include provision of immunisation programs, wound management and cervical smears in rural and remote areas (Health Insurance Commission 2005).

Within this paper issues identified in two studies examining consumer perceptions of the role of the PN in general practice are re-presented:

- **Consumer perceptions of nursing and nurses in general practice** (Cheek et al 2003) and;
- **Consumer perceptions of practice nursing** (Hegney et al 2004b).

Although conducted independently, both of the consumer perception studies employed similar methods of data collection – specifically, Ekmans and Segestens’s (1995) method of data analysis. As such, it was possible to pool the findings from the two qualitative studies and identify any commonalities and differences in themes identified. Participants in the studies were selected through a process of purposive sampling methodology (Patton 1990) and represented a variety of general practice consumers including: carers of young and elderly people; the aged; young people; Indigenous Australians; people with a mental illness; those who had experience of nurses in general practice and those who did not. Detailed information regarding the methodology of these studies are reported elsewhere (see Cheek et al 2003; and Hegney et al 2004b).

It is important to highlight that consumer views described in the two consumer perception studies, and which are presented in this paper, emerged from, or were based on, their personal experiences. These personal experiences ranged from having regular visits, few visits or no visits to a general practice; having had a lot, some or no contact with a nurse working in a general practice role or knowing of people who had contact with a nurse; or having thought about what it would be like to receive a service from a nurse.

In 2003, at the inaugural National Practice Nurse Conference, the authors of the two consumer perceptions studies began a dialogue about the issues identified in these studies. The intention in this paper is to broaden dialogue regarding nursing in general practice to incorporate the views of the consumer. To assist PNs and GPs to reflect on consumers’ views about nurses and nursing in general practice, we align our interpretation of consumers’ views of nursing in general practice with those identified by PNs and GPs in the RACGP and RCNA report entitled, *General Practice Nursing in Australia* (Watts et al 2004).

**PN and GPs perceptions of the role of a nurse in general practice**

In the report *General Practice Nursing in Australia* (Watts et al 2004), PNs and GPs identified a range of issues impacting on the role of the nurse in a general practice in Australia. These include:

- The existence of barriers which could affect a shift to a collaborative model of team working in general practices; for example, the lack of professional recognition of the role of a nurse in general practice and nursing not being considered a profession complementary to medicine in general practice;
- Health system impediments to the effective use of nurses in general practice, for example, funding arrangements that devalue the nursing role in general practices (e.g. the low rate of re-imbursement for PN work through Medicare Plus; the low industrial awards rates for nurses employed in general practice) (Department of Health and Ageing 2004);
- A lack of awareness and adherence to legislative and regulatory matters, and concerns about indemnity and insurance matters (Patterson et al 2005).

The issues raised by PNs and GPs suggest that professional and structural tensions may be unduly influencing the potential role of the nurse in general practice. These issues form the framework for the discussion to follow in which we consider these issues in light of the perceptions and experiences of the consumer. Without consumer perspectives, we argue that understandings of the role of the PN will be limited to PNs and GPs perceptions of professional and structural tensions impacting on acceptance and expansion of the role. For instance, the *General Practice Nursing in Australia* (Watts et al 2004) report, by focusing on the perspective of PNs and GPs does not speak to how professional and structural tensions may have influenced consumers’ acceptance of nurses in general practice and the vision to expand their role. This limits opportunities to identify and explore how two of the most significant health professionals in general practice, PNs and GPs, can work with consumers to improve their health outcomes. We hope that in presenting the views of consumers and identifying their needs, PNs and GPs can achieve what one consumer stated:

“Ultimately in the end they should both be working towards the same thing, the shared care of the person.”

**Examination of issues identified by PNs and GPs from the consumers’ perspective PNs and GPs believe barriers exist to enable a shift to a truly collaborative model of team working in general practices**

PNs and GPs in the *General Practice Nursing in Australia* report attributed lack of professional recognition of the contribution of nursing to general practice, as a barrier to implementation of the
PN role (Watts et al. 2004). From the perspective of consumers, nursing in general practice was largely 'invisible'. Unless a consumer had received a specific service from a nurse in a general practice, most were unaware that nurses worked with GPs. For example:

“I go to a clinic and I haven’t seen a nurse there. I had a smear and the doctor called for assistance but I didn’t think she was a qualified nurse, I didn’t see a nametag. There might be one there but I haven’t seen her.”

“There’s a receptionist there, then somebody wonders in … you’ve got no idea who to see. No well I wouldn’t know what qualifications the girls down there have got, I really don’t”.

