A nurse practitioner in general practice: patient perceptions and expectations

M. DRURY, OBE, FRCP, FRCGP, FRACGP

S. GREENFIELD, PhD

B. STILWELL

F.M. HULL, FRCGP

SUMMARY. A study exploring the acceptability of a nurse practitioner to a random sample of 126 patients is reported. Sixty per cent of patients either approved of the concept and expressed willingness to consult the nurse or held no strong views. Fifty three per cent of the 61 patients who had seen her already were prepared to see her again. Fifty four per cent of patients had difficulty in differentiating between the role of the nurse practitioner and the doctor and the perceived differences included qualifications, ability to prescribe drugs and the severity of the condition dealt with. Women were nearly three times more likely than men to consult a nurse practitioner. Good communication skills were reported to be among the most sought after qualities of those whom patients consult about their health problems.

Introduction

THE role of the nurse in primary care has been the focus of much attention during the past year and in its white paper[1] the government stated that it intends to look further into the issue of nurse practitioners and to explore their legal status, functions and qualifications.

The debate about the desirability of nurses developing their role has raised a number of issues. In addition to concern over the problems of adequate training and the nurse's medico-legal position, there are fears that a nurse practitioner may erode the general practitioner's role and there will be an incease in medical unemployment. Some doctors are sceptical about the benefits of nurses extending their role and many nurses are also ambivalent.[2,3]

There is a further issue which should be considered. The nurse practitioner role was developed in the USA to serve patients who had problems with access to medical practitioners, so the nurse became a surrogate doctor. In countries such as the UK, where patients have easy access to a general practitioner, how acceptable to patients is a nurse working in an extended way? This study sets out to answer this question and to explore the perceptions of patients about the nurse's role in a Birmingham practice, described elsewhere,[4] which employed a nurse practitioner.

Method

A random sample of 236 names (5% of the patients aged 16 years and older on the list) were drawn from the practice age–sex register; 96 were found to have moved or died. A questionnaire together with a letter which explained the aims of the study and stressed that answers would be treated confidentially, was sent to the remaining 140 patients and 126 (90%) returned completed forms. In order to obtain as accurate and unbiased a picture as possible of patients' views a series of open ended questions were asked about their perceptions of the nurse practitioner's role and of the difference between a nurse practitioner and a doctor. All patients were asked several further questions including 'What qualities do you expect in someone whom you consult about your health problem?', 'Do you think having a nurse practitioner at your doctors is a good idea and why?' and 'Are there problems you would definitely prefer to consult a nurse practitioner about and what are they?' Those patients who had already consulted the nurse were asked 'Do you think you will go back to see the nurse practitioner again when you need to visit your surgery again and why?' and were also asked why they had chosen to consult the nurse and the nature of the problem presented.

Results

Characteristics of patients

Just over half of the 126 patients (54%) were women. The age groups were as follows: 33% under 30 years, 33% between 30 and 49 years, and 32% 50 years of age or over (age not known for 2% of patients). Eighty seven per cent of the patients were born in the United Kingdom, 8% were from the new Commonwealth and 6% were from Eire. At the time of the study 52% were in employment, 23% were housewives, 13% were retired, 10% were unemployed and 2% were students (not known for one patient). Sixty one of the patients (48%) said they had already consulted the nurse practitioner at least once, 59 (47%) had not yet consulted her and six patients (5%) did not reply to this question.

Patients' perception of the nurse practitioner

Ninety two (73%) of the 126 patients knew who the nurse practitioner was and were able to describe one or more tasks they thought she carried out. Their answers fell into 10 categories (Table 1). Over half of the 92 patients said that the nurse practitioner helped the doctor and a quarter said that she treated minor ailments. The next most popular replies were carrying out practical tasks and giving advice. Only 11% of patients thought the nurse's role was in preventive medicine. Nine of the 92 patients (10%), however, thought the nurse did the same as the doctor, including eight people who had already consulted her. More of the 61 patients who had already consulted the nurse practitioner (53, 87%) could describe at least one of her functions than of the 59 patients who had not yet consulted her (37, 63%) and the latter tended to view her role differently (Table 1).

Although practice nurses in the UK are almost exclusively women, the majority of the 126 patients did not have any stereotyped preconceptions as only 4% said they expected someone called a 'nurse practitioner' to be female. However, 54 patients (43%) said that if the nurse practitioner were a man it would make a difference to the type of problems they consulted with.

