

Surveying general practice nurses' communication preferences in Tasmania

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Conflict of interest

None declared.

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KEY WORDS

primary health care; practice nursing; professional communication; survey; professional isolation.

ABSTRACT

Objective

To investigate Tasmanian practice nurses preferred means of communication.

Design

A self-administered postal survey.

Setting

Primary care.

Subjects

In this study a practice nurse was classified as: (a) a trained registered or enrolled nurse who worked with/ and for a sole GP/group of GPs in a clinical capacity; and (b) self identified as a practice nurse. At the time this study was conducted, this related to 197 nurses.

Main outcome measures

Tasmanian practice nurses preferred means of communication with agencies / organisations outside their practice and between other practice nurses.

Results

Respondents preferred methods of communication were by telephone (68%) and in person (32%), although the latter was not usually practical. The majority stated there should be more communication between practice nurses and were interested in being involved in a state-wide network. 140 of 197 nurses responded (71% response rate). The Tasmanian practice nurse demographic data was generally comparable to that of other Australian Practice Nurses obtained by the 2005 Australian General Practice Network (AGPN) survey.

Conclusion

Identifying and meeting communication and networking needs of the evolving practice nursing specialty is essential for future developments nationally and internationally, in developing the professional role and support for practice nurses. This will ultimately reduce professional isolation, improve job satisfaction and improve patient care.

INTRODUCTION

“Effective communication is a major component of successful nursing practice... The greatest problem of communication is the illusion that it has been accomplished” (Cherry and Jacob 2005, pp.390). The motivation to conduct the study came from the primary author’s personal experience as a nurse new to practice nursing, where she felt professionally and socially isolated from her colleagues, compared to working as a hospital or community health nurse. Was this also the experience of her colleagues? Do practice nurses (PNs) communicate or want to communicate with each other and others external to their immediate work environment? Determining and meeting PNs communication preferences may help address the issue of professional isolation and aid regional and national general practice and other key stakeholder organisations in communicating more efficiently and effectively with PNs.

Literature review

An international shortage of nurses compounds the problem of providing health services for an ageing population in all westernised countries (Watts et al 2004). Primary health care (PHC) services, including general practices, will have to become more team-based to meet these challenges and therefore there is a growing need for effective and efficient communication within and between PHC teams.

It is estimated that 90 percent of the Australian population access their general practitioner (GP) each year (AIHW 2004). General practices, supported by the Australian Government Medicare scheme, are predominantly privately owned businesses, who directly employ their own PNs. A small number of general practices are state government owned, where the PNs are classified as community-based nurses. In the Australian General Practice Network survey (2005), there was estimated to be less than 125 PNs in Tasmania working in an estimated 129 general practices (estimated number of PNs nationally 4924).

With the dramatic increase in PN numbers in Australia; largely due to a number of changes within general practice and PHC; practice nursing

is believed to have reached a critical point in its evolution (Halcomb et al 2005). This includes such areas as collaboration with other PHC stakeholders. The present PN role however, remains predominantly task orientated rather than team orientated (Halcomb et al 2006), even though collaborative teamwork is supported by both nursing and medical organisations (Watts et al 2004). Effective communication is essential for efficient collaboration (Collins 2005).

A lack of communication opportunities in PHC environments contribute to professional isolation and nurses working in PHC are more likely to be professionally isolated compared to their hospital colleagues because of their site of practice (ADGP 2006). Contact between PNs could prove to be a problem for the same reason. The issue of professional isolation has been recognised as a problem for PNs worldwide (Halcomb et al 2006, Patterson 2000). Scottish PNs when asked about their views about practice nursing included communication as an enabler and barrier to developing the PN role (Scottish Executive Health Department 2004). In Australia, PNs have identified that a lack of support or gaps in support in their workplace, compounds the issue of professional isolation (Department of Health and Ageing 2005). At the Australian Government level, networking and mentoring, which included identifying appropriate ways of communicating with PNs, has previously been recognised as a key opportunity/top priority area (Department of Health and Ageing 2005). Even with this recognition, and the many studies on the role of PNs which have been conducted in Australia since 1967 (Patterson 2000), to date none have looked at appropriate ways and preferences of PNs regarding their communication needs.

