

Valuable Partner or Useful Helper?

Exploring the role status perceptions of General Practice Nurses (GPNs)



Rationale

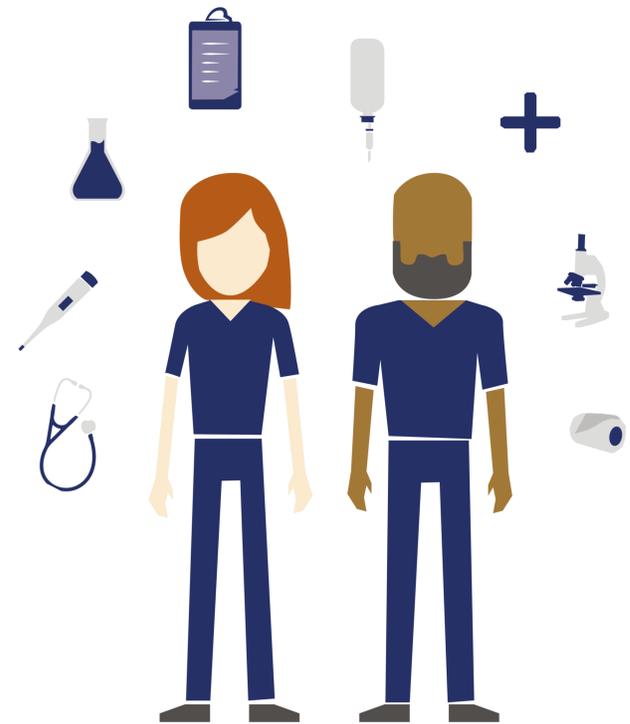
Nursing has been seen as supporting the ability of medicine to cure for many years. But now the increasing burden of disease and demand coupled with a shortage of GPs, and funding challenges mean that General (Family) Practice is asking nurses to take on traditional medical roles within the context of multidisciplinary team working, (NHS England, 2016) General Practice Nurses, however, feel that their role is expanding but is not understood and not sufficiently recognised and rewarded. (McInnes et al, 2016)

Aim

This study uses hermeneutic interpretation of the lived experiences of GPNs to understand how they perceive their current role status and what impacts this perception might have on the future of the role.

Methodology

Volunteer GPNs are recruited and data from their semi structured interviews are analysed for emerging themes after the pattern developed by Ricoeur (Lindseth and Norberg, 2004). The themes are then set in the context of GPN practice by the author (herself a GPN) to produce three vignettes which are presented to focus groups of GPNs for further discussion. No attempt was made to assign volunteers to groups or to induce GPNs to be interviewed but it should be noted that the author is well known to all the GPNs (n=29) who took part.



Results

The three major themes of Value, Generalism and Status reveal that role status is important to GPNs and universally defined by comparison to GPs. The need for status has grown out of dissatisfaction with a system which seeks to encourage and utilise new skills without reward. The GPNs wish to be seen as valuable partners in the healthcare team not just useful helpers.

Titles are used to indicate the comparative status; only the first two actually exist:

1) **Nurse Practitioner** equal to and often works in place of a GP treating minor illness.

"I think nursing needs to become medicine. I think that was what the, the original, the original thing was. I don't have any problem with nursing becoming more medicalised and us doing extended roles..." (A 3/4)

2) **Nurse Specialist** (e.g. in diabetes) skills above those of GP in single disease area.

"I enjoy having my own clinics and people coming in and me dealing with that person, if you see what I mean? I enjoy seeing the same people and seeing how they're progressing. I like the diabetes side mostly..." (M2/3)

3) **Super Nurse** a true generalist role which covers all areas of care, offers continuity and high jobs satisfaction yet is seen as an impossible level to achieve for most nurses. GPs are often assumed to have this ability.

"I'm now in a bigger team so it makes sense that we all have different roles but what nobody wants to do is lose skills in certain areas I suppose, and whilst I think it's great to be able to do it all, I think it's impossible to be able to give an excellent service in all those areas. Unless you're super nurse, which I'm certainly not". (laughs) (H1/1)

Role status is increased by undertaking roles like prescribing medication which are seen as equaling a doctor and decreased by continuing in traditional nurse roles like smear taking which are seen as assisting the doctor. Some younger GPNs are leaving because they lack status or a regulated career pathway and pay scale. Many are frustrated by barriers to gaining a generalist skill set which is highly valued and seen as essential to patient satisfaction and holistic care. For truly collaborative patient centered team work to happen the NHS should rethink policy around GPN direct employment by GPs.

"Basically, in terms of the GPs, they need us to provide a service for them, and they make all the right noises about career paths and all of that kind of thing, but nothing ever really happens". (A2/4)

McInnes, S., Peters, K., Bonney, A and Halcomb, E. 2017. A qualitative study of collaboration in general practice: understanding the general practice nurse's role. *Journal of clinical nursing* 26(13-14), p.1960-1968
NHS., 2016. *General practice five year forward view*. [Online] Available from: <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf> [Accessed 6 June 2017]

Lindseth, A. and Norberg, A. (2004) A Phenomenological Hermeneutical Method for Researching Lived Experience. *Scandinavian Journal of Caring Sciences*, 18(2), p. 145-153.