



The role of the nurse practitioner in psychiatric/mental health nursing: exploring consumer satisfaction

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There is a substantial body of literature pertaining to the role of the nurse practitioner. Research directed towards consumer satisfaction suggests that the care provided by nurse practitioners is perceived as at least equal to that provided by a medical practitioner. However, there is a paucity of literature examining the nurse practitioner role in the psychiatric/mental health field. An evaluation of a Nurse Practitioner demonstration model has recently been undertaken in the Crisis, Assessment and Treatment Team in Victoria, Australia. This article presents the findings of a qualitative, exploratory study. Individual interviews were conducted with consumers ($n = 7$) who had received care and treatment provided by the nurse practitioner candidate. Data analysis revealed two main themes: the quality of the service provided, and the unique role of the nurse. The findings supported the available literature in articulating the specific aspects of the nurse practitioner role that are favourably perceived by consumers of services. This study contributes to the limited body of knowledge in the psychiatric/mental health nursing field and specifically emphasizes the importance of the relationship between nurse practitioner and consumer in facilitating the provision of effective care and treatment.

Keywords: Australia, consumer satisfaction, mental health nursing, nurse practitioner, psychiatric nursing, roles

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Introduction

The development of the nurse practitioner role in Australia originated in New South Wales in the early 1990s (Jamieson & Williams 2002). The progress of this movement in other States and Territories has been variable, reflecting the influence of local government and nursing regulatory bodies. Nurse practitioners have been officially introduced in some states, such as New South Wales and South Australia, while others are in the process of conduct-

ing demonstration projects. Victoria (the focus of this article) endorsed the first four nurse practitioners during 2004. At the same time demonstration projects were still being conducted. The demonstration projects aimed to investigate the feasibility and effectiveness of nurse practitioner roles, by introducing roles which functioned under the direct supervision of a committee consisting of medical practitioners and other relevant stakeholders. Two of the most recent demonstration projects were conducted in the psychiatric/mental health field.

Despite the recent interest in the nurse practitioner role within psychiatric/mental health nursing, the literature pertaining to this area is extremely limited. The body of literature on the nurse practitioner primarily refers to primary health care.

The literature specifically relevant to psychiatric/mental health literature tends to relate to the perceived nature and scope, rather than to specific outcomes, of the role itself (Torn & McNichol 1996, Allen 1998).

To appreciate the outcomes and potential benefits of the nurse practitioner role, it is necessary to examine literature concerning the broader general health-care field. There is considerable research evidence to suggest that the satisfaction with the standard of care provided by nurse practitioners is at least equal to that provided by medical practitioners (Chang *et al.* 1999, Kinnersley *et al.* 2000, Knudtson 2000, Munding *et al.* 2000, Pinkerton & Bush 2000, Shum *et al.* 2000, Venning *et al.* 2000). In the case of Shum *et al.*'s (2000) research, the patients indicated a higher level of satisfaction with the nurse practitioners, despite very little variation in the provision of treatment and subsequent outcomes. Appointments with nurse practitioners of approximately 10 min compared with an average of 8 min for general practitioners were the only notable difference. A large scale study by Kinnersley *et al.* (2000) supported these findings. However, in addition, the patients reported receiving more information about their illnesses from nurses. The results of a multi-centre, randomized controlled trial conducted in the UK, found the level of patient satisfaction to be similar between nurses and doctors, however, nurse practitioners tended to order more tests and scheduled more follow up appointments than general practitioners do.

The validity of this research is further strengthened by the results of a systematic review undertaken by Horrocks *et al.* (2002). The findings suggested higher patient satisfaction with the services provided by the nurse practitioner, within the context of similar health outcomes, referrals, return visits and prescriptions. Most notably nurses were described as affording longer consultations and offering more in terms of education, including the provision of written material, which may provide better quality of care as measured by a range of variables such as the inclusion of health teaching and provision of written information. There were no differences in health outcomes, referrals, return consultations or prescriptions.

Research conducted into the nurse practitioner role in the emergency department revealed similar findings (Byrne *et al.* 2000). The level of satisfaction with the care provided by nurse practitioners was again at least equal to that provided by doctors. The patients specifically referred to the

fact that nurses were more likely to provide specific advice and/or information about health, emergency care and follow-up care. The patients reported being less concerned about their health status when they were seen by a nurse practitioner.

