

THE EDUCATIONAL NEEDS OF NURSES WORKING IN AUSTRALIAN GENERAL PRACTICES

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ABSTRACT

Objective:

To describe the educational needs of nurses working in general medical practice in Australia.

Design:

Survey research combining qualitative and quantitative data collected via telephone interview.

Subjects:

222 enrolled (RN Division 2 in Victoria) and registered nurses (RN Division 1 in Victoria) working in general practice in rural and urban areas of Australia.

Results:

Nurses identified a number of educational areas of high importance including communication skills (94.1%); infection control (93.7%); confidentiality and national privacy legislation (93.7%); legal and ethical issues (91.9%); first aid and CPR (91.4%); wound care (91.0%); cold chain monitoring (90.0%); sterilisation (90.0%); and triage (90%). Barriers to education were identified including lack of time due to work (21.9%); costs of courses (17.3%); distance to education (13.9%); and lack of time due to family commitments (13.1%). More rural/remote nurses identified distance as a barrier (20.5%) than urban nurses (3.6%).

Discussion:

The education areas that were rated as important by a high number of the nurses appeared to relate directly to the activities nurses currently undertake in Australian general practice. Barriers to education may reflect the workforce characteristics of general practice nurses and/or the capacity of general practices to finance training for employees.

Conclusions:

As a growing specialty of nursing in Australia, general practice nursing should be supported by a solid foundation of ongoing education and training that is tailored to the current needs of nursing in general practices and reflects appropriate delivery options to overcome barriers to training.

INTRODUCTION

General practice nursing demonstrates exciting possibilities in the way in which nurses can collaborate with general practitioners (GPs) to enhance the quality of primary health care provided to the Australian community. The quality of care provided by these nurses rests on the foundation of education, training and support available to them to maintain their skills.

Despite the fact that nurses have long worked in general practice in Australia and other countries, there is limited literature on the scope of their roles (Vincent et al 2002; Hanna 2001; Condon et al 2000; Patterson et al 1999; O'Connor and Parker 1995; Ross et al 1994) and

even less on the educational needs of 'practice nurses' or general practice nurses. General practice nursing in other countries (notably the United Kingdom and New Zealand) has been supported systematically to develop and provide professional infrastructure such as competency standards, role descriptions, career and educational pathways and professional organisational support.

There is growing enthusiasm for general practice nursing in Australia including the establishment of a professional organisation, the Australian Practice Nurse Association, the recent development of post-graduate training in general practice nursing and Government provided financial incentives for general practices to employ nurses; the latter in particular locations and to carry out particular responsibilities such as wound care. In order to support these diverse roles for nurses, a solid foundation of education, training and ongoing professional development is essential.

AIMS

The Royal College of Nursing Australia (RCNA) and the Royal Australian College of General Practitioners (RACGP) completed a project funded by the Australian Government Department of Health and Ageing which aimed to explore the roles and educational needs of nurses working in general practice. This paper will discuss the results of a national telephone survey of nurses working in general practice carried out as one of the project activities. Specifically the educational needs of general practice nurses and the barriers to undertaking further professional development will be examined.

The telephone survey results relating to the workforce characteristics and current roles of general practice nurses have been reported elsewhere (Pascoe et al 2005), and indicate that general practice nurses in Australia are likely to be registered nurses who work part-time in a medium to large practice. Often the nurse has worked less than five full-time equivalent years in a general practice environment and is likely to work in a practice where at least one other nurse works. The nurse is likely to have some post-basic formal education and to have participated in professional development in the past two years.

METHODOLOGY

Design

A telephone survey of nurses working in general practice was designed on the role and educational needs of nurses in general practice drawing on published and unpublished research undertaken in Australia and internationally.

Sample

The survey was administered to 222 nurses (188 enrolled and 34 registered nurses) currently working in general practice settings in Australia. The convenience sample of nurses was recruited through a national marketing campaign with nurses responding to

recruitment advertisements placed in nursing and general practice publications. Nurses contacted the project managers to express their interest in participating and provided consent.

As part of the research brief for the Australian Government Department of Health and Ageing, at least 50% of the sample was to be drawn from rural or remote areas of Australia. The standard classification for rurality employed for the survey was the Rural, Remote and Metropolitan Area (RRMA) classification system (Australian Government Department of Health and Ageing 2006). Survey participants were classified into RRMA category (capital city, other metropolitan, rural or remote areas) based on the location of their primary general practice employer. Due to the small number of participants from remote areas, the categories 'rural' and 'remote' were collapsed into one rural/remote category for reporting purposes.

