

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.

2) Nurse Specialist