Unfortunately there was no research evidence available to support (or otherwise) the potential benefit of the nurse practitioner role within the psychiatric/mental health setting and we are therefore not able to determine the extent to which similar findings would result from research conducted within this specialist field.

There is, however, some limited literature available which identifies the importance of exploring expanded practice roles within the psychiatric/mental health nursing field. People experiencing long-term mental health problems are likely to have significantly poorer health, even after controlling for death through unnatural causes (Brown 1997, Ruschena *et al.* 1998). They are more likely to experience mortality due to cardiovascular and respiratory diseases (Davidson *et al.* 2000), and an array of other physical illness due to unhealthy practices such as inadequate diet, alcohol abuse, smoking and sedentary lifestyle (Glassman 1993, Davidson *et al.* 2000).

McConnell *et al.* (1992) described the role of nurse practitioners who provide physical health assessments for clients experiencing long-term mental illness within a community mental health centre setting. The authors suggest that although they may have, or be at risk of developing, numerous physical health problems, people experiencing long-term mental illness frequently refuse to seek medical consultation. In her Editorial of February 1996, Krauss (1996) called for the nursing profession to contribute to the design of a mental health-care system that improves access to a higher standard of care, including better-coordinated, cost-effective and efficient care that is positively evaluated through outcome measurement.

From the review of the literature presented above, it would appear that the nurse practitioner role can make a significant contribution to such a health-care system. In light of this, the recent developments and advances in the nurse practitioner role, and an abundance of research evidence to suggest that nurse practitioner roles have been highly successful in other areas of nursing; it is surprising that so little research has been conducted within the psychiatric/mental health nursing field. It is crucial that this paucity be addressed as a matter of urgency. The aim of this article is to present the findings of a qualitative study undertaken with consumers receiving care and treatment from a nurse practitioner candidate rather than a licensed medical officer.

Methods

Approach

Given the paucity of relevant research findings, a qualitative approach was utilized to explore the perspective of the recipients towards the care and treatment they received from the nurse practitioner candidate. Qualitative research is of particular value where little is known about the research topic in question (Aranda & Street 2001).

Setting

This research was undertaken as a Nurse Practitioner Demonstration Project, funded by the Nurse Policy Branch of the Department of Human Services, Victoria. The aim of the Project was to examine and evaluate the feasibility of implementing a nurse practitioner role within various settings. This represents one of two psychiatric/mental health projects that received funding in 2003. The project was funded for a period of 12 months in the Crisis, Assessment and Treatment Team (CATT) of the Northern Area Mental Health Service (NAMHS), located in Northern Melbourne, Victoria, Australia.

The Northern CATT provides a mobile, responsive and comprehensive 24-h, 7-day-a-week service to people who are experiencing a psychiatric crisis. The team is multidisciplinary with psychiatric nurses, psychologists, social workers, medical officer and consultant psychiatrist. They treat people with schizophrenia, bipolar affective disorder, personality disorder and people experiencing situational crises. The period of treatment is generally of short duration of up to 14 days.

The role of the nurse practitioner in Northern CATT is a newly developing position that aims to ensure prompt appropriate and seamless service delivery to the clients of the service. The make up of CATT has traditionally comprised the Consultant Psychiatrist, Medical Registrar, Nurses and Allied Health Staff. The nursing staff, as well as other staff, are generally clinicians with extensive psychiatric/mental health nursing experience and are consequently employed at a senior level.

Clearly when working in the environment of a CATT, expanded practice roles for nurses, most notably the ability to prescribe, would be beneficial both to the team and to the consumer. Frequently crises occur when a medical practitioner is not readily available, thus creating a delay in treatment and often a worsening of symptomatology. A more prompt response could only be advantageous for both consumer and carer. Furthermore, CATT clinicians have been working as autonomous practitioners from their inception, using advanced practice skills. A nurse practitio-

ner is certainly the natural progression in psychiatric nursing for a CATT. Changes in health-care delivery now place advanced practice nurses, including psychiatric nurse practitioners, in a position to provide a broader array of services, drawing on their skills in assessing common medical problems and capability in making appropriate referrals for specialist consultations.