Hence there remains a need to further explore the issue of communication needs of PNs, especially as this group of professional nurses: a) are generally isolated from their peers and colleagues compared to those in other nursing environments with distinct nursing hierarchies; b) usually work within a small private business environment; and c) are evolving as an increasingly important PHC professional workforce.

METHOD/METHODOLOGY

Aims and objectives

The primary aim was to determine what the preferred methods of communication were with and between PNs in the state of Tasmania. The secondary aim was to conduct a census on Tasmanian PNs to compare with the 2005 national PN survey (ADGP 2006). The primary objective was to identify the nature, frequency and distribution of the variables of communication, preferred methods, with PNs, between PNs and Tasmania within the sample population. The secondary objective was to compare data on national and state PN trends to determine whether the Tasmanian PN population was comparable and could be defined as representative of the Australian PN population.

Design

A non-experimental, descriptive design using a self-administered, semi-structured, postal survey was deemed the most appropriate data-collection method to address the census and attitude questions of interest. The questionnaire contained 19 questions, divided into three sections, relating to the PNs working environment (Q1-9), communication issues (Q10-14) and personal information (age, gender and nursing qualification) (Q15-17). Both qualitative and quantitative responses were obtained. Nurses were advised it would take approximately 5-10 minutes to complete.

Sample

An attempt was made to identify and survey every PN in the three Tasmanian general practice divisional regions between the 1st of October and the 31st of December 2006. In this study PNs were defined as: (a) a trained registered or enrolled nurse who worked with and for a sole GP/group of GPs in a clinical capacity; and (b) self identified as a PN.

Data collection

Practice Nurses were identified through multiple sources including Division of General Practice databases and regional telephone directories with subsequent telephone contact with each general practice in the state. Questionnaires were sent out to 218 PNs. This number was revised to 197,

as 21 nurses or their practices did not meet the inclusion criteria. Two telephone calls were made to non-respondents at 3 and 10 weeks after initial mail-out.

Ethical considerations

This study had approval from the Human Research Ethics Committee (Tasmania) Network, approval number H9014.

Validity and reliability

The questionnaire was initially pilot-tested for format, questions and terminology by a group of experienced and research-orientated PNs not living in Tasmania, who were not directly involved in the study and who worked in various types of practices in varying roles, to get a broad range of feedback. The second pilot testing was conducted by two PNs from the original piloting group and by a number of PHC researchers during three oral presentations during the initial stages of the study.

Data analysis

Simple frequency analysis.

FINDINGS

The response rate was 71% (n=140 of 197), with a regional response rate of North West 77% (n=36 of 47), South 74% (n=57 of 77) and North 64% (n=47 of 73). Little is known about non-responders. The response rate was higher in the North West and South compared to the North. However the North had the highest rate of responders (51%) who stated they were interested in being actively involved in research (questionnaire Q9). The response rates for the other two regions to this question were South 39% and North West 33%. It can be assumed the remaining non-responders were either not interested in being actively involved in this research or they did not respond for some other reason/s unknown. Of the 177 practices contacted 60% (n=107) employed PNs. The main comparison between this 2006 census and the 2005 ADGP survey is shown in Table 1. Table 2 shows the main mode of communication between PNs and the people/organisations that communicated with the PNs in a typical week. Practice Nurses preferred methods of communication

with people/organisations outside their working environment are shown in Table 3 PNs general overall preferred methods of communication are shown in Table 4. Many (35%) of the PNs stated they had more than one preferred means of communication with

people/organisations they communicated with on a regular basis, as shown by the total of 189 responses shown in Table 3 and responded by giving more than one response to this issue. The issue of preference is explained in the discussion section.

