Patient perceptions of their health care professionals

Implications for innovative and sustainable rural primary health care delivery in Queensland

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Introduction

1. Background
2. Aims and objectives
3. Methods
4. Key results – patient perceptions
5. Implications
6. References
Background

International and National

• System review and restructure
• Workforce shortages
• Debate on the role and function of new services\textsuperscript{1,2,3}

\textit{It is unrealistic to introduce innovation to the primary health care workforce without first understanding how the general public perceives the role of existing professionals\textsuperscript{(9)}}
Aims & objectives

Investigate patient perceptions of the skills and roles of existing primary health care professionals in rural and remote service settings

(i) patient perceptions of existing health care professionals; and perceptions of the PHC professionals themselves

(ii) differences and similarities between rural patients’ perceptions of PHC professionals and the key factors that contribute to these

(iii) patients’ broad stereotypical views of the health care disciplines

(iv) how these perceptions impact on existing and innovative approaches to rural primary health care delivery
**Method 1**

**Phase 1:** Case studies – service and community profile information *(The Context)*

**Phase 2:** In-depth interviews with patients to investigate skills and roles *(The Perceptions)*

**Phase 3:** Comparative, inductive analysis of results – unique and common to each service model (case studies) *(The Findings)*
Method 2

Comparative case study approach
• 4 discrete service types
• RRMAs 5-7

Theoretical frameworks
• Social interactionism
• Organisational Change Theory (OCT)

Participants
• 16 PHC professionals
• 43 patients
• All interviews completed in the PHC services
# Four service types

<table>
<thead>
<tr>
<th>Model A: GP-led</th>
<th>Model B: GP-led</th>
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<tbody>
<tr>
<td><em>The “Hospital Doctor”</em></td>
<td><em>The “He’s It”</em></td>
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<tr>
<td>Solo GP with hospital Practice Nurse</td>
<td>Solo GP, no hospital Practice Nurse</td>
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<tr>
<td>Local paramedics</td>
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<tr>
<td>Local allied health</td>
<td>Visiting allied health</td>
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<th>Model C: RIPERN-led</th>
<th>Model D: Multipurpose</th>
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<tr>
<td><em>The “No different to a GP”</em></td>
<td><em>The “Does Everything”</em></td>
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<tr>
<td>Rural Isolated Practice Endorsed Nurse (RIPERN)</td>
<td>GP</td>
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<tr>
<td>No local paramedic</td>
<td>Multipurpose Health Service</td>
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<tr>
<td>Visiting allied health</td>
<td>Community &amp; ward-based nurses</td>
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<td>RFDS support</td>
<td>Highly flexible</td>
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<td>Local GP practices in town</td>
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Patient perceptions of skills 1

• “Knows Us”
  Well [the nurse], the biggest skill is she knows us all and she knows our conditions. She works with bush people, she lives here and she knows we put up with a lot before we come to the clinic. (F, RIPERN model)

• “Refers”

• “Is confident & gives confidence”
  You don’t get the same treatment anywhere else, they know me here, my history…they are happy and they want you to get well. (M, Solo GP no hospital model)
Patient perceptions of skills 2

- Clinical skills only when prompted
  - No difference GP & RIPERN
  - Differences in practice nurses
- Limited knowledge of allied health professionals & paramedics

[The RIPERN] is the key… the doctors, well they just back her up… They’re not much different, they do pretty much the same things. (M, RIPERN model)

The nurses, they do things on the front line – see everyone – wound dressings and blood and things – all of that. (F, solo GP no hospital)

Well, I never really see the nurse… I’ve never had anything done by the nurse in the doctors surgery. (F, solo GP with hospital)
Stereotypes of disciplines 1

• GP-led models
  - Perceptions of medical hierarchies persist
  - Nurses as caring “Florence Nightingales”
  - GPs as “leaders”

I think, the nurses, you know, they’re like Florence Nightingale. They have the caps and

I see a GP as the leader…its his degree, his training … and his communication (solo GP, no hospital)
Stereotypes of disciplines 2

- **RIPERN & MPHS**
  - Medical hierarchies less pronounced

- **RIPERN**
  - Nurses as “leaders”
  - GPs as “supporters”

- **MPHS**
  - Less clarity
  - Roles interchangeable
  - Flexible

*I come up here to the clinic but it’s usually to see the GP, the GP is the one who will help with my problems, he’s the one who can write the scripts ...* (F, RIPERN service)
Factors influencing perceptions

1. Age and gender

2. Disease status and role

3. Long-term exposure to service models
   • longevity of PHC professional in community
   • organisation and delivery of health care
Implications for existing models

• Maintenance of solo practitioner models?

• Equal support for both solo GP and non GP-led models
  – Funding, relief, onsite opportunities for clinical training
  – Recruitment and retention strategies
Implications for team-work

• Defining the concept and practice of team-based health care in rural settings

• Review existing organisation and government based reporting structures, policies and infrastructure to maintain existing and facilitate flexible team-based approaches

• Who is and should be the co-ordinator?
Implications for innovation

• Community consultation and education

• Education for existing PHC professionals

• Taking into account current health care organisation enabling new roles to fit most effectively into existing service models
<table>
<thead>
<tr>
<th>COMMUNITY characteristics</th>
<th>SERVICE characteristics</th>
<th>IMPLICATIONS: Trial of innovative approaches</th>
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<tbody>
<tr>
<td>Demonstrated desire to secure a resident PHC service</td>
<td>Long standing vacancy: No present PHC service or history of high PHC professional turnover</td>
<td>Physician Assistants</td>
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<td>Community experience of flexible PHC professional roles</td>
<td>Use of team-based approaches to care by resident PHC professionals within an existing PHC service (eg. MPHS)</td>
<td>Team-based approaches PHC Paramedics</td>
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<td>Experience of coordinated care within single PHC clinic setting</td>
<td>Use of team-based approaches to care delivery with visiting health care professionals</td>
<td>PHC Paramedics Physician Assistants</td>
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<td>Long-term experience of non-GP led models of care</td>
<td>Care historically provided by non-GP led models (eg. RIPERN service)</td>
<td>Physician Assistants</td>
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Conclusion

1. The normal mode of health care delivery matters
2. Important to support both GP and non-GP led models
3. Further research: existing team-work approaches; how to link patient perceptions to quality care and health outcomes
4. Trial of innovative workforce approaches matched to appropriate service settings

There are so many people like myself … my blood pressure, I mean I don’t know how we’d manage with anyone else here… anything half-baked, you know? There are a lot of people in town that need constant attention – that’s work for a GP. (F, solo GP with hospital)
References…