The aim of the nurse practitioner project was to trial the extension of traditional nursing practice in four specific areas, these being: the limited prescription of psychotropic medication (from a limited and prescribed formulary), ordering of diagnostic testing, referral to medical specialists, and the authorization of absence from work certificates. As these practices fell exclusively under the domain of the medical profession at the time of the project, the participating nurse conducted these activities under the direct supervision of a medical practitioner. The title nurse practitioner candidate (NPC) was used to describe the role and clearly indicate that the participant was not endorsed for extended practice as a nurse practitioner.

Clients who agreed to participate in the study were assigned to receive treatment by either the CATT registrar or the NPC. In addition to routine nursing (non-medical) care, the NPC provided, under direct supervision, treatment in relation to the four areas of expanded practice.

Ethical issues

Ethics approval was granted from the relevant Area Mental Health Service Research and Ethics Committee and the research was conducted according to these guidelines. A full explanation of the procedure was given to all participants. They were informed that they were under no obligation to participate and should they choose not to, the treatment they received would not be compromised. If they chose to participate, they were told of their right to withdraw at any stage. Their confidentiality was assured. Those participants who agreed to participate were asked to sign an informed consent form.

Participants

Seven consumers of the CATT service accepted the invitation to participate in the study. These were people who had received care and treatment, both standard nursing care and treatment concerning the four areas of expanded practice, from the NPC as part of the demonstration project.

Procedure

Those consumers who received care and treatment from the NPC were provided with a brief explanation of the

study. Copies of the *Plain Language Statement* were provided to those people who expressed interest in being involved. A full explanation of the study and what the individual's involvement would be was also provided.

Consumers who consented were asked to participate in an individual interview, conducted by the project officer. The role of the project officer was to support and oversee the introduction of the Nurse Practitioner Demonstration Project, under the supervision of the project committee. While the project officer worked closely with the NPC, there was no line management responsibility between the two roles.

The interview was conducted following discharge from CATT so the participant would feel free to be open and honest without concern that responses might affect ongoing care and treatment provided by the NPC. The interview was semi-structured. Broadly participants were asked to describe their experience of receiving care and treatment from the NPC including their level of satisfaction with the services, any perceived advantages and/or disadvantages, and whether they would be willing to receive care and treatment from the NPC if further treatment from the CATT was required. Finally the participants were provided with the opportunity to raise any further issues they considered important. While there were no predetermined time constraints for the interviews, they tended to be of approximately 20–30 min duration.

Data analysis

The interviews were transcribed verbatim. A content analysis approach (Creswell 1998) was used to facilitate the identification and explication of the major themes. The transcripts were read numerous times until a sense of familiarity with the data had been achieved. At this time the provision themes were identified and noted (Rose *et al.* 1995, Van Manen 1997, Van der Zalm & Bergum 2000). This process was conducted independently by two researchers. Upon completion they discussed their interpretation of the findings. Minor discrepancies were discussed before the final themes were decided upon.

Two main themes were identified:

1. Quality of the service provided
2. The unique role of the nurse

The next section will provide a brief overview of the issues raised under each of these themes and will be illustrated with indicative verbatim quotes from the participants.

Findings

Quality of the service provided

All but one participant indicated unconditional support for the role of the nurse practitioner candidate. This support generally reflected the view that the approach of the NPC facilitated the care and treatment process. The service was described as timely, responsive and thorough as the following quotes suggest:

It [care provided by NPC] was timely, very responsive and . . . very thorough.

And:

It [care provided by NPC] was fine. It was all I needed at the time.

Also:

He [NPC] . . . asked all the relevant questions.

However, one participant clearly stated that the service provided by a psychiatrist was likely to be of a higher standard, due to superior knowledge and experience:

Probably psychiatrists will know much better than the nurses . . .

They're more qualified . . . more experienced.

Despite this reservation, the participant indicated that he would be willing to receive care and treatment from the NPC in the future, as demonstrated by the following statement:

Absolutely no problem. He [NPC] was very prompt . . . very courteous. He was on time and . . . explained to me about various medicines, what are the effects of the medicines, what are the side-effects. [He] brought me brochures, everything . . . absolutely marvellous.