Instrument

The survey contained 19 quantitative and qualitative questions focusing on workforce characteristics, educational background and needs, current nursing activities and future aspirations. Nurses were asked to rate on a scale of one to five (one being very important and five being not important) their perception of the importance of 51 educational areas for their own role in general practice. For ease of presentation, the scale for responses was collapsed to represent the total responses for 'important' and 'not important' ratings.

The survey was pilot tested and amended accordingly prior to being administered using a Computer Assisted Telephone Interviewing methodology by an external data collection agency. Nurses were surveyed by telephone outside of working hours and the survey took approximately 15-25 minutes to complete.

Data analysis

Quantitative data was analysed using the Statistical Package for the Social Sciences (SPSS) with descriptive statistics and selected cross-tabulations. A percentage difference of 10% or more was used as a determinant of substantial urban/rural difference in this analysis. Qualitative data was thematically coded by two project managers in consultation with the data collection agencies.

The research was approved by the RACGP National Research and Evaluation Ethics Committee.

RESULTS

As indicated in table 1, a number of educational areas were rated as important by almost all the nurses (or over 90% of the sample) including: communication skills, infection control, confidentiality and privacy, legal and ethical issues, first aid and cardio pulmonary resuscitation (CPR), wound care, cold chain monitoring, sterilisation and triage.

Table 1: Percentage of sample by RRMA classification by collapsed ranking of importance of educational areas for current role of nurses in general practice

Educational Area	Rated Important Rural/Remote N = 130	Rated Important Urban/Metro N = 92	Rated Important Total Sample N=222
Communication skills	94.6	93.4	94.1
Infection control	93.8	93.4	93.7
Confidentiality/National Privacy Principles	94.6	92.3	93.7
Legal/Ethical issues	92.3	91.2	91.9
First Aid/CPR	91.5	91.2	91.4
Wound care	89.2	93.4	91.0
Cold chain monitoring	89.2	91.2	90.0
Sterilisation	88.5	92.3	90.0
Triage	90.8	89.0	90.0
Enhanced Primary Care activities	90.8	87.9	89.6
Practice accreditation	85.4	90.1	87.3
Patient advocacy	88.5	82.4	86.0
Care of the seriously ill patient	86.2	78.0	82.8
Information technology	83.8	78.0	81.4
Management of recall register	77.7	86.8	81.4
Dealing with difficult clients	82.3	79.1	81.0
Oxygen administration	80.8	76.9	79.2
Policy and procedure development	79.2	78.0	78.7
Diabetes management	78.5	78.0	78.3
Role of allied health professionals/community organisations	77.7	76.9	77.4
Conflict resolution	78.5	73.6	76.5
Asthma management	75.4	75.8	75.6
Handling complaints	76.2	73.6	75.1
Pharmacology/medication administration	79.2	69.2	75.1
Cardiac assessment	76.9	70.3	74.2
Pulmonary assessment	76.2	67.0	72.4
Cultural diversity	70.3	68.5	69.2
Minor procedures	62.6	73.8	69.2
Clinical data management	69.2	65.4	67.0
Child health	59.3	68.5	64.7
Pathology collection	58.2	68.5	64.3
Immunisation	68.1	59.2	62.9
Chronic disease management	69.2	57.7	62.4
Patient referral management	65.9	57.7	61.1
Cardiovascular health/management	61.5	57.7	59.3
Physical assessments	49.5	62.3	57.0
Practice administration	53.8	53.1	53.4
Injury prevention	52.7	52.3	52.5
Evidence base practice/research	49.5	52.3	51.1
Cancer education	52.7	49.2	50.7
Case management	45.1	50.0	48.0
Drug and alcohol management	54.9	43.1	48.0
Antenatal care/maternal health	44.0	48.5	46.6
Nutrition/weight management	53.8	41.5	46.6
Mental health	45.1	44.6	44.8
Arthritis/musculoskeletal management	45.1	36.9	40.3
Audiology	31.9	45.4	39.8
General practice billing/funding	31.9	40.8	37.1
Women's health	33.0	37.7	35.7
Family planning	28.6	27.7	28.1
Lactation advice	25.3	24.6	24.9

Table 2. Percentage of sample by RRMA classification by barriers faced to undertaking training / education

