What influences practice nurses to participate in post-registration education?

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ABSTRACT

INTRODUCTION: There is a need for educated primary health nurses to develop their practice, educational and career pathways in response to opportunities emerging from the Primary Health Care Strategy (PHCS). This study aimed to explore the opportunities and constraints encountered by practice nurses when participating in post-registration education.

METHODS: This study used exploratory qualitative design, incorporating focus group interviews with 16 practice nurses employed by Pegasus Health, Christchurch. Qualitative thematic analysis used a general inductive approach.

FINDINGS: Seven key themes emerged, including motivation to learn, enablers for learning and challenges to accessing education. Practice nurses also described their changing roles with clients and their vision for practice nursing in the future.

CONCLUSION: This study considered accessibility of post-registration education for practice nurses and the extent to which they are embracing these opportunities in order to meet their practice needs. The PHCS states that primary health care nursing is crucial to its implementation. Successful expansion of primary health care nursing roles rests on the development of educational qualifications and skills, as well as career frameworks. It is envisaged that, with strong leadership and research skills resulting from professional development, practice nurses will be more able to reduce health inequalities. Study findings indicate that practice nurses are rising to the challenge of expanding their roles and engaging in post-registration education. They are more likely to pursue this if constraints are minimised and support increased. Currently practice nurses make significant contributions to primary health care and have the potential for an even greater contribution in the future.

KEYWORDS: Nurses; practice nursing; nursing education, post-registration; New Zealand

J PRIMARY HEALTH CARE 2010;2(2):142–149.

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Introduction

In 2001 the New Zealand (NZ) Primary Health Care Strategy (PHCS) was launched.[1] The strategy provided a framework for the health sector with a focus on population health and addressing health inequalities offering opportunities for nurses in primary health care to develop their practice, educational and career pathways. General practitioners have been employers of practice nurses for many years. Working within a business model has been challenging to nurses seeking to establish a greater degree of autonomy of practice.[2] The Ministry of Health calls for governance and leadership opportunities for practice nurses. Nursing leadership in primary health care in NZ has had a history of being 'fragmented and devolved to individual primary health care providers'.[3] However, this situation has changed over time with District Health Boards (DHBs) and Primary Health Organisations (PHOs) recognising the need for nursing leadership at all levels. The Ministry of Health document *Investing in Health: Whakatohutia te Oranga Tangata* outlined a comprehensive framework in which nurses can have a key role in implementing the Primary Health Care Strat-

egy.[4] The strategy has highlighted opportunities for nurses to gain advanced nursing practice qualifications and to develop their roles. Nurses constitute the largest professional group working in primary health care, yet their potential roles within the workforce remain unrealised.[5] According to Jones, the Chief Nursing Advisor to the Ministry of Health, the ability of practice nurses to communicate with people, work within the context of NZ families and understand the impact of the environment on their health are highly developed skills.[6] Jones questions whether practice nurses are equipped to practise more independently if a family or individual chose them as their primary health care professional.

There is a critical need for a skilled and educated workforce to meet the challenging needs within primary health care.[4] The expectations for primary nursing to develop new roles in primary health care and to become increasingly autonomous require access to professional development. Many practice nurses working in general practices may not wish to become nurse practitioners nor obtain a clinical postgraduate qualification, but want to gain the knowledge required for them to work in their unique role in the primary health care workforce.[7] This may be interdisciplinary education with a general practitioner or a short course with other practice nurse colleagues. However, Minto sees the future of practice nursing as being more mobile, whereby nurses will visit patients in their homes, be more educated (most will have postgraduate education) and better paid.[2]

Several constraints to practice nurses' ongoing professional development are cited in the literature. First is the need for funding for professional development in primary health care. Practice nurses have only been able to access funding from established streams, such as the Clinical Training Agency (CTA) since 2007.[8] According to Pullon, 'Primary Health Organisations have largely not considered practice nurse professional development as their responsibility'.[7] The funding shift from DHBs has enabled them to purchase postgraduate education for both primary health care nurses and hospital nurses. Some general practice employers have supported practice nurse professional development with contracts of up to five days a year to study; more often this study is undertaken in their own time and at their own cost. A further constraint in practice nurses obtaining study leave is that practice locums—often needed to cover the positions—can be difficult to find. The provision of short courses to acquire clinical skills for practice nurses may not lead to a qualification, as the courses may not be linked to the New Zealand Qualifications Authority framework.[5] Also, the continual updating of specific practising certificates, such as vaccinators or smear takers, may lead to practice nurses focussing on these to the detriment of undertaking further professional development.