All seven participants indicated that they would have no hesitation about receiving care and treatment for the NPC if they were to require the services of the CATT team in the future.

The participants identified the prescription of medication as a nurse practitioner role to be of potential benefit:

Not having to tag a doctor along or have to ring the doctor. He [NPC] prescribed something . . . What's wrong with that? Isn't that more convenient for us?

One participant suggested that nurse prescribing could reduce the likelihood of relapse:

That would be handy . . . because if you're like me every now and then you allow yourself to run out and then . . . get sick so it's [nurse prescribing] definitely a good thing.

The unique role of the nurse

The responses of all participants suggested they were able to relate more easily with the NPC than they were able with

a member of the medical profession. As evidenced by the following quotes:

I can relate better to him [NPC] than I can to a psychiatrist.

And:

... just his [NPC] understanding of what I was going through and some of the thoughts that might have gone through my head... he's just... straightforward. There's no beating around the bush as the doctors did at the [name of hospital].

Participants described being able to communicate more freely with the NPC:

... I reckon it [care provided by NPC] was more beneficial to me... It's like a less kind of formal situation which I immediately opened up [and said] all I wanted to say to a psychiatrist.

The responses suggested that they felt less intimidated in communicating with a nurse than they would with a doctor:

I go and see psychiatrists and... I'd rather talk to someone in the same vein as [NPC]. Number two I reckon they're [nurses] a bit more down to earth... you relate better to them than a qualified over the top dude and thirdly I reckon there was more expediency with people like [NPC] than wait to make an appointment to see a psychiatrist...

The ability of the NPC to provide care and treatment within the individual's home was considered a particular advantage:

It was more convenient coming around to the house. It was... more comfortable to have a cup of tea whilst talking... It's less complicated.

This was believed to further enhance the comfort and informality of communication with the NPC:

I'd rather see the nurse practitioner. I think the doctors are a bit... far off... maybe you feel more easy... everything comes to mind in your own lounge room whereas when you go to see a doctor you're trying to... prick your mind into remembering what was the purpose of being here? Why are you at this place?

One participant portrayed this relationship as potentially life saving:

... I would say in a way it saved my life because I have been through psychiatrists in the past where you make in appointment, you go in, you come out, you feel as lousy because there's no support behind you. You've talked about all these troubling times... at least these guys [CATT clinicians] you can ring up and... they're there where you wouldn't have that with a normal doctor I don't believe.

The information provided by the NPC was also considered superior to that provided by medical practitioners:

[NPC was] easier to talk to and comfortable... giving you places to go... where you can get help... where possibly the psychiatrist mightn't...

Similarly:

He [NPC] explained to me and my parents about [the prescribed medication] how that works and that there's no guarantee but... the way he explained it to me was nice and simple...

And:

I thought it [care provided by the NPC] was brilliant. He helped me get to a couple of appointments... and just explaining things to my parents and myself in a nice simple way that we all understood it.

The specific approach of the NPC was considered by some to facilitate provide more time and opportunity for the exchange of information:

[He] actually had time to speak to you. [He] sat you down and speak to you. [He] actually made me talk more than I would have done with a doctor.

And:

He [NPC] spoke openly about everything, medication and stuff like that and I could talk to him.

One participant clearly articulated the unique contribution a nurse could make in this regard:

I don't think I would have got as far [with a psychiatrist] because I wouldn't have fronted up to a psychiatrist.

For one participant this had enhanced the feeling of having some control during a very difficult period:

It wasn't dictated to me... I felt that I was in control of my own care even though I probably wasn't at the... point in my life to be in control of my life but they gave me the choices... not just 'you've got to do this, this is what you're to take, see you later'.

Similarly:

[NPC] explained what that medication was going to do for me properly... He didn't just give me a script and say 'get it; it will make you better in two days.'

Discussion

The findings from this study support the available literature in suggesting that consumer satisfaction with the services provided by a nurse practitioner is high, at least equivalent to satisfaction with services provided by a medical practitioner (Chang *et al.* 1999, Kinnerley *et al.* 2000, Knudtson 2000, Mundinger *et al.* 2000, Pinkerton & Bush 2000, Shum *et al.* 2000, Venning *et al.* 2000).