Consumers were also concerned to think that they probably could not differentiate a nurse from other non-medical staff in the practice. While a consumer could consider a nurse knowing their personal health details and possibly discussing with them their test results, they were not comfortable to think that a receptionist who was not a health professional, would be doing the same.

It seems that both recognition and visibility of the nurse in general practice are important factors influencing acceptance of the PN role. While consumers thought that PNs are often not given the professional recognition they deserve by GPs, they also believed that nurses did not give themselves this recognition. Consumers identified professional recognition as nurses: identifying themselves by name badge or by personal introduction as a nurse; being able to be differentiated from reception staff, and having their names alongside GPs at the general practice on signage and on doors. Consumers saw no evidence of this.

Consumers also referred to the professional roles of the PN and GP and how these articulated with one another in the context of general practice. Many expressed their belief that nursing was not complementary to medicine but probably subordinate:

“It would only work to have nurses in the doctor’s surgery if the doctor respected the nurse on his level. He has to show in front of people his confidence for her. Treating her as an equal.”

“The general perception of nurses is that they are under qualified and not as good as doctors and you shouldn’t pay attention to them.”

“You will always look for the doctor’s diagnosis regardless of what the nurse says. They have much more qualifications and you build up a relationship with the doctor.”

Findings from both consumer perceptions studies indicate that the acceptance of the role of the nurse in general practice is dependent on the GP demonstrating acceptance of the PN role. While there were consumers who considered that GPs would direct the role of PNs, consumers also highlighted how they were ill-informed about the professional status of nurses, their qualifications and their accountability and responsibility status in law. Consumers for example do not know the difference between the role of a GP as the employer of a PN and the professional responsibility for nursing practice being that of the PN not the GP.

When discussing the possibility of a team approach to general practice services, consumers expected to be part of this team and what they sought is both a collaborative and a consultative model of team work in general practice:

“Maybe a consultation with all three together so that a treatment program could be worked out for that particular patient … so the doctor’s involved, the nurse is aware of what the doctor wants and the patient is aware of giving opinions to both the doctor and the nurse at the same time about what they feel they might need…”

“I still reckon it all comes back to communication. If you’ve got good communication between the doctor and the nurse and the doctor and nurse with the patient it makes a lot of difference.”

Some consumers’ views suggest that they thought PNs and GPs would find it difficult to work together:

“It is disappointing that as far as we have come in society that there is still rivalry between doctors and nurses.”

They also expressed concern that PNs and GPs may adopt gate-keeping roles to prevent consumers receiving services from whom they, the consumer, wanted to see when visiting the general practice (see Hegney et al. 2004b).

We argue that the consumer perceptions studies demonstrated an inadequate level of knowledge amongst consumers about the role of nurses in general practice, and in indeed the role of general practice itself. To ensure the effective use of the PN workforce group, consumers agreed that they need to be better informed about the role of nurses generally and PNs specifically. Consumers thought that in order for the general public to be accepting of nurses in general practice, a public education program was required:

“If you are thinking of introducing a new system you will need to spend months or years telling the public.”

“The biggest problem would be to handle the attitude change in the public. They want to see the doctor, if you are asking them to see the nurse; you have to have re-education of people to get them to understand.”

Health system impediments to the effective use of nurses in general practice

One of the major issues identified in the General Practice Nursing in Australia (Watts et al. 2004) report as impacting on the use of nurses in general practice was the current funding arrangements. PNs and GPs expressed the view that these systems devalued or obscured the contribution of nursing to general practice. While the tasks that doctors have determined as required and nurses have performed, have attracted a minimal rebate through the Medical Benefits Scheme, nursing services instigated by the nurse herself/himself have not.

With changes in bulk billing, consumers indicated that they would limit their visits to a GP if they did not have the funds to pay to see the doctor. Hence, while consumers appreciate that nurses are entitled to be paid for their work, they were concerned that additional nursing fees would add to their financial burden. They indicated that this would influence their acceptance of nurses in general practice.

Some consumers questioned whether GPs were being paid too much, particularly when they perceived that some of the information and services they require from general practice could be delivered by a nurse. The following quote exemplifies this:

“If I am going to get the same information from both of them [the GP and the PN] the question is why is the doctor getting paid so much if I can get the same information or service from a nurse.”

Practice Nurses and GPs in the General Practice Nursing in Australia (Watts et al 2004) consider general practice as a primary health care service that encompasses the prevention of disease and promotion of wellness. As such, it is well suited to nursing input such as that of the PN. In contrast, consumers expressed
the view that general practice is a place for sickness care or the treatment of certain injuries, not preventative care or lifestyle monitoring. They perceived these aspects of their life as being their responsibility and not something they would go and see the doctor for, or had considered seeing a nurse at the general practice about. It seems that consumers have a view about the role of general practice and this role does not necessarily reflect a primary health care system approach.

