

# A Study Exploring Employment Factors Affecting General Practice Nurse Role Evolution

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# Introduction

- General practice is central to health service reform in the UK, producing favourable conditions for the practice nurse role to be further strengthened and developed.
- However, the literature describes practice nurses as a disempowered, isolated group with many constraints reducing their ability to respond to opportunities to develop their role.  
(Queen's Nursing Institute 2016)

# Power and professionalism in nursing

- Gender and professional training established a historical power relationship between nursing and medicine
- In general practice, this traditional hierarchy is further emphasised by the GP being the nurses' employer
- GPs can directly enable or restrain the development of the nurses in their practice

# Empowerment theory

A positive concept associated with growth, development, critical reflection and response  
(Kuokkanen and Leino-Kilpi 2000)

Two types:

- Structural, external – concerning organisational conditions (Kantner 1977)
- Psychological, internal – related to self-identity (Spreitzer 1996)

# Rationale

- The rationale for conducting the study was to provide a greater understanding about the constraining factors and their influence on practice nurses wishing to develop their role.

# The research questions

- What factors affect practice nurse role evolvement?
- How do these factors affect role evolvement?

# Method

Two stages:

1. A national survey of over 1,000 nurses to gather the fullest possible range of issues relating to role and professional development, to frame the questions to be explored
2. A case study to provide in-depth analysis at practice level exploring any inter-relationships between those issues

# The Survey

- Questionnaire design was tested out in a pilot study with 28 nurses
- On-line survey promoted nationally and supported by NHS leaders
- Self-completed by 1,161 respondents between March and July 2007

# Survey results

- Revealed a wide variation in employment standards
- Inequitable access to resources to maintain clinical competence
- Highlighted a broad range of roles, experience and attitudes
- Provided main issues to be explored in more depth

# Issues for exploration

- Employment terms
- Induction support and training
- Role definitions
- Professional isolation/support
- Politics and policy changes
- The GP – practice nurse relationship
- Decision-making and empowerment

# The Case Study

- The cases comprised six UK general practices; the participants within each case were a practice nurse, a GP and practice manager.
- 21 semi-structured interviews were conducted between April 2010 and March 2011
- The analytical framework used was thematic analysis, using ‘NVivo’ software

# Case selection characteristics

4 or more full time GPs	Nurse practitioner
4 or more full time GPs	'New' practice nurse (<2 years in post)
4 or more full time GPs	Experienced practice nurse (>5 years in post)
2 or less full time GPs	Nurse practitioner
2 or less full time GPs	'New' practice nurse (<2 years in post)
2 or less full time GPs	Experienced practice nurse (>5 years in post)

# Selected Case Profiles

Case	No. of patients registered	No. of Dr's	GP Training practice?	No. of nurses	Clinical effectiveness	Org efficiency	Patient satisfaction	Nurse level	Rural/urban
1	5,450	3	no	4	100%	100 %	Average	Exp	Urban
2	12,786	9	yes	5	98%	96%	High	NP	Urban
3	22,049	13	yes	30	100%	98%	Low	New	Urban
4	8,358	6	yes	5	100%	100 %	Low	NP	Rural
5	4,694	3	no	3	96%	90%	Very low	Exp	Rural
6	8,700	7	no	9	99%	96%	High	New	Rural

# Results

Thematic analysis of 114 issues raised by participants:

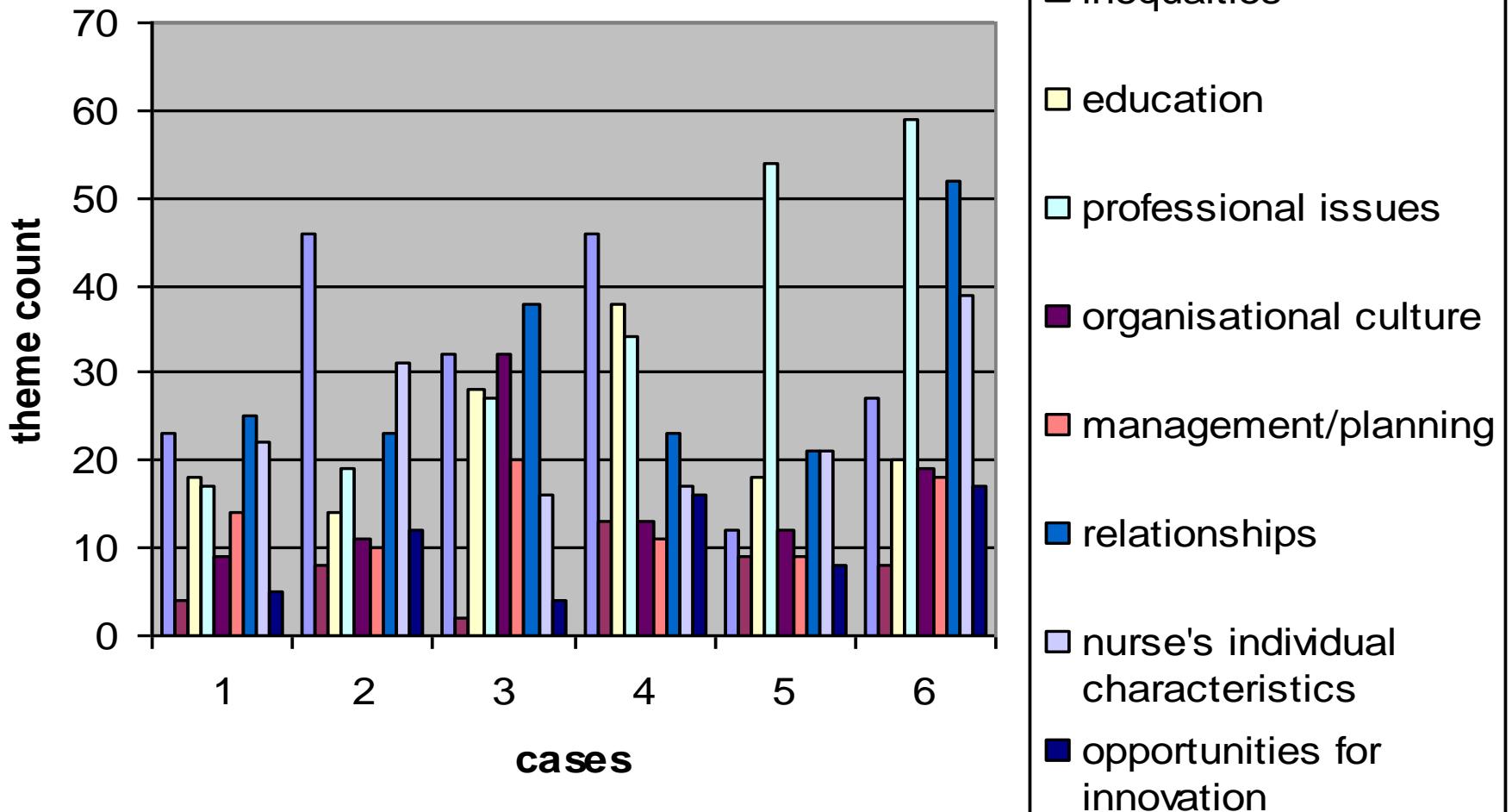
- Huge amount of qualitative data, sifted and categorised, grouped into 9 higher themes:
- Professional issues, roles, relationships, nurse characteristics, education, culture, management and planning, opportunities for innovation, perceived inequalities

