

# A case study of the nurse practitioner consultation in primary care: communication processes and social interactions

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## Background to the study

- Over the past 15 years there has been an increasing emphasis upon nurses in advanced practice roles, such as nurse practitioners, to deliver both initial contact and continuing primary health care, in order to bridge the gap between workload demands and service provision.
- Implicit in this provision of initial contact and continuing primary health care by advanced nurses is an acceptance that these nurses will be engaged in patient consultations, similar to those performed by general practitioners, whereby a patient attends at a primary care clinic with a health or social care problem, which is then assessed and managed by the clinician.

## What is a nurse practitioner?

- A *nurse practitioner* can be defined as a registered nurse who is practising nursing at a level beyond that which their initial training has prepared them for, having been prepared via a discrete university-based programme of advanced nursing education.
- This means they utilize clinical skills in consultations, which are not typically used by the majority of nurses, such as focused history taking, physical examination, differential diagnosis, and prescribing, on much the same basis as medical doctors.

## What is a consultation?

- A consultation is a health-related interview involving an interpersonal relationship, whereby a person with health and / or social care concerns presents or is presented to a healthcare provider, seeking an explanation and / or possible resolution of their concerns (Barratt, 2007).

## Findings of nurse practitioner consultation *outcomes* research

- Research of nurse practitioner consultation *outcomes* tells us patients are generally more satisfied with nurse-led consultations than doctor consultations, though this is not a consistent finding.
- A mixed picture has appeared for patients' future preferences for care, with some patients preferring to see nurses whilst others would prefer to see doctors.
- Importantly there are no significant differences in the health outcomes of patients attending nurse or general practitioner consultations.

## Nurse practitioner consultation *processes* research

- In contrast to the nurse practitioner consultation outcomes research there are fewer available studies concerned with the associated interaction *processes* of nurse practitioner consultations.
- This paucity of nurse practitioner consultation processes research is in stark contrast to the wealth of available literature regarding the process of general practitioner consultations produced over the past 50 years (Balint, 1957; Mishler, 1984; Ong *et al.*, 1995; Pendleton *et al.*, 2003; Neighbour, 2005; Kim *et al.*, 2010).

## Findings of nurse practitioner consultation *processes* research

- The fewer available studies of the interaction processes arising within nurse practitioner consultations have commonly noted that nurse practitioners tend to communicate in a hybrid patient-centred style, concurrently combining discussion of subjective everyday 'lifeworld' information with the collection and analysis of objective biomedical information, such as history taking, diagnosis discussion, and medicines management.

## Linking patient satisfaction and nurse practitioner communication styles

- The findings of consultation processes research indicates that nurse practitioners are able to assess acute and chronic diseases while attending to the experience of illness.
- This finding relates to the observed abilities of nurse practitioners to differentiate between pathological presentations of diseases and the human experience of illness, whilst still being able to make diagnostic and treatment decisions.
- **Could this hybrid communication ability explain the positive experiences of patients with nurse practitioner consultations?**

## Aim of study

- This study aims to advance understanding of the discrete nature of the communication processes and social interactions occurring in the nurse practitioner consultation, including the reasons for the active presence of the lifeworld in those consultations.

## Research objectives

1. To determine the discrete nature of the communication processes and social interactions occurring in the nurse practitioner consultation, and to explicate the reasons for the occurrence of those discrete processes and interactions.
2. To explicate the reasons for the active presence of the lifeworld in nurse practitioner consultations.
3. To explore the relationships between patient/carer pre-consultation expectations, consultation time lengths, social interactions, and patient/carer post-consultation satisfaction and enablement.

## Research design

- An embedded case study comprising multiple methods of both qualitative and quantitative data collection and analysis.
- Case study strategy chosen to enable an understanding of the contemporary events, roles and relationships occurring in the nurse practitioner primary care consultation.

## Data collection – Observations

- The first type of data collection comprised video recording the consultations of patients seeing nurse practitioners in a nurse-led general practice clinic.
- *Sample size:* 30 consultations with 3 nurse practitioners (10 each per nurse practitioner).