A growing body of literature explores practice nursing roles in Australia, NZ and the United Kingdom (UK).[9,10,11,12] Parker et al.[12] and Halcombet al.[10] note that significant developments have been made in NZ and the UK to advance primary health care nursing education and career pathways. However, in Australia there is no policy at a national level to prepare nurses for primary health care, nor a framework for education or career pathways. In a 2007 Australian survey the educational needs of practice nurses reflected their current roles, but did not address developing roles.[13] There has been a call for the development of education and training programmes, supporting the need for a quality education and career framework for practice and other nurses in primary health care.[12,14] Since 2001, the potential for enhanced roles of NZ practice nurses has been recognised.[12] This includes responding to community need, developing leadership and models of practice, holding governance positions in PHOs,

WHAT GAP THIS FILLS

What we already know: Opportunities for nurses to extend their population health focus and an increased range of services in primary health care have been clearly identified in the Primary Health Care Strategy. There is a need for well-educated primary health nurses with developing practice, educational and career pathways.

What this study adds: This research identifies the constraints and opportunities experienced by practice nurses in furthering post-registration education and developing leadership roles in primary health care.

and developing a national career pathway for primary health care nurses.

Methods

An exploratory qualitative research design was implemented, using focus group interviews. Focus group interviews were selected for this study as their interactive nature allows the participants in a group to comment, explain, disagree, and share attitudes and experiences, providing rich perspective in the context in which events occur.[15,16] Ethical approval was obtained from Christchurch Polytechnic Institute of Technology and the New Zealand Health and Disability Ethics Committee in June 2008.

The sample group was practice nurses employed by general practitioners of Pegasus Health Limited who had engaged in post-registration education at graduate (n=10) and postgraduate levels (n=6). Graduate education included formal learning at 700 level and postgraduate, formal education at 800 level. Practice nurses were selected by a convenience sampling approach; that is a sample of the population that was readily available. Practice nurses were invited by letter to participate in the focus groups. To be suitable for inclusion, all practice nurses were working full-time, currently or previously engaged in post-registration education and employed by Pegasus Health (320).[17] Sixteen participants attended the focus group interviews. The moderator encouraged participant discussion but avoided leading the group to reinforce existing assumptions. In addition to the audiotaped data, notes were taken by the moderator during the discussions and participants were given opportunity to clarify their comments and ideas.

Kreuger's tape and note-based approach[18] was employed for analysis in conjunction with a four-stage approach guided by Boyatzis.[19]

Researchers first listened to the audiotapes then entered a process of reading, listening and summarising the raw data to identify multiple views and perceptions of participants and to recognise codable moments.[19] Codes were compared and examined for their potential to inadvertently reflect the researchers' personal values and, finally, interpreted to contribute to the development of knowledge. Finally, key information was identified and presented in seven themes.

Methodological rigour was achieved through trustworthiness and authenticity criteria adapted from the work of Lincoln and Guba.[20] The research plan was carefully documented, using the same data collection and analysis techniques utilised for all three focus groups. Preliminary results were mailed to participants inviting them to participate in the analysis by verifying or adding to the findings.

In all focus groups, practice nurses identified several challenges to accessing education courses. These included their employer supporting only 'in-house education', lack of assistance to get time off work if the courses were held during the day, and finding appropriate courses relevant to practice nursing

Findings

Specific demographic information of the nurses in the study is not provided due to ethical considerations of anonymity. However, the 16 participants were all women, whose ages ranged from 25 to 61 years. Practice nursing experience ranged from three to five years (for three recently graduated nurses) and five to 25 years for the other 13 registered nurses. The majority of participants identified as European/Pakeha New Zealander.

Seven key themes emerged.