Consumers were hesitant to give total support to having nurses working in general practice especially in an advanced role, not because they did not feel this to be an appropriate career option for nurses, but because they believed there was a need for nurses to work in hospitals. They were concerned that there may not be enough nurses to care for them in hospitals if they needed to be admitted. Consumers were aware that there are shortages of doctors and nurses. Many were concerned that promoting practice nursing as a career option for nurses may lure nurses away from acute care hospitals:

- “It would be great to have a nurse [in the general practice] but where do you get them from, there is a shortage.”
- “Every time you open the paper, there is a new ward that can’t be opened because of the nursing shortage.”

A recurring theme evident from the consumer perceptions studies was that geographical location of the consumer influenced their perceptions in regard to current or future activities of nurses. For instance, consumers in more remote areas were very concerned that nurses may take on a diagnostic role, replacing GPs. In contrast, many consumers in rural areas were comfortable with this expanded role for nurses. Therefore, consumers’ experience of general practice, and their access to a GP, influenced their way of thinking about what nurses may or may not do. Though, consumers in both studies, expressed a high level of trust in nurses and GPs. As long as their right to choice remained, consumers affirmed that they trusted PNs and GPs to appropriately deliver the services consumers needed.

Lack of awareness and adherence to legislative and regulatory matters impact on the role of the nurse

The report *General Practice Nursing in Australia*, suggests that many medical personnel and some nurses are unsure of the legal scope of nursing practice as directed by the relevant Nurses Act, in particular the difference between the role of the Registered Nurse (RN) and Enrolled Nurse (EN) and the regulation for an EN to be supervised (directly or indirectly) by an RN. Similarly, consumers could not articulate the difference between these two levels of nurses and some even expressed confusion about whether medicine and nursing were not the same referring to the type of care they would receive:

- “The only thing that would concern me is if someone like my parents wouldn’t question someone in authority if they were not happy with the nurse’s decision; my mum would just accept it. What level does it cut off where they [nurses] are not qualified to give someone that type of advice?”

A point that many consumers do make is that they trust their GPs not to employ a nurse who is not appropriately educated and skilled. We believe that consumers would be concerned to learn, as is reported in *General Practice Nursing in Australia* (Watts et al 2004), that most nurses lack educational qualifications specific to general practice.

Practice nurses and GPs in *General Practice Nursing in Australia* (Watts et al 2004), consider that medico-legal and insurance concerns held by general practitioners impede collaboration between the GP and PN. Consumers were also concerned about the impact insurance matters were having or may have on GPs. However, their concerns were not from an informed basis. For example, consumers’ concerns about medico-legal and insurance matters were confused with professional responsibility and accountability of RNs and GPs. Consumers did not know that RNs were responsible and accountable, through legislation, for their own actions:

- “Wouldn’t it be beneficial for the doctor to see his patients because he is the one that has the insurance, the nurse answers to the doctor so if anything goes wrong, he is held responsible.”

GPs and PNs also believed that medical indemnity insurance precluded some GPs from ‘allowing’ nurses to undertake certain procedures in their practice. The uncertainty about medical indemnity creates confusion and makes more complex the discussion about the role and function of a nurse in general practice. There were consumers who also expressed this confusion:

- “Are the doctors going to wear the cost of an additional person, if something goes wrong; who do you sue? We live in a litigious time now. Are the doctor’s for it?”

Some consumers raised concerns that perhaps too much focus was given to medico-legal and insurance issues wondering what impact this focus may have on the type of care consumers were given or needed.

Discussion

A significant insight gained by comparing and contrasting the perspective of consumers and those of the PN and GP, is the different frame of reference through which the role of the nurse in general practice is assessed. Specifically, consumers have clearly articulated what they considered to be a general practice and raised and considered issues about the role of the PN in the context of this understanding and their health care needs. This is different to GPs and PNs who have tended to focus more on professional and structural tensions related to the current and potentially expanded role of the PN.

