DEFINITION

- Bachelor degree nurses with an additional specific training, which are working within an expanded scope of practice that includes diagnosis, prescribing and treating medical conditions within specific settings (Reay et al. 2003).
- Health promotion and a leading role in the routine follow-up of patients with chronic diseases.

MODEL FAMILY PRACTICES IN SLOVENIA

FDs’ working team:
- FD
- nurse
- 0.5 FTE NP

PILOT PROJECT ON MODEL FAMILY PRACTICES

PREVENTIVE ACTIVITIES

ROUTINE MANAGEMENT OF CHRONIC PATIENTS

BACKGROUND

- One of the aims of this pilot project was to improve the quality of care of patients in primary health care.
- Previous studies on patient evaluation of Slovenian FDs revealed gaps in satisfaction:
  - organizational aspects of care (waiting time in waiting room, getting through the practice on the phone)
  - connectional aspects of care (help in dealing with emotional problems and showing interest in personal situation (Kersnik 2000, Klemenc-Ketis et al. 2012, Petek et al. 2011, Wensing et al. 2002)

AIM

- Design and test a new tool for patient satisfaction with NPs in Slovenian model family practices
STUDY DESIGN AND SETTINGS
- Cross-sectional study
- Seven model family practices in Slovenia

SAMPLE
- 30 consecutive patients who visited NP
- Inclusion criteria:
  - age 30 years or more
  - the indication for a visit to NP
  - informed oral consent
- Exclusion criteria:
  - age less than 30 years
  - the inability to answer the questionnaire

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DATA COLLECTION
- Waiting room with a sealed box
- Self-administered questionnaire given by NPs
- Questionnaire:
  - demographic data (sex, age, education and the presence of chronic disease)
  - Nurse Practitioner Evaluation Scale – NPES

NPES
- Developed by the researchers on the basis of EUROPEP questionnaire (Grol et al. 2000)
- Reviewed and approved by two independent experts
- 16 questions, a five-point Likert scale (from 1 point – poor to 5 points – excellent)

ANALYSIS
- Cronbach’s alpha (0.941)
- The composite score of the NPES questionnaire
  (Baker & Hearnshaw 1996): \[\left(\sum_{i=1}^{16} a_i \right) * \frac{100}{5 * 16} \] * 1.25 – 25.
- Factor analysis – rotated component matrix using Equimax method with Kaiser normalization
- Independent t-test and Spearman correlation test
- New dichotomous variable: satisfied vs. not satisfied

DEMOGRAPHIC DATA
- 170 completed questionnaires (80.9% response rate)
- 96 (56.5%) women
- 74 (43.5%) respondents finished the secondary school
- 82 (48.2%) were employed or students
- 77 (45.3%) had a chronic disease
- Mean age of the respondents in the sample was 53.3 \(\pm\) 14.3 years.
SATISFACTION

- Mean total score on NPES was 87.9 ± 12.4 points
- The highest evaluation in the comprehensive approach/connectional aspects of care (confidentiality, communication)
- The lowest in person-centred approach (dealing with emotional problems, interest in personal situation)

### Table: Item and % of respondents with answer 4 or 5 on a 5-point scale

<table>
<thead>
<tr>
<th>Item</th>
<th>% of respondents with answer 4 or 5 on a 5-point scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did he/she keep your records and data confidential?</td>
<td>96.5</td>
</tr>
<tr>
<td>Was he/she thorough when managing your health problems?</td>
<td>96.5</td>
</tr>
<tr>
<td>Did he/she make you feel you had time during consultation?</td>
<td>95.9</td>
</tr>
<tr>
<td>Did he/she listen to you?</td>
<td>95.9</td>
</tr>
<tr>
<td>How did he/she perform physical examination?</td>
<td>93.5</td>
</tr>
<tr>
<td>Did he/she help you to understand the importance of following his/her advice?</td>
<td>93.5</td>
</tr>
<tr>
<td>Did he/she know what he/she had done or told you during previous contacts?</td>
<td>92.9</td>
</tr>
<tr>
<td>Did he/she provide you with quick relief of your symptoms?</td>
<td>92.4</td>
</tr>
<tr>
<td>Did he/she help you to feel well so that you can perform your normal daily activities?</td>
<td>92.4</td>
</tr>
<tr>
<td>Did he/she explain the purpose of tests and treatments?</td>
<td>91.8</td>
</tr>
<tr>
<td>Did he/she tell you what you wanted to know about your symptoms and/or reasons?</td>
<td>91.8</td>
</tr>
<tr>
<td>Did he/she involve you in decisions about your medical care?</td>
<td>91.8</td>
</tr>
<tr>
<td>Did he/she make it easy for you to tell him or her about your problems?</td>
<td>88.8</td>
</tr>
<tr>
<td>Did he/she offer you services for preventing diseases (e.g. screening, health checks, and immunizations)?</td>
<td>88.2</td>
</tr>
<tr>
<td>Did he/she help you deal with emotional problems related to your health status?</td>
<td>88.2</td>
</tr>
<tr>
<td>Did he/she show interest in your personal situation?</td>
<td>95.3</td>
</tr>
</tbody>
</table>

FACTORS

- Clinical approach (six items)
- Comprehensive approach (five items)
- Patient-centred approach (five items)
- Factor analyses explained 69.1% of variance (25.7%, 21.7%, 21.7%)
- Cronbach’s alpha for factors was good to excellent (0.911, 0.834, 0.864)

MAIN FINDINGS

- NPES proved to be a reliable tool for measuring patient evaluations of NPs in the primary care settings
- The clinical approach factor, comprehensive approach factor and patient-centred approach factor emerged as the key factors of the scale
- When assessing NPs, NPES can be used in terms of a whole scale as well as in terms of the three separate subscales

COMPARISON TO OTHER TOOLS

- Professional care, depth of relationship and perceived time factors (Poulton 1996)
- Confidence/credibility and interpersonal relationship/communication factors (Halcomb et al. 2011)
- Communication and accessibility/convenience factors (Agosta 2009)
- Satisfaction, confidence, role confusion and accessibility (Halcomb et al. 2013)
CLINICAL APPROACH FACTOR

- In other tools:
  - professional care (Poulton 1996)
  - credibility (Agosta 2009b)
  - confidence (Halcomb et al. 2013)
- As core competence in frameworks:
  - professional role competence in Canadian framework (Canadian Nurse Association 2010)
  - history-taking and clinical decision-making skills in UK framework (Royal College of Nursing 2012)

COMPREHENSIVE APPROACH FACTOR

- Not recognized in other tools
- As core competence only in UK framework (Royal College of Nursing 2012)
- Important to patients

PATIENT-CENTRED APPROACH FACTOR

- In other tools:
- As core competence in frameworks:
  - College of Registered Nurses Nova Scotia 2010, Canadian Nurse Association 2011, Royal College of Nursing 2012

FACTORS NOT RECOGNIZED IN NPES


LIMITATIONS

- Non-random selection of model family medicine practices
- NPs themselves collected the data
- Selection bias on the side of family medicine practices and in the failure of recognising other important dimensions of NPs’ evaluation by the patients

CONCLUSIONS

- New scale for evaluation of patient satisfaction with NPs in primary care setting
- Routine use in future research and quality measurements
- Important information for developing the NPs’ role in primary care
- One of the sources for the development of the international NPs’ core competencies framework