1. Motivation to learn

In each focus group, all practice nurses talked about wanting to be better—'to improve myself all the time' to help people and feel efficient. They wanted to be knowledgeable, using clinical, evidence-based knowledge to 'deliver better practice'. The majority of participants talked about the personal satisfaction they gained from learning. They recognised that 'knowledge is power', which enabled them to improve their nursing skills to benefit clients while providing the increased intellectual stimulation that accompanies learning. Eight participants mentioned the self-confidence gained by participating in courses. Seven practice nurses spoke of the enjoyment of networking and studying together, especially for solo practitioners. Developing clinical skills was important for 14 participants, engaging in learning that was particularly useful for practice. Several courses were mentioned: cervical smear taking, Appetite for Life (healthy eating programme), preceptorship of student nurses, clinical supervision, along with more formal education such as the Bachelor of Nursing transition programme and the Graduate Certificate in Nursing Practice. The practice nurses described a strong commitment to learning—'I could be addicted to learning, if it didn't cost so much and I didn't have to complete assignments!'

2. Enablers for learning

Nine practice nurses described being in an atmosphere that helped motivate them to learn—in 'like minded groups'. There was agreement in all focus groups that funding for nurse-related education that became available in 2007 via the CTA was 'a huge barrier to break' in increasing the affordability of formal study. This meant that practice nurses could be funded for the full cost of course fees, relief in practice and travel and accommodation expenses to attend courses, if an equivalent course was not available locally.

In each focus group all practice nurses spoke about a difference between practice nurse education at a clinical level and the courses available at Christchurch Polytechnic Institute of Technology (CPIT) or university education. 'It [postgraduate study] extends you as a registered nurse in the world'. CPIT graduate courses were described as being 'so practical' and 'relating to practice nursing well'. The educational credits scheme, where practice nurses gain credits to access courses as payment for preceptoring nursing students was considered very helpful by most participants.

Opportunities for education through Pegasus Health were mentioned by all focus groups. Full financial support to attend courses such as the Child and Adult Health Assessment offered by CPIT, was a 'turning point' in their engagement in education. The funding of courses was described as a 'massive reason why I have looked twice' at child health assessment courses, motivational learning and diabetes courses. Participants mentioned the rewards offered by Pegasus Health to attend group education sessions as enabling them to engage in study.

3. Challenges to accessing education

In all focus groups, practice nurses identified several challenges to accessing education courses. These included their employer supporting only 'in-house education', lack of assistance to get time off work if the courses were held during the day, and finding appropriate courses relevant to practice nursing. Shortages of relieving nurses were mentioned by most participants as a challenge and weekend courses made it difficult to maintain the balance of family and work commitments.

Six practice nurses mentioned the 'steep learning curve' of getting into academic writing, using a computer and managing the workload of master's education. Two practice nurses spoke of 'taking a sabbatical' to engage in master's study. These challenges did not appear to demotivate the practice nurses to strive for learning. One mentioned that 'being a solo practitioner' prompted her personal learning and others were not deterred in finding appropriate courses, planning and budgeting for study.

4. Negotiating with the employer

Negotiating study leave with their employer was mentioned in all three focus groups. This included coming to agreement that the practice nurses engage in a course, the funding of the course and being uncomfortable asking for leave when they

had 'already done a course that year'. Seven practice nurses spoke of creating some 'buy in' from the employer, so they needed to find courses which would benefit and were relevant to the practice. Some practices are run by managers and two practice nurses had cervical screening funded when they signed a bond to stay in the practice for a year following completion. Two practice nurses spoke of being so motivated to learn skills such as cervical screening that they paid for some of the course fees, with their employer funding the remainder.

5. Changing clients

All practice nurses described the changing client as a motivator for them to study. They described clients in the twenty-first century as 'well read and better informed' and felt they 'owed it to their clients' to provide quality and up-to-date information. In each focus group practice nurses stated that clients may not be aware of the potential of practice nurses when they come into the practice and they would like to develop and market their skills to their client base.

