



UNIVERSITY OF  
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# Primary Health Care Nurse Practitioners and Patient Enablement

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## **Abstract**

**Background:** Patient enablement has been recognised as a goal and therefore a measurable outcome measure of the quality of consultations in health care. While patient enablement following consultations with General Practitioners has been studied, little is known about if, and how, patients are enabled following consultations with Nurse Practitioners (NP). As NPs are increasingly playing a role in Primary Health Care (PHC), it is important to explore the part they play in enabling patients.

**Aim:** To explore patients' experiences of NP care in the PHC setting, from the perspective of both the patients and the NPs through the lens of enablement.

**Methods:** A parallel multi-strand qualitative approach was used to explore NP care from both the perspective of the patient and the NP. The hermeneutic phenomenological approach was used for the patient strand and qualitative description for the NP strand. The Patient Enablement Index (PEI) was used as a theoretical framework to explore the data from both strands.

**Findings:** Meta-inferences made from this study suggest that NPs enable patients by creating opportunities for education and knowledge transference and building on patient strengths and promoting self efficacy. The three existential themes of temporality (time), relationality (relationships) and corporality (the body) were also key components of the experience of enablement within a consultation.

**Discussion:** The data suggested a complex interplay between the experience of the consultation and the care provided by NP. Both NPs and patients described bespoke care that formed a basis for a relationship that assisted with knowledge transference and individual empowerment.

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**Conclusion:** Enablement is a previously underexplored quality of NP care in this setting.

This study proposes a conceptual framework of how enablement is experienced within a NP consultation. This framework could be used to develop understanding and praxis of enablement within the PHC setting.

## **Brief Abstract**

### ***100 word abstract:***

Patient enablement following consultations has not yet been adequately investigated among patients of Nurse Practitioners (NP) in Primary Health Care (PHC). The lens of enablement and a qualitative parallel-multi-strand approach were used to explore patients' experiences and NPs' perspectives of consultations. Meta-inferences made from this study suggest NPs enable patients by creating opportunities for education and knowledge transference, and building on patients' strengths and promoting self efficacy. Three existential components of the experience of consultations (relationality, temporality, corporality) also played a role. These findings were used to develop a conceptual framework of how patient enablement is experienced within a NP consultation.

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## Table of Contents

<b>Chapter 1: Introduction .....</b>	<b>1</b>
1.0 Overview .....	2
1.1 Introduction .....	2
1.2 Background .....	4
1.3 Aims and Objectives .....	14
1.4 Significance of this thesis .....	14
1.5 Synopsis of the Thesis.....	15
1.6 Summary .....	17
<b>Chapter 2: Literature Review .....</b>	<b>19</b>
Published work # 1 .....	19
Overview: Chapter 2.....	20
2.1 Title: .....	23
<i>An Integrative Review of Enablement in Primary Health Care.</i> .....	23
2.2 Abstract.....	23
2.3 Introduction .....	24
2.2 Review design .....	26
2.3 Results.....	29
2.4 Discussion.....	53
2.5 Conclusion .....	58
Chapter Summary .....	59
<b>Chapter 3: Methods .....</b>	<b>61</b>
3.0 Overview .....	62
3.2 Axiology.....	64
3.3 Using enablement as a lens in the research.....	66
3.4 Research design and methodology .....	66
3.5 Ethical Considerations.....	72
3.6 Patient Strand (Patient Samples one and two) .....	74
3.7 NP Strand .....	81
3.8 Meta-inferences .....	84
3.9 Credibility and Trustworthiness.....	85
3.10 Researcher Reflexivity .....	88
3.11 Methodological considerations and limitations.....	88

---

3.12 Summary .....	90
<b>Chapter 4: Findings from the Patient Strand .....</b>	<b>91</b>
4.0 Overview: Chapter 4.....	92
4.1 Title: .....	98
4.2 Abstract:.....	98
4.3 Introduction .....	100
4.4 Literature Review .....	101
4.5 Methods.....	103
4.6 Data Collection.....	106
4.7 Data Analysis .....	107
4.8 Findings.....	108
4.9 Discussion.....	117
4.10 Study limitations .....	119
4.11 Conclusion .....	120
<b>Chapter 5: Findings from the NP strand .....</b>	<b>123</b>
Published work #3 .....	<b>123</b>
Overview: Chapter 5.....	124
5.0 Title: .....	128
5.1 Abstract:.....	128
5.2 Introduction: .....	129
5.3 Background .....	130
5.4 Methods:.....	132
5.5 Results.....	134
5.6 Discussion.....	139
5.7 Rigor and Trustworthiness .....	141
5.8 Recommendations and implications for practice.....	142
5.9 Conclusions .....	143
5.10 Supplementary Data .....	144
5.11 Chapter Summary .....	146
<b>Chapter 6: Meta-Inferences .....</b>	<b>147</b>
Published works # 4 .....	<b>147</b>
Overview: Chapter 6.....	148
6.1 Title: .....	1