Barrier to Education	Rural/Remote N = 130	Capital/Metro N = 92	All Areas N =222
Lack of time – work	17.5	28.7	21.9
Lack of finances - course costs	13.3	23.6	17.3
Distance to available training	20.5	3.6	13.9
Lack of time - family commitments	13.0	13.3	13.1
Lack of finances - travel costs	9.7	2.1	6.8
Attitude of GPs	5.5	4.6	5.2
Lack of awareness of available training	3.9	5.6	4.6
Inappropriate topics	2.3	5.1	3.4
Attitude of practice managers	1.0	2.6	1.6
Education activities not formally recognised	1.6	1.0	1.4
Difficulty in finding relief nursing staff	2.3	0.0	1.4
Difficulty with child care	0.6	1.0	0.8
Attitude of other nurses	0.0	0.5	0.2
Other	6.2	4.6	5.6
No barriers	2.6	3.6	3.0
TOTAL	100.0	100.0	100.0

In terms of the educational needs of nurses who work in rural and urban locations, table 1 demonstrates that, by and large, education in the same areas is required by nurses working in both localities, with communication skills, infection control, confidentiality and privacy, legal and ethical, and first aid and CPR being rated as important by over 90% of the nurses in both urban and in rural locations.

There are however, a number of notable differences between what is rated important for education by rural and urban nurses. Particularly table 1 indicates that more rural and remote nurses rate pharmacology/medicine administration, chronic disease management, drug and alcohol management and nutrition/weight management more important than do their urban counterparts. However substantially more urban nurses rate pathology collection, physical assessments and audiology as important areas of education.

The main barriers to undertaking education that nurses reported are: lack of time due to work commitments (21.9%); lack of finances to meet course costs (17.3%); distance to available training (13.9%) and lack of time due to family commitments (13.1%) as outlined in table 2. There were a number of differences based on the location of the nurse’s main practice with substantially more rural nurses (20.5%) identifying distance to training as a pertinent barrier as opposed to urban nurses (3.6%). More urban nurses tended to identify lack of finances (23.6%) and lack of time due to work commitments (28.7%) as barriers to undertaking education or training.

DISCUSSION

Nurses working in general practices in Australia have identified those areas of education that are most important to their current roles. Whilst nurses recognise the need to update or maintain their clinical knowledge (such as first aid and CPR), they also identify a range of important education areas that are non-clinical in nature and relate to organisation of information and communication strategies (such as communication skills and confidentiality/privacy). These are consistent with the current role of general practice nurses as described in previous literature (Pascoe et al 2005; Vincent et al 2002; Hanna 2001; Condon et al 2000; Patterson et al 1999; O’Connor and Parker 1995; Ross et al 1994) and suggests that nurses are defining education in the areas that would directly support their current work activities (such as wound care and sterilisation) as important.

Interestingly, there are only a few differences in the educational areas considered important by rural and remote nurses in comparison to capital city or metropolitan nurses. These differences do not seem to be related to the activities performed as part of their role as their roles have been established as similar despite locality differences (Pascoe et al 2005).

Difference in education needs may however reflect access to local health resources and education and in fact rural/remote nurses identified distance as a salient barrier to them undertaking further education to support their roles in general practice. It may be that education in the topics identified as important by more rural nurses (such as pharmacology/medicine administration or drug and alcohol management) are not available in rural areas of Australia and are therefore rated more important because

of a current and previous lack of access to education on these topics.

A number of barriers to accessing education and professional development were identified by the nurses with lack of time, distance and costs being the main impediments. As this was the first national study into barriers to education faced by these nurses, it is unclear if all nurses in Australia face these barriers. The representativeness of the sample for the survey is unknown. Whilst the sample size is small (n=222), no baseline data exists for identifying the absolute population of general practice nurses in Australia. It appears that the sample is over-represented by nurses working in rural/remote areas however given the need to explore geographic impacts on the educational needs of nurses it was important that these nurses were over-sampled.

The barriers to accessing education that were identified by nurses in this study may be exacerbated by the workforce characteristics of these nurses (namely part time employment) and/or the capacity of general practice to finance training for nurses (both through direct education costs and also time out of the practice).

CONCLUSION

The study has identified a range of educational areas suggested as important by nurses working in general practice. These educational areas appear to reflect the current role of nurses, rather than any expanded or aspirational role in general practice. It would appear prudent that the development of education and training programs reflect these priority areas for current nursing

practice and be tailored to the particular needs of the general practice environment. A number of barriers to education were also identified with more rural/remote nurses identifying distance to education as a particular barrier. Further work should be completed to determine the frequency, nature and quality of education for general practice nurses.

As a growing specialty of nursing in Australia, general practice nursing should be supported by a solid foundation of ongoing education and training that is tailored to the current needs of nursing in general practices and reflects appropriate delivery options to overcome barriers to training.

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