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## Happy New Year

The AGPNS Research Team wishes readers a fruitful and prosperous year in 2007.

## Phase 1 Preliminary Findings

Preliminary findings of Phase 1 of the AGPNS have been used to form the development of Phase 2.

These results are currently being formulated for dissemination and will be available early in 2007. For a brief update on Phase 1, see over the page. A full summary of Phase 1 findings will be disseminated via the Divisions network in 2007. If you'd like a copy of this document, contact the project team.

## Phase 2 Practices Recruited

Recruitment for Phase 2 of the project began in August 2006, and was undertaken through the Divisions of General Practice network. Seven practices around Australia have been recruited to participate in Phase 2 of the study. These practices are located in New South Wales, Queensland, South Australia, Victoria & Western Australia.

The specific aims of Phase Two are to:

- institute and document specific, small-scale change management projects in seven general practices addressing the activities and roles of the practice nurse
- assess the effectiveness of each change project in meeting the specific aims articulated by that practice team
- evaluate the role of the practice nurse in the change management process

Individual change projects, using an action research approach, are now underway and will continue until late 2007. Participating practices have been asked to self-identify a change area, and will work with a facilitator from their local Division of General Practice to institute this change. A reflective process, drawing on the notion of general practice as a complex system, will be used to frame the projects.

A workshop for Practice and Division participants was held in Canberra in late October. At this workshop participants were asked to undertake introductory mapping exercises, using tools such as practice genograms and cultural archetypes, to map the relationships within the general practice and its broader context; and identify general processes for change in their practice.

Participants have now returned to their practices to continue the participatory action research approach. This involves:

- confirming change objectives for the practice
- beginning an iterative improvement process with a cross-disciplinary team; this team may include a patient, depending on the project
- determining how often team meetings will be held and roles for team members
- determining indicators for measuring the success of specific changes
- implementing change using iterative cycles to identify opportunities, prioritise solutions and reflect on impact
- collecting evaluation data



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## Phase 1 Data Collection and Analysis

Phase 1 of the project has yielded a huge amount of rich qualitative data which is currently being analysed. This includes:

- 83 interviews with 37 nurses and their colleagues (24 GPs and 22 Practice Managers) in 25 practices
- 50 hours of structured observation of 36 nurses in 25 practices
- photographs taken by nurses of "the most important aspects" of their workplace
- floor plans of practices
- social and health service indicators (number of doctors in the region, unemployment rate, mix of health care services)

## Key Findings in Phase 1

Nurses as agents of connectivity: Practice nurses cycled rapidly between activities, often undertaking multiple tasks simultaneously, and 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. There was an average of 15 brief encounters with patients/doctors/reception staff and others per hour (range 9-36). In one practice, there were 36 brief contacts over one hour, a rate of one contact every 100 seconds.

Allocation of space: The floor plan of the clinic may be one feature determining how rapidly the nurses cycled between activities. In practices with dedicated floor space for nurse 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.

Differences between ideal roles of nurses articulated by practice nurses and doctors: Quality of patient care was addressed slightly differently by both professions. Neither raised the notion that there might be differences in the ways they conceptualised a good patient-health provider relationship. Nevertheless, many nurses gave accounts of prolonged consultations with patients in crisis, which would have been difficult for doctors following a busy appointment schedule.

Limitations to the role of the nurse: The nurses' role can be limited through a range of factors, some easier to mould than others. In this study, there were a range of social structures. As a rule, the more ingrained industrial democracy principles were, the more likely the practice was to have nurses who felt their roles were not constrained.

## Upcoming Events

Keep an eye out for a forthcoming issue of *Contemporary Nurse* looking at developments in general practice nursing.

## Website and Blog

Please take a look at the website of the Australian General Practice Nurse Study: [http://homepage.mac.com/chris\\_pearce/AGPN\\_S/index.htm](http://homepage.mac.com/chris_pearce/AGPN_S/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

### *Time with patients*

- Do nurses tend to have more time (than doctors) to spend with patients in your practice?
- Do the doctor(s) in your practice value the time nurses spend with patients? How is this demonstrated?

### *Working as a team*

- Nurses and doctors have different strengths and weaknesses and they work in different ways. How can we use this information to strengthen the PHC team?

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