Table 1: Comparing PN demographics- 2006 Tasmanian PN survey (TPNCNS) with the 2005 Australian Divisions of General Practice (ADGP) PN survey

Variable	2006 TPNCNS - Tasmania	2005 ADGP PN survey- Australia
Level of nurse - registered nurse	78%	82%
Age of PNs - aged over 40 years	84%	78%
Gender of PNs - female	98%	99%
PN also having another form of employment	29%	32%
Length of time as a PN- 1-5 years	50%	38%
Been in general practice for more than 20 years	8%	8%
Hours worked by PNs - part-time	77%	82%
Est. no. of PNs in Tasmania	>200	<125 (4924 nationally)
Est. no. of general practices	174	129
Practices employing 1 or more PNs	60%	57%
Survey response rate	71% (n=140 of 197)	89% (n=112 of 126)
Number of practices where PN returned questionnaire	70	73

Table 2: The people/organisations that communicated with the PNs in one week and their method of communication

Organisation/People	Method of Communication	n	(%)
Other health professionals	Telephone	131	(94)
Drug company representatives	In person	103	(74)
Regional divisions of GP	Mail	68	(49)
Medical supplies representatives	In person/Telephone	40	(29)
Pathology companies	Telephone	22	(16)
Chemists/Pharmacists	Telephone	18	(13)
Others	Telephone	17	(12)
Nursing organisations	Mail	10	(7)

Table 3: Practice nurses' preferred means of communication with organisations/people in one week

Method of Communication	n	%
Telephone	63	33.33
Mail	41	21.69
Email	38	20.11
In person	32	16.93
Fax	13	6.88
Mobile telephone	1	0.53
Medical Director (practice computer program)	1	0.53
Total responses	189	100

Table 4: Practice nurses' overall preferred methods of communication

Method of Communication	n	%
Mail to practice	107	14.52
Regional division of general practice newsletter	97	13.16
In person, at local network meeting	85	11.53
Independent practice nurse newsletter	84	11.40
In person, at professional events	75	10.18
Telephone to practice	74	10.04
Email to practice	64	8.68
In person, at state-wide network event	59	8.00
Mail to home	40	5.43
Email to home	26	3.53
Teleconferences	10	1.36
Mobile telephone	10	1.36
Telephone to home	4	0.54
Fax	2	0.27
Total responses	737	100

Table 4 shows that some PNs stated they had more than one (1-9) preferred means of communication as shown by the total of 737 responses to this issue. The most common preferred communication combinations were mail and telephone to the practice they worked at and at professional development sessions, either through their local division of general practice or at other local/state networking events. Also practices that had email access for their PNs also featured strongly. As the question did not relate to intra-practice communication, a correlation between practice size and number of PNs per practice was not done.

DISCUSSION

Nursing is a socially oriented profession, even in the private business environment of general practice, as is shown by Tasmanian PNs preference to communicate with each other in person if time allowed. Practice nurses preferred methods of communication were basically those that are easy, quick, that worked, sometimes allowed them to keep a copy of the communication for future reference (for example, mail) and, most importantly, didn't take them away from direct patient care. All methods

of communication were deemed to have both positive and negative aspects. For these reasons, communication by telephone was preferred by the majority (68%) between PNs and other health care organisations/professionals. The remainder preferred communicating in person at all times. The least preferred methods of communication involved using electronic devices such as fax/facsimile, computers and mobile telephones, which may suggest a lack of access or confidence in using such technology in their work environment. The lack of communication or uncertainty about methods of communication between PNs has shown that a small number of PNs in the state may feel professionally isolated from their peers. Most however, did not.

The positive aspects of accessing the whole PN population, was that Tasmania is an island state, covering urban, rural and remote communities and general practices. There are 3 regional general practice organisations representing 563 GPs, with the largely urban South (General Practice South) being the largest, and the North (General Practice North) and North West (General Practice North West) being classified as rural.