## Data Collection – Questionnaires

- The participants of both the video-recorded consultations, and a larger sample group of patients registered at the clinic, were asked to complete questionnaire measures of pre-consultation expectations and subsequent post-consultation satisfaction (NPSS) and enablement (PEI).
- *Sample size:* 68 questionnaires (26 from video recorded patients / 42 questionnaires from other patients).

## Data collection – Interviews

- Post-consultation semi-structured individual interviews were undertaken with a sub-sample of the patients, and also the nurse practitioner participants of the video-recorded consultations.
- *Sample size:* 11 patient / carer interviews / 1 interview with each nurse practitioner (3).

## Data analysis

- *Video recorded consultations*: Roter Interaction Analysis System (RIAS).
- *Semi-structured interviews*: Computer-assisted qualitative data analysis (NVivo 9).
- *Questionnaires*: Non-parametric tests to explore the relationships between patient expectations, patient satisfaction, patient enablement, and consultation time lengths.

## Findings - Observations

- A significant amount of the interactions were found to comprise patient-centred interactions. A significant proportion of the consultation interactions were also found to be congruent, with both parties interacting in the same style.
- No significant differences in verbal dominance amongst participants.
- Overall proportion of patient question-asking at 21% was much higher than has been identified in previous analyses of patient question-asking rates in consultations.

## Findings - Questionnaires

- Significant proportion expected NPs to utilize advanced clinical practice skills. However, the respondents were split approximately 50/50 as to whether or not they expected the NP to discuss their case with a doctor.
- Post-consultation satisfaction high mean scores of 78.4/85 for general satisfaction and 26.3/30 for communication satisfaction were found.
- In relation to post-consultation enablement a mean score of 6.07/12 was found.
- There was a significant, small to moderate positive correlation between enablement and general satisfaction.

## Findings – time lengths

- Average consultation length *11.45 minutes* (12 minutes GP consultations, NHS England, 2013).
- No significant correlations between consultation time lengths and interaction types, satisfaction, or enablement.

## Findings - Interviews

### **Consulting style of NPs**

- Patient / carer participation
- Integrated clinical reasoning
- NP interaction skills
- Explanation, enablement and information
- Open consultation style
- Remembering and knowing each other

### **Other nodes**

- NP – GP comparisons
- Lifeworld presence
- NP role ambiguity
- Creating the impression of time
- Expectations for safety netting

## Quotes from patient participants

*“...she brings you [into the consultation] and asks what you think, and just talks to you as anybody else would talk to you. I feel really at ease with talking about anything and she seems really interested in what you have to say” {Patient 1.3}.*

*“...I think [if] it was something deeper and you mightn't wanted to say it, I think you'd feel more reassured. Also I think it's very important with like their body language and how they talk to you ... the whole body image is important, the way they look at you and talk to you, value you as a person, I think that's very important” {Patient 3.6}.*

## Further quotes from participants

*“They’re quite prepared to sit and talk to you. They talk to you about your family as well and how you’re doing ... well even just say, ‘How are you? How’s the family?’...” {Patient 3.5}.*

*“I think, for general problems I think it [consulting with a nurse practitioner] is a very good idea. I think if I actually felt I had something more serious, I think I would rather see a doctor. But I think, for general things, I think it is absolutely fine...” {Patient 1.5}.*

## Interpreting the findings

- Nurse practitioners use an ‘OPEN’ stylistic-model of consultation intercommunication. This model infers that nurse practitioners direct their consultations with patients and carers in a style which is:
- Open (O) to the person (P) and their agenda, corroborative everyday lifeworld experiences, clear explanations (E), and participatory negotiations (N).

## What explains the OPEN model?

- Role ambiguity / hybridity
- Discounted social role
- Impression management
- Ideological holism
- Aesthetic knowledge privileged

## Possible consequences of OPEN communication styles

- Interpersonal healing and the production of the placebo effect is contextually dependent on the healing processes causally arising from clinician-patient interactions in a consultation, rather than a specific treatment itself.
- It is postulated that OPEN styles of interaction, as exemplified in nurse practitioner consultations, induce beneficial placebo effects in many patients, which in turn positively improves their experience of illness with a consequent optimisation of their therapeutic response to nurse practitioner delivered care.

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