

Australian General Practice Nursing Study

Volume 1 Issue 2
March 2005

BULLETIN



Australian Divisions of **General Practice** Ltd

Inside This Issue

- 1 **Phase 1 Update**
- 1 **Observations of Nurse Activities in General Practice**
- 2 **Phase 2 Progress**
- 2 **Tell us what you think**
- 2 **Quality & Safety**
- 2 **Upcoming Events**
- 2 **Website and Blog**
- 2 **Contact Us**

Phase 1 Update

A total of 25 practice visits have now been undertaken, bringing the data collection component of Phase 1 to completion.

As a result we have a final data set which includes, from each practice:

- a set of interviews (GP, Practice Nurse, Practice Manager) plus transcripts;
- 2 hours of nurse observation;
- photos of nurse work areas;
- floor plans; and
- conceptual indicators of social and health service context.

We are now starting to analyse the data, with a focus on the workspaces, interview content and graphic representations of the observational data. At this stage we anticipate using the software program NVivo to coordinate and manage this process.

Observations of Nurse Activities in General Practice

In Phase One the AGPNS team used a Rapid Appraisal Tool (RAT) to gather information during practice visits. One element of the RAT was structured observation of an hour of nurse activity, at two different points in the day. Nurses were encouraged to undertake their normal activities; however many reported that the observation was a slightly “slowed-down” version of their typical work over an hour, as they paused to explain their work to the observer. We now have records of fifty hours of nursing time in general practice.

Given the comments that this was not nursing work at full pelt, it is interesting to see how active the nurses were. In general, tasks were distributed across three domains:

- Clinical work (giving immunisations, taking blood, antenatal and emergency assessment, home visits)
- Administrative (faxing referrals, scanning results, arranging patient recall, relieving the reception desk)
- Servicing activities, which ensure that the general practice infrastructure is maintained (monitoring the vaccine refrigerator, sterilising instruments, even fixing a radio)

Practice nurses cycled rapidly between activities, often undertaking multiple tasks simultaneously. A nurse assisting in a minor procedure (clinical activity), might break the activity to take phone calls about a patient’s results, or to stock the drugs cupboard. Nurses were extremely responsive to the requests of others. Nurses seemed to act as the central reference point for patients, receptionists, doctors and other staff members asking questions, and almost without exception they altered their tasks in order to respond rapidly to these requests. In most observation hours there were over 20 brief contacts in person or over the phone with patients, or staff members. In one practice, there were 36 brief contacts over one hour, a rate of one contact every 100 seconds, most of which required a response.

During the hour, nurses often ranged across all the spaces of the general practice, entering and working in the receptionist area, the waiting room, the store cupboard, the consultation rooms. This licence to ‘access all areas’ may be one of the reasons why nurses seemed to commonly be the people who would go in search of lost files, or mislaid equipment.

Our preliminary analysis has suggested that the floor plan of the clinic may be one feature determining how rapidly the nurses cycled between activities. In practices with dedicated floor space devoted to the nurse’s activities (generally in purpose-built facilities) the clinical work undertaken by nurses appeared to be interrupted less, and some of the servicing tasks were undertaken by other team members.



Dr Kathryn Dwan - Chief Investigator
ARC Postdoctoral Fellow - RegNet
Research School of Social Science
Australian National University

Phase 2 Progress

Phase II of the AGPNS will work with practices and Divisions of General Practice to explore ways in which they can better support or change the work of nurses in general practice. We hope the results of the research will provide a menu of change options as well as strategies for overcoming factors which currently inhibit the better use of Practice Nurses.

We are currently finalising the approach to this phase, and hope to be in a position to recruit participants from around May 2006.

Upcoming Events

AGPAL Conference March 06
ANSWD Conference May 06
PHCRIS/RCNA Conference July 06

Website and Blog

Please take a look at the website of the Australian General Nurse Practice Study:

http://homepage.mac.com/chris_pearce/AGPNS/index.htm

A great way to send us your feedback or comments on the project is by accessing the interactive weblog (blog) at <http://agpns.blogspot.com/>

Tell us what you think

We are interested in exploring further which other factors (the role of the nurse in the team, individual characteristics of the nurse and other team members, type of general practice) determine the relative weight accorded to the various domains of practice for nurses.

Our data shows that:

- Practice nurses cycle through many tasks in an hour, often returning to the same task several times.

Is this the most effective way for Practice Nurses to work?

- Nurses are extremely responsive to the request of others in the practice. Having a space dedicated to practice nurse clinical activities may reduce the number of interruptions a nurse experiences in an hour.

What are the pros and cons of having a dedicated clinical nurse space?

- Practice nurses range over the entire general practice throughout their day.

What does this say about the nature of a nurse's role in a general practice?

Quality & Safety

The excerpt below is a paraphrase from an interview with a practice nurse. We are interested in what other practice nurses think about this situation. In particular:

- How did the nurses actions contribute to quality and safety?
- What is the nurse's role in the team?
- What role does the doctor play? Is it appropriate?
- What does this say about access to services?

"We had this girl come in. She just appeared in the surgery in tears and I took her into the treatment room. Anyway she was suicidal and at that stage we didn't have our other practice nurse as well, but you just have to prioritise. She needed me until I could get a doctor to her. So I just put everything into looking after her and that's where the team works so well, because the girls out the front just said "We've got a medical emergency. The nurse will ring you back." They just kept taking phone numbers and saying, "She'll ring you back," because I couldn't be disturbed. This girl had come in and she was in a crisis. So anyway in the end I got the doctor to take over and that was it. As it turned out then I had to, sort of, do a lot of following up and ringing for them while they were with her."

Please use our weblog to give us some feedback.

Contact Us

Australian General Practice Nursing Study
Academic Unit of General Practice & Community Health
PO Box 254
Jamison ACT 2614
Phone: 61 2 6252 4501
Fax: 61 2 6251 4165
Email: agpns@anu.edu.au
Internet: <http://agpns.blogspot.com>