Professional development sessions for PNs are provided through the three regional GP organisations held at least monthly allowing some time for networking with each other. Australian PNs have identified that a lack/gaps in workplace support increases professional isolation and external support was necessary for personal and professional development. This survey showed that even with the GP organisations PN network opportunities, over 60% (n=88) of the PNs were interested in being part of an independent state-wide PNs' communication network (South 43%, North 31%, North West 26%). This could be due to a perceived problem, with a number of PNs noting the need to discuss the issues of pay and working conditions and these organisations also represented their GP employers.

This survey compared general practice and PN profiles with the 2005 national census (ADGP 2006) and showed that PNs in Tasmania were generally comparable with those in the rest of Australia.

Tasmanian PNs, in 2006 were older, worked longer hours and were less likely to be registered nurses. The number of PNs per practice varied by region, where more practices in the Southern and North Western practices had 2 nurses and the Northern practices had 5 nurses. There was a dramatic rise in the total number of general practices in the state in one year (129 in 2005 and 174 in 2006). It has been noted that approximately 95% of practices are members of the Australian General Practice Network (previously known as the Australian Divisions of General Practice), but this is unlikely to account for the 35% increase in number of general practices in the state. The number of PNs and practices which employed PNs/more PNs in Tasmania had also risen. This may suggest the success of government funding of PNs nationally and a recognition of the cost effectiveness of employing PNs. However, this is also unlikely to account for the 74% increase in PN numbers in the state. It can be suggested that this 2006 in depth census gives a more accurate picture of Tasmanian general practice and practice nursing than the previous study conducted by the AGPN/ADGP.

Surveying Australian PNs does not usually produce high response rates. For example, Patterson's study (2000) had a response rate of 55% and was comparable to other Australian surveys; Le Sueur and Barnard, 1993 (response rate=48%) and Bonawit and Watson, 1996 (response rate=46%) (Patterson 2000). This study's good response rate of 71%, was believed to be in part due to: a) providing a teabag in with the questionnaire, thus recognising that PNs are busy people; b) the paper used for the questionnaire and letter of invitation to participate was easily recognisable being printed on bright yellow paper; and c) it was designed and administered by a fellow PN (two PNs stated they were glad the questionnaire was written by a PN, so they didn't need a university degree to complete it).

As a study of this nature has not been conducted before, it merely searched for and collected accurate information/facts and described the variables, of a sample of the Australian PN population

regarding preferences in means of communication with other people and organisations, and other PNs. Questionnaires are deemed an appropriate data-collection method for this type of study (Brink et al 2006, pp103). There is a precedent to directly survey PNs to determine their viewpoints, but they have been found to be a difficult group of nurses to access (Patterson 2000). Two questionnaires were returned unopened. The issue of 'filtering' and control of potential PNs' comments to surveys by other practice staff, has been found to be a problem in previous surveys of PNs (Patterson 2000).

CONCLUSIONS

The PNs reported their preferred form of communication depended on who the communicator was and methods that didn't affect their providing patient care; an issue for all PNs regardless of geographical location. It would be possible to make comparisons with other practice nursing populations both nationally and internationally, by sending each PN a simple questionnaire to determine their communication preferences as used in this study.

This study may have the potential to improve communication with and between PNs and other key stakeholders, now the question of communication preferences is out in the wider general practice community and recognition that professional isolation may be a problem for some PNs and support is needed. Results of this study have been sent to key stakeholder organisations to allow for further discussion of this issue (i.e. Tasmanian PN state coordinator to be directed to the three regional general practice divisions; and the PN peak national body the Australian Practice Nurse Association (APNA).

RECOMMENDATIONS

Divisions of General Practice in Australia and PN employers internationally could: a) promote the benefit of PNs meetings to the practices/GPs and PNs; b) ensure PNs have protected time to attend these and other professional development/networking meetings; and c) ascertain local/regional

PNs preferences for these meetings times. Nursing organisations and professional bodies could send all communication by mail.

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