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6.2 Abstract:.....	151
6.3 Introduction .....	152
6.4 Literature review .....	153
6.5 Methods .....	154
6.6 Results .....	156
6.7 Meta-inferences:.....	158
6.8 Discussion:.....	162
6.9 Rigor and Trustworthiness .....	167
6.10 Conclusion .....	168
6.11 Supplementary Data .....	169
6.12 Chapter Summary .....	175
<b>Chapter 7: Discussion .....</b>	<b>177</b>
7.0 Overview of the Discussion Chapter.....	178
7.1 Discussion.....	179
7.2 Chapter Summary.....	190
<b>Chapter 8: Conclusions .....</b>	<b>191</b>
8.1 Conclusion .....	192
8.2 Theoretical implications .....	193
8.3 Implications for practice.....	194
8.4 Limitations .....	195
8.5 Future research .....	196
8.6 Chapter Summary.....	197
<b>References .....</b>	<b>199</b>
<b>Appendices .....</b>	<b>225</b>
1.Ethics: Patient Strand.....	227
2.Recruitment flyer: Patient Strand .....	229
3.Participant Information: Patient Strand .....	233
4.Consent Form: Patient Strand .....	235
5.Ethics Approval: NP Strand .....	237
6.Recruitment Email: NP strand.....	239
7.Participant Information: NP strand.....	241
8.Consent form: NP strand.....	243
9. Journal Acceptance: Paper 5.....	245

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10. Journal comments for Chapter 6.....	247
11. COREQ checklist.....	249
12. Amendments to Prisma diagram .....	251

## List of Tables and Figures

CHAPTER 2:FIGURE 1. LITERATURE SEARCH FLOW DIAGRAM. BASED ON: PRISMA 2009 FLOW DIAGRAM.....	28
CHAPTER 3:FIGURE 1: PARALLEL MONO-METHOD MULTI-STRAND DESIGN (TEDDLIE & TASHAKKORI, 2009. P149).....	68
CHAPTER 3: FIGURE 2. PATIENT ENABLEMENT INSTRUMENT (HOWIE ET AL., 1998).....	69
CHAPTER 3;FIGURE 3: PARTICIPANTS LIFEWORLDS.....	72
CHAPTER 4;FIGURE 1: PATIENT ENABLEMENT INSTRUMENT (HOWIE ET AL, 1998).....	97
CHAPTER 5;TABLE 1: NPS INVESTING IN PATIENTS.....	128
CHPATER 5: TABLE: CODING TREE.....	137
CHAPTER 6:TABLE 1: PARTICIPANTS.....	149
CHAPTER 6:TABLE 2: KEY STATEMENTS WITH SUPPORTIVE PARTICIPANT NARRATIVES FROM EACH STUDY .....	150
CHAPTER 6: FIGURE 1. RELATIONALITY.....	153
CHAPTER 6: FIGURE 2. TEMPORALITY.....	153
CHAPTER 6:FIGURE 3: CORPORALITY.....	154
CHAPTER 6: FIGURE 4: A CONCEPTUAL FRAMEWORK OF ENABLEMENT.....	155
CHAPTER 6: TABLE: THE PEI WITH PARTICIPANT NARRATIVES FROM BOTH STRANDS.....	161

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## **Glossary of Terms**

### ***Nurse Practitioner (NP):***

In this study, a NP in Australia is defined as “A Nurse Practitioner is a Registered Nurse who has completed both advanced university study at a Master’s Degree level and extensive clinical training to expand upon the traditional role of a Registered Nurse. They use extended skills, knowledge and experience in the assessment, planning, implementation, diagnosis and evaluation of care required.” (ACNP 2010). Additionally, the NP requires an endorsement on their registration to use the title, which is protected by law.

### ***Patient Enablement:***

In this study patient enablement is defined in line with the work of Howie, Heaney, Maxwell & Walker (1997) as a patient’s ability to cope, understand and manage their own health. It is a measurable outcome of the quality of care and has been linked with improved patient health outcomes.

### ***Primary Health Care:***

For the purpose of this study, the PHC setting was defined as services that are holistic and generalist in nature, as opposed to specialist services provided in the community. Therefore, secondary care such as emergency departments and outpatients, are not part of a primary health care setting. It is also worth noting that while the primary care (PC) could have been used in some cases not all NPs were in a general practice or considered to be in primary care. Therefore, the term PHC which encompasses PC and the wider community setting was used in this thesis.