6. The changing role of the practice nurse

There was consensus that the practice nurse role had changed so much over the past eight years, emphasising new opportunities for practice nurses offered by the PHCS. Changes included people being 'put back into the community, with much more acute care required' and that practice nurses are 'expected to do much more'. This has motivated nurses to 'catch up' (researching current knowledge while in the workplace) and 'get involved in CPIT learning'. According to four participants, the role of the practice nurse has developed in the last 20 years, from being 'handmaiden' to becoming 'colleagues of the doctors'. There was pride in their comments; practice nurses described themselves as 'very sharp and go ahead'. In all focus groups participants spoke of special projects that they are involved with such as 'Care Plus', a project for people with chronic illness and high health needs and 'Services to Improve Access' where the practice nurse and general practitioner can access funding to assist clients and families to access health care. These projects were mentioned in terms of practice nurses becoming more innovative in their approach to reducing social inequalities. There was also a change in emphasis in education for practice nurses, with the need to maintain their practising certificates through the development of professional portfolios. Some anticipated the day when practice nurses might be directly funded in their workplaces.

7. Vision as a practice nurse/ vision for practice nursing

'We are so valuable!' one practice nurse stated, and there was consensus that practice nurses are increasingly working independently, alongside GPs. Ten participants spoke of conducting more nurse consultations, where the 'nurse owns the consult'. This growing autonomy was described as more satisfying and rewarding for practice nurses—'we have quite a bit of autonomy, depending on our employer'.

'Moving up a level' was also described in terms of engaging in special projects, where the practice nurses felt they were maximising their skills. This included mentoring new graduates, running nurse-led clinics and leading consultations.

Ten practice nurses spoke of wanting to lift their image of themselves, to be more confident in what they can offer and acknowledgement of the income they bring into the practice. The manner in which practice nurses worked was discussed throughout the focus groups. Ten participants envisaged the development of the primary health care team, where comprehensive care was provided. One example included intersectoral collaboration, with a multidisciplinary health team in the same building with services such as Work and Income New Zealand.

Discussion

The 2001 PHCS signalled an increased emphasis on population health, community involvement, health promotion and illness prevention, with primary health care nurses being vital to the implementation of the strategy.[1] Practice nurses have responded to the challenge with considerable role development and have been key members of the primary health care team in addressing

inequality of health care and working with people with chronic disease.[21] According to Rolls, well-educated nurses can find solutions to health problems more comprehensively, promptly and efficiently than others, thus clients are offered the best possible nursing care.[22] Sibbald et al. found in a systematic review of literature that in the provision of initial consultation and ongoing care of patients, nurses can provide as high a quality of care as general practitioners.[23] In controlled trials in the UK, practice nurses were shown to be cost-effective in generating health gains for patients, particularly in areas of screening and health promotion.[23] The focus group interviews captured participants' enthusiasm and motivation for learning, particularly that which will enhance their clinical skills and health outcomes for clients and their families.

Participants emphasised their enjoyment of their primary health care nursing role, and their intention to extend their practice within the general practice interdisciplinary team. Collaborative practice was identified as a facilitator which served to extend the practice nurse role, where the unique role of the practice nurse and GP can be retained and overlaps be identified.[10,11,24,25] Continuing professional education is essential to develop the breadth of the practice nurses' experience and knowledge, to improve levels of job satisfaction as well as health outcomes for consumers of primary health care.[24]

Participants clearly articulated that the funding was the key enabler that has assisted them to engage in post-registration education. The cost of education can be a significant barrier to improving nursing education opportunities. Postgraduate fees for a 30 credit course in 2009 were $1456 and $1935 at the Universities of Canterbury and Otago respectively.[26,27] Accommodation and travel are additional costs.[22] Pegasus Health has been proactive in enabling post-registration education for practice nurses in Christchurch. Pegasus Health has provided scholarships for practice nurses to engage in certificate and diploma courses provided by the Christchurch Polytechnic Institute of Technology.

Several challenges were identified in the focus group interviews regarding access to post-registration education. This included discussion around practice nurses wanting 'to have a life', as well as working and studying. Issues such as practice nurse career pathways were commented on. In 2000 the NZ College of Practice Nurses developed a career and professional development framework.[28] A uniform, national primary health care nursing education framework is essential for the development of primary health care nursing roles.[29] There is no mandatory training, or core professional competencies for practice nurses in NZ or Australia and the result is 'unacceptable variations in the quality of practice' seen in NZ.[12,24,29] A suggestion from participants was the establishment of an appraisal system for all practice nurses, to recognise work-related achievements and highlight professional development goals. The Health Practitioners Competence Assurance Act (2003) requires registered nurses to maintain their currency by engaging in ongoing education, with a minimum of 60 hours professional development every three years.

