Patient recruitment for a practice nurse study

Author

Eley, Diann, Hegney, Desley, Patterson, Elizabeth

Published

2005

Journal Title

Australian Family Physician

Rights statement

© 2005 Australian Family Physician. Reproduced with permission. Permission to reproduce must be sought from the publisher, The Royal Australian College of General Practitioners.

Downloaded from

http://hdl.handle.net/10072/4854

Link to published version

http://www.racgp.org.au/

Griffith Research Online

https://research-repository.griffith.edu.au

Patient recruitment for a practice nurse study

Diann Eley, PhD, is Senior Research Fellow, School of Medicine Rural Clinical Division, University of Queensland. d.eley@uq.edu.au

Desley Hegney, RN, PhD, FRCNA, is Professor of Rural and Remote Area Nursing, University of Southern Queensland, University of Queensland, and the Toowoomba Health Service.

Elizabeth Patterson, RN, PhD, is Dean, School of Nursing and Midwifery, Griffith University, Queensland.

General practice nurses (PNs) can support better management of chronic diseases. Internationally, nurse managed clinics are used in coordinating and managing chronic illness and are more effective then traditional care.[1–4] They have also been used in Australia in heart failure[5] and diabetes[6] management.

However the role of PNs in Australian general practice is not established. One issue is its acceptability to the consumer, about which there is limited information.[7–9]

We are designing a research project investigating a PN led collaborative care model of chronic disease management within general practice, and as a first step wanted to estimate patient acceptability to the model. The objective was to trial our patient recruitment procedure and the outcome was an indication of whether the design would recruit sufficient numbers of patients. Our research questions focussed on whether or not the participant recruitment methods:

- were easy to follow for PNs and practice staff
- were considered feasible to fit in with the regular practice routine and workload, and
- provided us with an acceptable percentage of consenting patients.

Methods

We selected two urban and one regional general practice located in southeast Queensland by convenience. Patients were recruited by: searching electronic medical records for patients aged over 18 years with either noninsulin dependent diabetes (NIDDM), asthma, or heart failure or hypertension (CVD); checking eligibility against our criteria; randomly selecting 50 patients per disease group (n=150 per practice, n=450); and inviting patients with a letter and consent form to participate. A signed consent form was evidence of recruitment.

A PN currently employed at each practice undertook all the above tasks with our assistance. The pilot study was undertaken over 4 weeks, so there was insufficient time to follow up by letter to nonresponders. Instead, reasons for their decisions were asked of nonresponders and those who declined to participate by telephone by each PN.

Ethical approval was granted by University of Queensland and University of Southern Queensland Human Ethics Research Committees.

Results

The overall consent rate was 36%. It was highest for NIDDM at 43%, and the regional practice achieved the highest consent rate at (53%) (*Table 1*). Recruitment procedures were easy to follow and posed no complications or confusion for the PNs. Even though each practice used different electronic medical records (Medical Director, Med Tech and IBA Spectrum Classic), database searching for, and identifying of, eligible patients was possible. The three PNs reported that recruitment placed unacceptable pressure on their normal practice routine.

Reasons given to the PNs by patients who did not respond or declined to consent provided extra information. The word 'chronic illness' may have been a problem: the term put some patients off because they did not see themselves as being 'chronically ill'. Many patients did not want to take so much responsibility for their illness, seeing it as work for themselves. Some patients saw this model as very different to traditional care. Change was hard for older people, the majority of the sample; some felt well settled and secure and disinclined to change anything.

Discussion

We found a modest degree of patient willingness to participate in this type of study. The disappointing result from practice 'urban B' may have been consequent on the PN becoming ill with no replacement. This type of research is prone to low response rates.[10]

Table 1. Recruitment consent

General practice	n (%) consenting NIDDM	Asthma	CVD	Total consent
Regional n=50	34 (68)	22 (44)	24 (48)	80(53)
Urban A n=50	22 (44)	12 (24)	21 (42)	55 (37)
Urban B n=50	9 (18)	13 (26)	6 (12)	28 (19)
Total positive Response n=150	65 (43)	47 (31)	51 (34)	163 (36)

Implications of this study for general practice

- It is not known whether patients would find practice nurses managing their chronic conditions acceptable.
- We undertook a pilot study to study this in three general practices.
- 36% of 150 patients with either asthma, noninsulin dependent diabetes, or cardiovascular disease agreed to join an experimental study in which practice nurses would lead their care.
- Identifying such patients using electronic records was largely successful.

Conflict of interest: none declared.

References

1. Veitch C, Hollins J, Worely P, Mitchell G. General practice research: Problems and solutions in participant recruitment and retention. Aust Fam Physician 2001;30:399–406.
2. Moher M, Yudkin P, Wright L, Turner R, Fuller A, Schofield T, Mant D. Cluster randomised controlled trial to compare three methods of promoting secondary prevention of coronary heart disease in primary care. BMJ 2001;322:1–7.
3. Wagner EH. The role of patient care teams in chronic disease management. BMJ 2000;320:569–72.
4. Wright FL, Wiles RA, Moher M. Patients' and practice nurses' perceptions of secondary preventative care for established ischaemic heart disease: a qualitative study. J Clin Nurs 2001;10:180–8.
5. Halcomb E, Davidson P, Daly J, Yallop J, Tofler G. Australian nurses in general practice based heart failure management: implications for innovative collaborative practice. Eur J Cardiovasc Nurs 2004;3:135–47.
6. Kenealy T, Arroll B, Kenealy H, et al. Diabetes care: practice nurse roles, attitudes and concerns. J Adv Nurs 2004;48:68–75.
7. Hegney D, Price K, Patterson E, Martin-McDonald, K, Rees S. Consumers' expectations for expanded nursing roles in general practice: choice not gatekeeping. Aust Fam Physician 2004;33:845–8.
8. Patterson E, Del Mar C, Najman J. A descriptive study of nurses employed by general practitioners in southeast Queensland. Aust Fam Physician 1999;17:13–20.
9. Tolhurst H, Madjar I, Schultz L, Schmidt A. Nurses in urban and rural general practice: who are they and what do they do? Aust Fam Physician 2004;33:185–8.
10. Askew DA, Clavarino AM, Glasziou PP, Del Mar CB. General practice research: attitudes and involvement of Queensland general practitioners. Med J Aust 2002;177:74–7.

AFP

Correspondence
Email: afp@racgp.org.au