# Analysis

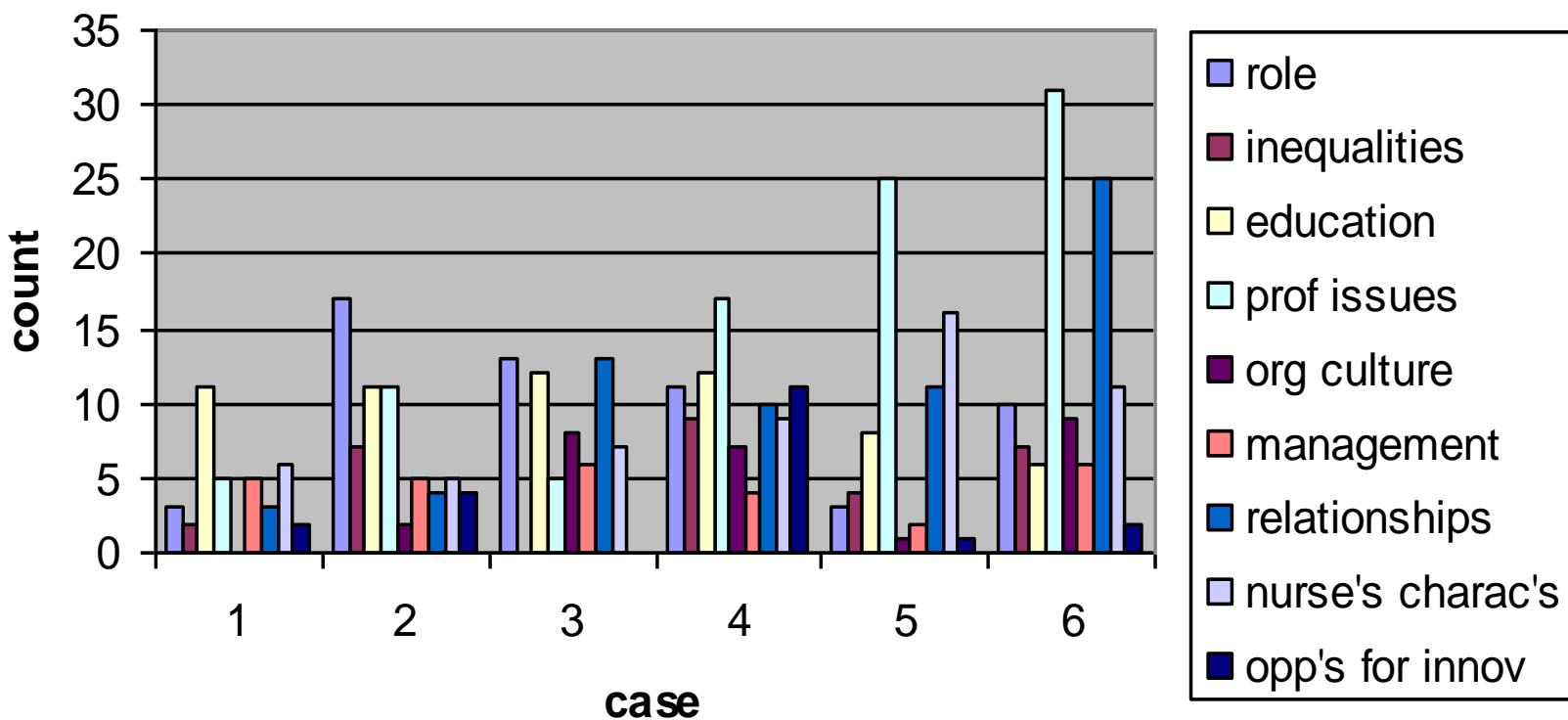
Resultant themes analysed by comparing bar-charts – looking for patterns:

- Number of times themes mentioned in each case (looking for similarities between cases)
- Across all cases by each profession (looking for patterns by profession between practices)
- Intra-case, by profession (internal practice patterns)
- Similarities seen between professions within the same case led to an in-depth analysis case-by-case
- Transcripts re-examined, looking for emphasis and recurring features mentioned in each case, deeper layer of analysis