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Participants identified negotiating professional development time with their employer as an issue. The discussion included practice nurses gaining support from their employer to embark on study, agreement about its relevance to the practice, obtaining funding for upgrading skills and leave to engage in study. A report of nursing developments in primary health care from 2001 to 2007 found that a majority of general practitioners encouraged practice nurses to increase their role and 75% reported that practice nurses had taken on an increased role.[21] The Health Workforce Advisory Committee is concerned that the general practitioner workforce is in significant decline in relation to the population of New Zealand.[30] Thus the expansion of the

practice nurse role could free up general practitioners' time and be more cost-effective for the practice. However, it might be necessary to establish some incentives for practice nurses to develop their extended roles and continue with post-registration education. There was consensus that participants would like financial rewards for their educational achievements. Nurse leaders in NZ have suggested that the GP employment of nurses should cease, and be replaced by a salaried model of employment by a PHO or DHB.[9] Providing financial incentives and recognition of the practice nurse's extended roles has been recommended by Harrison et al.[31] Twelve participants spoke of wanting to see more acknowledgement from their GP employers as they felt they 'have the qualifications' but wanted to use their 'full potential' in primary health care. All participants commented on their engagement in nursing innovation projects, where they have been given the opportunity to deliver nursing care in new ways, such as release time to conduct community or home visits and delivering care for clients and families with chronic conditions. These new models of care have been cited by participants as motivators to maintain currency and to engage in post-registration education.

Participants' visions for practice nursing did not necessarily include obtaining nurse practitioner status, as they felt that this role required intensive study and practice and they were not sure if this was adequately rewarded financially

Participants' visions for practice nursing did not necessarily include obtaining nurse practitioner status, as they felt that this role required intensive study and practice and they were not sure if this was adequately rewarded financially. However, there was a shared vision emerging, where clients and families were aware of and utilised their potential. Pullon states 'it is time practice nurses had due recognition, not only of their unique skill set, but also of their undisputed and essential place in primary care teams in general practices'.[32] Working collaboratively in the practice team was valued by participants. The government has proposed the establishment of multidisciplinary, integrated family health centres that reflect the participants' vision.[33]

Strengths of this study

This study involved a review of the current literature on primary health care nursing roles and post-registration education. The 16 participants provided in-depth understanding of the influences that promoted their engagement in post-registration education. All participants highlighted how professional development complemented their clinical expertise, enhancing application of theory to practice.

Limitations

The qualitative approach of the focus group interviews and the small number of participants prevents generalisations being made to the larger population of practice nurses. Only practice nurses employed by Pegasus Health were interviewed and this excluded nurses who work for other organisations who might have a different experience of accessing post-registration education. The convenience sampling method may have led to response bias, whereby the group of practice nurses who volunteered for the study may not have educational experiences representative of the population as a whole. However, the lack of a local practice nurse register precluded other sampling techniques.

Implications

It is important that practice nurses are supported to develop their roles in primary health care. This includes provision of educational opportunities and the development of a career pathway and educational framework. Participants indicated that Pegasus Health has actively encouraged their professional development and provided opportunities to overcome barriers to post-registration education.

Given its qualitative nature, this research could only explore what influences practice nurses to

engage in post-registration education, and did not reflect views of practice nurses who are not interested in further education or improving their practice skills. Further research on post-registration education would assist in broadening the understanding of issues for practice nurses and other primary health care nurses in NZ.

The implementation of the PHCS has assisted practice nurses in fostering their role and encouraged ongoing professional development. Practice nurses already do, and have potential to make an even greater contribution to primary health care in the future.

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ACKNOWLEDGEMENTS
We wish to thank the Director of Nursing at Pegasus Health, Shelley Frost, Nursing Facilitator, Kelly Maw and Nursing Educator, Linda Collier for supporting this research project. Thank you to all the practice nurses who took time out of their busy lives to contribute to the focus groups. Thank you to academic colleagues who assisted in the research proposal.

FUNDING
This study was funded by the Christchurch Polytechnic Institute of Technology. Any views expressed in this paper are personal to the authors and are not necessarily the views of the Christchurch Polytechnic Institute of Technology.

COMPETING INTERESTS
None declared.