

# Studies around effectiveness of nursing roles

The table below provides summaries of the studies published to date regarding the effectiveness of nursing roles.

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Title of article	Author(s)	Citation	Summary	Type of study
GP's perception of the nurse practitioner role in primary care	Carr J, Armstrong S, Hancock B, Bethea J	<i>British Journal of Community Nursing</i> 2002; 17(8): 406–413	<ul style="list-style-type: none"> <li>Despite the role of the nurse practitioner (NP) being increasingly integrated into primary care, there was still confusion among GPs about what the role entailed</li> <li>This study indicated that the majority of GPs were supportive of the NP role to help reduce GP workload and give patients more choice of who to consult</li> <li>There were differences in opinion as to what tasks were appropriate for the role, and reservations about the financial cost of training and employing NPs</li> </ul>	<ul style="list-style-type: none"> <li>A survey study design via a postal questionnaire, using both rural and city locations</li> </ul>
Decision-making in primary care: outcomes from a study using patient scenarios	Offredy M	<i>Journal of Advanced Nursing</i> 2002; 40(5): 532–541	<ul style="list-style-type: none"> <li>This study looked at differences in the decision-making processes of NPs and GPs for diagnosis and treatment of the same patient scenarios</li> <li>The study concluded that the two groups use similar decision-making processes to arrive at similar diagnoses and treatment options</li> </ul>	<ul style="list-style-type: none"> <li>Information processing theory and 'think aloud' approach were used to understand cognitive processes of the participants Data analysed using NUD*IST computer software. Study size: n=22 (11 NPs, 11GPs)</li> </ul>

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Advanced nursing practitioners in primary care settings: an exploration of the developing roles	Carnwell R, Daly WM	<i>Journal of Clinical Nursing</i> 2002; 12: 630–642	<ul style="list-style-type: none"> <li>• Role confusion was evident with advanced nurse practitioners (ANPs) on completion of a Masters course and when they returned to work at the practice</li> <li>• ANPs found GPs were reluctant to relinquish tasks, and they did nothing to enhance the NP role development on return to practice – no increased salary or supportive funding</li> <li>• ANPs returned to practice without any career structure or access to further education and training</li> <li>• Lack of availability of nurse prescribing was an issue</li> <li>• ANPs identified change in relationship with GPs</li> <li>• Management of long-term conditions was the emphasis in district nurses' and ANPs' future role development</li> <li>• GPNs saw their role developing around patient education in long-term conditions</li> <li>• Some ANPs were offering the equivalent of first-contact care</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative data – interviewing in two phases ANPs from practice nurse (PN)/ district nurse(DN)/ health visitor (HV) backgrounds. and 11 managers single interviews</li> </ul>
What do practice nurses do? A study of roles, responsibilities and patterns of work (project report)	The Centre for Innovation in Primary Care	2000 Available at: <a href="http://www.innovate.org.uk/library">www.innovate.org.uk/library</a>	<ul style="list-style-type: none"> <li>• This project report provides insights into the nature of the NP's work, their conditions of employment, teamwork and responsibility for decision-making at clinical and practice levels</li> </ul>	<ul style="list-style-type: none"> <li>• Survey design using questionnaires previously piloted</li> <li>• Project was carried out in Sheffield</li> </ul>

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The nurse practitioner in primary care: alleviating problems of access?	Perry C, Thurston M, Killey M, Miller J	<i>British Journal of Nursing</i> 2005; 14(5): 255–259	<ul style="list-style-type: none"> <li>• NP role uncertainty remains among all interviewees</li> <li>• Waiting times have improved since NP employed</li> <li>• NP offering first-contact service</li> <li>• Lack of nurse prescribing qualification remained an issue</li> <li>• NP role increased holistic assessment and patient education</li> <li>• NP inability to refer direct to some consultants is creating a problem</li> <li>• Staff seem more clear about NP role definition – however, patients still confused about role</li> <li>• GP workload reduced as a result of employing a NP</li> </ul>	<ul style="list-style-type: none"> <li>• Qualitative – semi-structured interviews with 11 health professionals in one practice – GPs, nurses, receptionists and a practice manager, plus 14 patients</li> </ul>
Impact of nurse practitioners on workload of general practitioners: randomised controlled trial	Laurant M, Hermens R, Braspenning J, Sibbald B, Grol R	<i>British Medical Journal</i> 2004; 320: 927–935	<ul style="list-style-type: none"> <li>• The study found that adding NPs to general practice teams did not reduce the workload of the GPs, at least not in the short-term</li> <li>• This implies that NPs are being used as supplements rather than substitutes for care given by GPs</li> </ul>	<ul style="list-style-type: none"> <li>• Randomised controlled trial (RCT) with measurements done pre- and post-introduction of NPs into practice. Study carried out in the Netherlands</li> <li>• 48 GPs involved and five NPs randomly allocated</li> </ul>
Nurse management of patients with minor illnesses in general practice: multicentre, randomised controlled trial	Shum C, Humphreys A, Wheeler D, Cochrane MA, Skoda S, Clement S	<i>British Medical Journal</i> 2000; 320: 1038–1043	<ul style="list-style-type: none"> <li>• NP consultations longer than GPs (average 10 minutes in comparison with 8 minutes)</li> <li>• Higher levels of satisfaction with NP</li> </ul>	<ul style="list-style-type: none"> <li>• Multicentre RCT</li> <li>• 1815 consultations</li> </ul>

