The implementation of nurse practitioners into the primary health care setting

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The nurse practitioner (NP) role has been established in Australia for the last twelve years. Yet despite its legal recognition, many health care professionals and much of the Australian public have little understanding of the role. Research conducted in Australia and internationally has confirmed that NPs are safe, competent and provide quality health care that is economical and valued. However current published research is predominantly focused on NPs providing care in acute settings in large metropolitan and regional areas; absent from the current literature is an in-depth study on the key components of how these roles are implemented and in particular how they are integrated in small rural communities. This project highlights the role of a NP in a primary health setting within NSW through an exploration of the perceptions of health care providers, including the NP. The NP described in this project provides mental health and drug and alcohol services.

The treatment and management of mental health disorders in rural areas can be complicated by physical isolation, distance, time, cost, lack of transport, lack of privacy and fear of stigma, and the availability of adequate services. Problems with service delivery are further compounded by staff shortages and the uneven geographic distribution of mental health professionals and facilities.

The project has demonstrated that clients were willing to access the NP service. There was a consistently high level of usage and around a third of clients were self-referred. The location of the service in a non-government organisation worked well and the NP was described as being integrated into the community. There was also evidence of improved integration between services. The service was described as taking the pressure off a number of other services. There was a reduction in ED admissions in the local hospital and a reduction of violence in the town.

The project provides substantial evidence that the NP service is more accessible than other mental health or drug and alcohol services due to the approach, location and availability of the NP.

There were no similar models in the literature on the dimensions of originating from the community, being led by a NP, or located in a non-health community organisation. However there is substantial literature based on the need for integration of mental health services, particularly in rural areas that suffer from fragmented services, difficulties with recruitment and retention, and lack of development of services and skills.