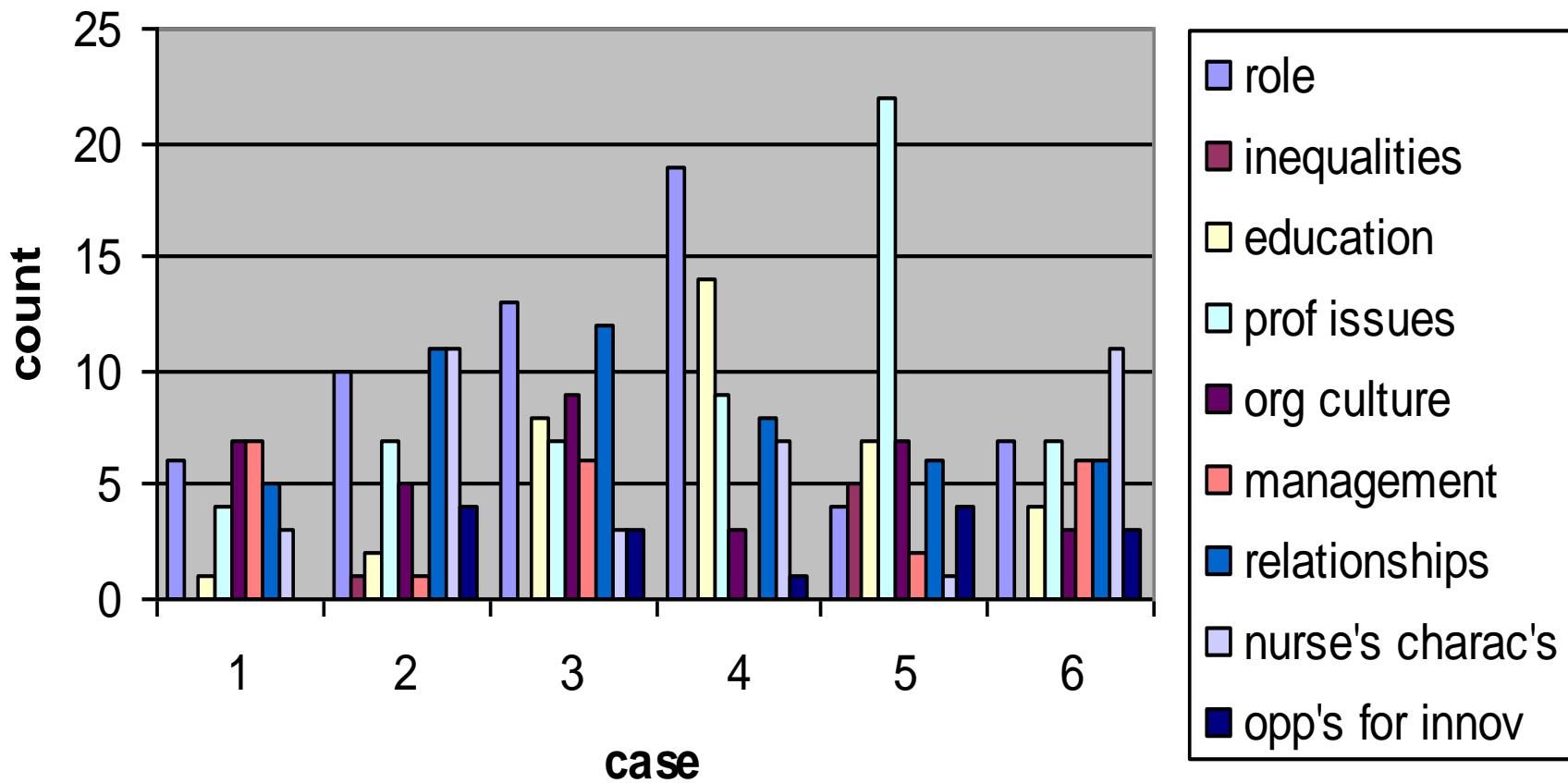
## Themes by cases



## Practice Nurses' themes



# GPs' themes



# Critical recurring characteristics

This highlighted particular features by which each practice could be characterised:

- Whether the practice trains GPs
- Access to financial support for training
- Level of practice manager power
- Support for nurse role evolvement
- Practice culture and leadership style (Handy 1993)
- Degree of nurse influence
- **Re-examined transcripts in relation to these**

# Surprising patterns emerged!

Case No.	GP Size	Training Trainees?	Training Funding?	Manager power	Nurse Role evolution	Practice culture	*Nurse interviewed	Nurse influence
1	small	no	restricted	low	low	autocracy	exp	low
2	large	yes	ring-fenced	strong	high	democracy	NP	high
3	large	yes	available	strong	limited	bureaucracy	new	limited
4	med	yes	ring-fenced	strong	high	democracy	NP	high
5	small	no	restricted	low	low	autocracy	exp	low
6	med	no	ring-fenced	strong	limited	bureaucracy	new	limited

Led to further investigations into power and culture...

# How can empowerment for General Practice Nurses be optimised ?

- The interviews revealed striking differences in the way power was shared in the 6 practices
- The practices that exerted most ‘control’ had the least developed nurses
- The nurses who exhibited the most positivism worked in practices that were liberal
- It was clear that the GPs and managers admired and respected those nurses

# Supporting practice nurse role evolution

- Role ambiguity is common in General Practice nursing and professional development variable
- Two major factors that appear to have a positive impact on practice nurse role evolution:
- A practice culture that promotes empowerment, communication and teamwork
- A practice nurse with a collaborative and proactive attitude
- Could one create the other?

# Conclusions

- Empowerment holds the key to maximising the conditions favourable to practice nurse role evolution.
- This is not a ‘single’ factor; it represents the combined synergistic effects of practice culture and practice nurse personal characteristics.
- The inter-relationship between these was captured in a framework, providing a tool for practice nurses and their employers to enhance opportunities for nurses to develop their role.

# The ‘Empowering Employment Principles’

Six elements of practice culture that support practice nurse role development	Six nurse attributes that influence general practice support for role development
<b>Power-sharing, democratic leadership style</b>	<b>Committed to the success of the practice</b>
<b>Strong educational practice ethos</b>	<b>Links own contribution to patient outcomes</b>
<b>Regular team meetings include nurses</b>	<b>Actively creates and nurtures the team</b>
<b>Mentorship and clinical supervision</b>	<b>Seeks and uses opportunities for innovation</b>
<b>Financial support for education</b>	<b>Influences positively and negotiates wisely</b>
<b>Strong communication</b>	<b>Flexible and adaptable</b>

# References

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