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Substitution of doctors by nurses in primary care (review)	Laurant M, Reeves D, Hermens R, Braspenning J, Grol R, Sibbald B	<i>The Cochrane Database of Systematic Reviews</i> 2004; Issue 4	<ul style="list-style-type: none"> <li>The findings suggest that appropriately trained nurses can produce as high quality care as doctors and achieve as good health outcomes for patients. However, this should be treated with caution as many studies had methodological limitations</li> </ul>	<ul style="list-style-type: none"> <li>Searches of literature databases between 1966 and 2002</li> <li>Studies were included if nurses were compared with doctors providing similar care</li> <li>4253 articles screened – 25 met the inclusion criteria</li> </ul>
A nurse practitioner as the first point of contact for urgent medical problems in a general practice setting	Myers PC, Lenci B, Sheldon MG	<i>Family Practice</i> 1997; 14(6): 492–497	<ul style="list-style-type: none"> <li>High level of satisfaction with NPs</li> <li>Patients seeing GPs are more likely to receive prescriptions</li> <li>Patients seeing NPs are less likely to consult again with the same problem in the next 14 days</li> <li>Average consultation times are 7–8 minutes for both GPs and NPs</li> </ul>	<ul style="list-style-type: none"> <li>Satisfaction with GPs not assessed</li> <li>1000 consultations analysed</li> <li>Study only based in one practice, using one NP</li> </ul>
Randomised controlled trial comparing cost effectiveness of GPs and nurse practitioners in primary care	Venning P, Durie A, Roland M, Roberts C, Leese B,	<i>British Medical Journal</i> 2000; 320: 1048–1053	<ul style="list-style-type: none"> <li>Patients more satisfied with NP consultations even after longer consulting times allowed for</li> <li>Few differences in clinical care and no difference in clinical outcome between GP and NP</li> </ul>	<ul style="list-style-type: none"> <li>1292 consultations analysed throughout 20 general practices in England and Wales</li> </ul>

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Randomised controlled trial of nurse practitioner versus GP care for patients requesting 'same-day' consultations in primary care	Kinnersley P, Anderson E, Parry K, Clement J, Archard L, Turton P, Stainthorpe A, Fraser A, Butler CC, Rogers C	<i>British Medical Journal</i> 2000; 320: 1043–1048	<ul style="list-style-type: none"> <li>• Patients generally (but not consistently) more satisfied with NP care</li> <li>• No differences in clinical outcomes or prescribing</li> </ul>	<ul style="list-style-type: none"> <li>• 1368 consultations analysed throughout 10 general practices in South Wales and South-West England</li> </ul>
Establishing a minor illness nurse in a busy general practice	Marsh GN, Dawes ML	<i>British Medical Journal</i> 1995; 310(6982): 778–780	<ul style="list-style-type: none"> <li>• Nurse with 1-year in-house training managed 86% of patients without doctor intervention</li> <li>• Anecdotal evidence of patient satisfaction</li> <li>• Consultation times reduced with experience to 10 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Non-comparative study</li> <li>• Study comprised one nurse in one practice</li> <li>• 696 consultations</li> </ul>
The role of the triage nurse in general practice: an analysis of the role	Reveley S	<i>Journal of Advanced Nursing</i> 1998; 28(3): 584–591	<ul style="list-style-type: none"> <li>• NP consultations longer than GPs (15 minutes compared with 7.5 minutes)</li> <li>• Patients satisfied with both NP and GP consultations</li> <li>• NPs issued fewer prescriptions than GPs</li> </ul>	<ul style="list-style-type: none"> <li>• Small study based in one practice comparing one nurse with seven GPs</li> <li>• 286 consultations</li> </ul>