In focussing on professional and structural tensions, PNs and GPs continue the debate in nursing and medical circles about power relationships between nurses and doctors, and more specifically on what the focus of the role of a nurse in general practice will be (Linn 1969, Linn 1979, Linn et al 1985, Linn et al 1990, Dunt et al 1991, Anastasiou 1993, Le Sueur & Barnard 1993, Bonawit & Watson 1996, Keyzer et al 1996, Patterson et al 1999a&b, Condon et al 2000, Patterson et al 2000). Rather than a focus on how to promote partnership models of care in general practice between consumers and health professionals, this debate excludes the perspectives of consumers, and the potential gains to consumers, from the multiplicity of skills different health professionals can
contribute to their health status. With respect to PNs and GPs, what is being overshadowed is how nurses and doctors may be able to work with consumers at improving the health outcomes of consumers. If indeed there is to be concerted effort to bring about changes to the way that general practice services are offered to consumers, this working with consumers approach is essential.

Similar to the report *General Practice Nursing in Australia* (Watts et al 2004), an Australian Divisions of General Practice (ADGP 2004) discussion paper on the development of the role for nurses in general practice raises that the role of the nurse in general practice has been developed in an haphazard way, with minimal consideration given to the development of an expanded role for nurses in general practice. The view inherent in the ADGP (2004) paper is that there has been a role for nurses in general practice for a long time and what is now being proposed are changes that would advance the role. As has been shown in this paper, many consumers involved in the studies reported here, would be surprised to learn that nurses have worked in general practices for a long time. They would also be surprised to learn that nurses working in general practice do not necessarily have the qualifications required to work in this area.

In the report, *General Practice Nursing in Australia* (Watts et al 2004 p34), it is stated that it is the intention of some general practice nurses in the future to:

... support primary health care through increased involvement in health education, enhanced primary care, women's health and diabetic and asthma management. There will be a broadening of the clinical care, clinical organisation and integration roles of the general practice nurse.

Unless this nurse of the future completes the appropriate education; works with members of the nursing profession at informing consumers about the scope of nursing; and works with doctors at promoting a collegial approach to general practice services, then the likelihood of this occurring across Australia is questionable. The view of consumers involved in the studies reported in this paper, highlight that the majority of them utilise general practice services for diagnosis and treatment of a problem, illness or injury. Consumers remain unaware of what primary health care means in the context of their lives.

There is literature that identifies how nurses can contribute to a primary health care approach. Campbell (1997) believes that a role for nurses in primary care would be health education and illness prevention. Australian consumers are suggesting that they would be happy to have a nurse in general practice assess their wound care needs, however, it is not known whether they would be accepting of nurses undertaking a comprehensive health assessment from which they would identify a specific plan of care. At the same time, it is important to acknowledge that consumers are limited in their understandings and perceptions about what nurses can and might do in general practice. Nurses and GPs have a responsibility to inform consumers about the range of services they could benefit from so as to promote a wellness rather than a sickness system in general practice.

Although consumers can elaborate how nurses can provide assistance and support to the GP in such a way that could benefit consumers, they are also saying they do not know what additional benefits nurses or nursing can offer to the services delivered in a general practice. Similar to other studies (Wilson et al 2002), the consumers who had previously had contact with a general practice nurse, could see that general practice nurses could perhaps undertake initial assessment of their presenting condition, whilst still maintaining the quality of the service. However, the role of nurses performing comprehensive health assessments and directing and coordinating primary care services is something unfamiliar to Australian consumers.

When comparing and contrasting the perspective of consumers and those of the PN and GP, it is apparent that consumers do not have all the information they need from PNs and GPs. We argue, therefore, that PNs and GPs must take responsibility for this and challenge themselves to reflect on how their focus on professional and structural tensions may actually contribute to maintaining these tensions as the status quo, rather than progress general practice as a primary health care setting in Australia.

**Conclusion**

This paper has presented a critical discussion of specific views of consumers in relation to issues that PNs and GPs have raised regarding the development of the advanced practice role of nurses working in general practice. Our purpose has been to encourage reflection and debate amongst health professionals, to ensure that PNs and GPs are strategic in working together to provide services to consumers that enhance service delivery in general practice. Broadening dialogue about the role of nursing in general practice to include the voice of the consumer is essential to the progression of the role of nursing in general practice. Understanding consumer views vis-à-vis issues raised by PNs and GPs about the role of nursing in general practice provides direction for both professions to actually work with consumers, to explore what general practice services could be and how changes, like expanding the role of nurses, may bring about improvements in the health outcomes of consumers.

Consumers trust their GP and therefore the nurse they employ. This trust must not be misplaced. Consumers agree that they need to be made more aware about the scope of the role that nurses may have in general practice. Additionally the consumer data indicates that they see the role of general practice as providing illness, rather than a primary health care service. These understandings clearly place pressure on the medical and nursing profession to work beyond professional and structural tensions PNs or GPs believe impact on the role of the other.

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Being strategic: Utilising consumer views to better promote an expanded role for nurses in Australian general practice

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