In view of the importance that might lie in possible role confusion between nurse practitioners and doctors this issue was explored further. Sixty eight patients (54%) said they thought

M. Drury, Head of Department, S. Greenfield, Research Fellow, B. Stilwell, Research Fellow, F.M. Hull, Macmillan Senior Lecturer in Palliative Care, Department of General Practice, University of Birmingham.

© *Journal of the Royal College of General Practitioners,* 1988, **38,** 503-505.

Table 1. Perceptions of the nurse practitioner's role for 92 patients who were able to describe one or more of the nurse's tasks.

Functions of the nurse practitioner	Number (%) of patients mentioning function: Patients who had already consulted the nurse practitioner (*n* = 53)	Patients who had not yet consulted the nurse practitioner (*n* = 37)	All patients[a] (*n* = 92)
Helps the doctor	22	21	49 *(53)*
Treats minor ailments	16	7	24 *(26)*
Carries out practical tasks	11	9	20 *(22)*
Gives advice	11	6	18 *(20)*
Provides preventive medicine	4	6	10 *(11)*
Treats specific groups (eg women/children/elderly)	3	6	9 *(10)*
Does the same as the doctor	8	1	9 *(10)*
Performs non-medical tasks	2	3	5 *(5)*
Provides counselling	2	2	4 *(4)*
Does not prescribe	3	0	3 *(3)*

[a] Two patients did not know whether they had consulted the nurse practitioner before.

there was no difference between the two but the other 58 patients (46%) mentioned a total of eight ways in which they thought the nurse's role differed from the doctor (Table 2). More patients who had already consulted the nurse practitioner said there were differences between the nurse practitioner and the doctor (37 out of 61, 61%) than those who had never consulted her (21 out of 59, 36%) and the two groups had different perceptions of the differences (Table 2). The most frequently mentioned distinctions were that doctors were better qualified, could prescribe drugs and dealt with more serious complaints.

As we described in an earlier study,[2] patients presenting at the practice were offered a choice between medical or nursing care whatever their presenting problem. Our sample group were asked whether there were problems that they would only present to a doctor or that they would only present to the nurse practitioner. Sixty of the patients (48%) felt there were occasions when they would turn only to the doctor and 30 (24%) when they would only consult the nurse, even though only 58 thought there were differences between the two. Thirty six patients (29%) felt there would never be occasions when they would be inhibited by the nature of the carer but almost three times as many women (34% of 68) as men (12% of 58) said there were problems for which they would prefer to consult a nurse. Problems which patients thought only appropriate for the doctor were mostly what were 'serious problems' and 'things that might turn out to be cancer' or 'infections', whereas more than 60% of the problems felt to be only appropriate for the nurse lay in the supplementary group in the RCGP/OPCS classification,[5] which included prevention and social and family problems.

Table 2. Perceptions of differences between the nurse practitioner and the doctor for 58 patients who thought there was a difference in their roles.

Differences between nurse and doctor	Number (%) of patients mentioning difference: Patients who had already consulted the nurse practitioner (*n* = 37)	Patients who had not yet consulted the nurse practitioner (*n* = 21)	All patients (*n* = 58)
Qualifications	12	5	23 *(40)*
Ability to prescribe	13	8	21 *(36)*
Type of problems dealt with	11	5	16 *(28)*
Authority	4	4	11 *(19)*
Ability to diagnose	5	6	11 *(19)*
Personal qualities	7	1	8 *(14)*
Knowledge	3	3	6 *(10)*
Ability to refer	1	3	4 *(7)*

The qualities that patients most sought in either the doctor or the nurse were of a personal nature rather than related to clinical competence (Table 3). Only 11% mentioned medical qualifications as a quality they sought in someone they consulted about their health problems, although 23% wanted someone who could answer their questions. The highest proportion of respondents mentioned 'someone who treats you as an individual' and 'understanding' as the qualities they looked for.

Table 3. The 10 most common qualities patients expected in someone whom they consult about their health problems.