The current study is particularly pertinent as it addresses a significant paucity in the literature pertaining specifically to the nurse practitioner role for psychiatric/mental health nursing. The findings of this qualitative study suggest that consumers of treatment services pro-

vided by the NPC have generally viewed the service more positively than the service they perceive they would have received from a medical officer. Although one participant stated that a higher standard of care could be expected from a medical practitioner due to superior qualifications and experience, the particular participant nevertheless described the care received from the NPC in a highly favourable light.

The specific comments articulated by the participants suggest that the positive factors of the treatment provided by the NPC included more time available for consultation as concluded from the research conducted by Shum *et al.* (2000) and Kinnersley *et al.* (2000). Patient education and the provision of education was considered more likely to be characteristic of treatment provided by the NPC (Byrne *et al.* 2000, Horrocks *et al.* 2002).

The nature of the relationship established with the NPC received considerably more attention in the current study than has been reported in the literature. The research undertaken by Byrne *et al.* (2000), suggests that patients are less concerned about their health status when seen by a nurse practitioner, which implicitly suggests that this is due to being able to establish a more comfortable and open relationship with a nurse practitioner than with a medical practitioner, however, this is not clearly articulated.

The current study clearly highlights the importance that consumers attribute to communication with the nurse practitioner. The participants described a less formal relationship than that characteristic of relationships with medical practitioners, other perceived advantages of the NPC included longer consultations, greater provision of information, and the availability of treatment within the home environment.

This finding represents more than purely an endorsement of the nurse practitioner role. It emphasizes the importance that nursing and its unique attributes may contribute to the provision of expanded practice by nurses in the psychiatric/mental health field. Elsom *et al.* (2005) discuss the tendency for the nurse practitioner role to be considered as advanced practice because it is more closely aligned to the roles and functions traditionally representing the exclusive domain of the medical profession. Elsom *et al.* (2005) articulate an inherent danger in equating expanded with advanced, that the role of the nurse practitioner will come to more closely resemble the role of the medical practitioner, and consequently the aspects of the nursing role so highly regarded by users of services will become lost or minimized.

The participants in this study emphasized that the NPC was open and they were able to communicate with him in a manner they are not generally to with a member

of the medical profession, thus enhancing their perception of the quality of the care and treatment they received. It would therefore appear that a nurse practitioner in mental health can bring specific attributes to his or her interaction with clients that are specifically related to nursing expertise and knowledge. The establishment and maintenance of a therapeutic relationship has been extensively documented in the literature as the most significant function of the psychiatric nurse (Dunwell & Hanson 1998, Barker 1999, O'Brien 1999, Horsfall & Stuhlmiller 2000, Jackson & Stevenson 2000, Teising 2000). It is therefore imperative that nurse practitioners in mental health identify themselves as nurses rather than substitute medical practitioners.

Limitations

The small sample size means that it is not possible to generalize the results to a large population, or make conclusive statements regarding consumer satisfaction with the nurse practitioner role. This is indeed a limitation of all qualitative research. In this particular study, however, it is compounded by the fact that the evaluation pertains to one NPC only. For this reason it is not possible to confidently identify the extent to which the positive feedback expressed represents characteristics likely to be attributed to a larger group of nurse practitioners, rather than those characteristic of the nurse practitioner candidate at the centre of this evaluation.

Conclusions

Taking into consideration the stated limitations, the findings of this study make a valuable contribution to the limited existing body of literature relating to the potential role of the nurse practitioner in the psychiatric/mental health field. The service provided by the NPC in this project was considered to be of a high standard and all participants indicated they would be willing to receive treatment from a nurse practitioner in the future. Satisfaction with the NPC reflects an appreciation of the attributes generally considered more likely to be characteristic of nurses, in particular open and non-threatening communication.

Further research is urgently required in the psychiatric/mental health field to establish more definitively the relationship between consumer satisfaction and positive outcomes and the nurse practitioner role. This needs to be conducted with a larger number of participants receiving care from a number of nurse practitioners across a broader range of geographical settings. The current study, however, provides a useful basis from which a quantitative methodological approach can be developed.

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