Someone who:	Number (%) of patients mentioning quality (*n* = 126)
Treats you as an individual	56 *(44)*
Is understanding	44 *(35)*
Can answer your questions	29 *(23)*
Listens carefully	25 *(20)*
Is patient	23 *(18)*
Is capable	18 *(14)*
Has medical qualifications	14 *(11)*
Has commonsense	11 *(9)*
Is calm	10 *(8)*
Takes a genuine interest in you	10 *(8)*

Fifty two patients (41%) felt the concept of the nurse practitioner to be good mainly for reasons of practice organization such as efficiency or saving time. Fifty one patients (40%) were opposed in principle and here the reasons were mainly concerned with the nurse's lack of ability in clinical diagnosis. Twenty three patients (18%) had no strong views on this matter. Of the 61 patients who had previously consulted the nurse, over half (59%) would wish to consult her again, four patients (7%) would not consult her again and the remainder did not know or did not answer. Of the 59 patients who had not seen the nurse seven (12%) said they would choose her in the future.

In response to the question 'Why did you choose to see the nurse practitioner?' 10 patients (16%) had been referred by the doctor and 40 (66%) had chosen to see her (11 gave no reason). Thirteen patients had chosen her because of the nature of their problem, 12 to save time, 12 because of the nurse's personal qualities and three for 'personal reasons'.

Discussion

Just over half the patients who had consulted the nurse practitioner expressed a willingness to do so again, implying satisfaction with their experience of nurse practitioner care. This finding mirrors American studies such as that of Lewis and

Resnick[6] who found that after one year of nurse practitioner care patients attending a clinic for the chronic sick had a significantly higher preference for nursing care. They questioned 66 patients about the work of only one nurse practitioner. Levine and colleagues[7] questioned 700 patients who had been cared for by 58 nurse practitioners working in a variety of settings. A high level of satisfaction was found among this sample of patients, over 90% of them rating the nurse practitioner as good or very good. This is a reassuringly large sample, which confirms the findings of smaller studies, including the Birmingham project described here.

When asked why they would see the nurse practitioner again most patients gave reasons that were generally concerned with non-practical aspects of her work such as the time she spent with people, and her ability to listen and make people feel at ease. Reedy[8] refers to the counselling, listening and advising work of practice nurses as being a role created for them by patients.

Although in the Birmingham study the nurse's role was more extended patients still tended to view her as being more accessible than the doctors, and easier to talk to. This attitude to nurses may reflect Anderson's[9] finding that nurses were expected by the public to be kind and sympathetic. On the other hand, Gray[10] puts a case for 'femaleness' (that is warmth, caring and sympathy) improving the quality and outcomes of consultations for many patients, particularly women.

The Birmingham study revealed that women were nearly three times more likely than men to say there were problems for which they would prefer to consult a nurse practitioner. This may simply indicate a sex related problem or it may be an expression of some women's search for a more 'female' style of care.

There are some interesting paradoxical findings in our question about role overlap between the doctor and the nurse practitioner. All three patients who mentioned that the nurse practitioner did not give prescriptions had visited her before; however, nine patients thought she did the same job as the doctor and eight of these had seen the nurse before. When asked if there was a difference between the nurse practitioner and the doctor nearly two thirds of people who had consulted the nurse practitioner thought that there was; the three differences cited most frequently were in the area of personal qualities, qualifications and type of complaints they dealt with.

In our previous report[4] we showed that most people consulting the nurse practitioner did so for health education, social and emotional problems. We have no evidence to link the nature of the presented complaint with the health professional chosen but can speculate that choice may be related to the differences that patients most often perceived between doctor and nurse.

The fact that a number of patients could not distinguish between the role of the doctors and the nurse practitioner may reflect the almost identical consulting rooms, and that they both wore everyday clothes. More research is needed in order to gauge accurately the nature of the confusion in the minds of patients about the doctor and nurse practitioner role. It seems, however, that the nurse practitioner role is acceptable to most people, particularly for problems which are not 'worry-inducing'. In America, nurse practitioner care results in patients losing weight effectively, giving up smoking more frequently and experiencing less symptoms.[11] An outcome study in Britain showed similar results.[12]

What is lacking is research to examine the process behind these outcomes. It is therefore not yet possible to say whether the successful outcomes are uniquely due to nursing care. Data available so far suggest that the nurse practitioner role may help to improve anticipatory care in general practice, may provide emotional support for some patients and is acceptable to most people.

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Acknowledgements

We wish to acknowledge the considerable help given by many people during the development and evaluation of the nurse practitioner role. In particular we would like to thank Drs Bird and Walji and Drs Inman, Cuthbert and Kumble in whose practices the nurse practitioner role was first developed and the West Midlands Health Authority for financial support.

Address for correspondence

Professor M. Drury, Department of General Practice, University of Birmingham, Birmingham B15 2TJ.

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