How do nurses working in hospital accident and emergency departments perceive local general practitioners? — a study in six English hospitals

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SUMMARY

One hundred and forty-three Accident and Emergency nurses working in six departments in contrasting districts of England completed questionnaires about their perception of local general practice. Much of general practice was perceived as being performed unsatisfactorily. Out-of-hours accessibility, caring for patients with 'difficult' or psychosocial problems, advising on health service usage, and minor surgery and first aid were all thought to be performed particularly badly. In addition, there was considerable inter-district variation with the views expressed in inner London being especially negative.

To some extent these views may reflect real short-comings in general practice, but they are likely to be coloured by the disproportionate experience A&E departments inevitably have of patients who are dissatisfied in some way with their GP service. In addition, other factors such as departmental 'culture' and the separation that exists between hospital and community health professionals may have an important influence. The effect such negative perceptions have on the relationship between A&E departments and general practitioners, and the quality of care provided to patients attending A&E with primary care problems are discussed.

INTRODUCTION

It is well recognized that up to 50% of patients who refer themselves to A&E departments could, or perhaps should, have been treated in general practice. A&E

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staff tend to label this group of patients as 'inappropriate' or, more perjoratively, as 'abusers' (Jeffrey, 1979). A considerable proportion of the A&E workload comprises treating these patients but, lacking the primary care skills and experience that exist in general practice, A&E departments may fail to provide the most appropriate care (Dale *et al.*, 1990).

Various initiatives have been aimed at reducing 'inappropriate' usage of A&E departments ranging from attempts to deny access to primary care attenders to developing the role of nurse practitioners in A&E (Head, 1988). Many of these have relied on altering the relationship between hospital and general practitioners services (Jones & Horder, 1989; McGowan, 1988). These include referring more of these patients immediately back to GPs; employing GPs as clinical assistants in A&E (Dale *et al.*, 1990); informing patients more comprehensively about GP services (Davies, 1986); and making patients more aware of the provision of care for minor injuries in general practice (Wood & Cliff, 1986). Attitudes towards general practice are obviously crucial to their success, potentially affecting patient management in A&E and so influencing future help-seeking behaviour and consequent use of community and hospital primary care facilities.

A&E departments experience a rapid turnover of junior medical staff. Much continuity and stability depends upon nurses who potentially exert considerable influence on both medical staff and patients entering the department (Hughes, 1988). We are unaware of any previous attempt to look at the attitudes and perceptions of A&E nursing staff to general practice. This paper reports on a questionnaire given to A&E nurses in 1989 asking them to rate how well local GPs perform various primary care activities.

MATERIALS AND METHODS

Survey population

Six district general hospital A&E departments were identified for the survey. The districts were chosen as representing socio-demographically contrasting areas in England. They ranged from the more socially-deprived districts served by King's College Hospital and St Mary's Hospital in inner London to the more socially-privileged districts of Oxford, Exeter and York. Four of the departments were in teaching hospitals.

One hundred and eighty-four nursing staff were sent personally-addressed questionnaires with Freepost return envelopes: 27 nurses at the Royal Victoria Infirmary (Newcastle), 35 nurses at the John Radcliffe Hospital (Oxford), 32 nurses at St Mary's Hospital (London), 31 nurses at King's College Hospital (London), 33 nurses at York District Hospital, and 28 at the Royal Devon and Exeter Hospital.

Questionnaire

Respondents recorded their nursing grade, total A&E nursing experience and length of employment in their current department.

Seventeen statements outlining activities which may occur in general practice were listed. These were included as being activities within the Leeuwenhorst (1974) definition of general practice which potentially might affect A&E workload. For each activity respondents were asked whether in their opinion they 'agree that it ought to be performed' in general practice, and, secondly, to rate their perception of the performance of 'the average local GP' in their district. Five-point response scales (ranging from 'very well' to 'very bad' with a mid-point of 'adequate') were used.

Results

After two reminders, completed questionnaires were received from 23 (74%) nurses at King's College Hospital, 27 (84%) nurses at St Mary's Hospital, 28 (80%) nurses at Oxford, 20 (75%) nurses at Newcastle, 18 (64%) nurses at Exeter, and 27 (85%) nurses at York. This gave an overall response rate of 78%.

A&E Experience

A total of 47% of the London nurses had less than one year's work experience in their department, 29% had 1–2 years' experience and 25% more than 2 years' experience, compared to 21%, 15% and 64% respectively for nurses working outside London ($X^2 = 20.3$ df = 2 $P < 0.001$). However, there were no significant differences in total A&E experience suggesting that the two London hospitals experience much greater turnover of staff.

The role of the general practitioner

Except for one of the seventeen listed activities, there was at least 97% agreement that the tasks were appropriate to general practice. The exception was minor surgery with 14 nurses (7 (16%) from the two London hospitals and 7 (8%) from outside London) rating this activity as inappropriate to general practice.

The average local general practitioner

Table 1 gives the scores respondents made for each of the general practitioner activities. To simplify the presentation of results each five-point response scale has been reduced to a tertiary scale of '1' 'well/very well', '2' 'adequate' or '3' 'bad/very bad'. For most activities at least a quarter of the sample rated GP performance as being less than adequate. Six activities (accessibility outside surgery hours, registering 'difficult' patients, caring for 'difficult' patients, advising patients about the appropriate use of services, performing minor operations and managing psychosocial problems) were rated by the majority of respondents as being performed 'badly' or worse. The only activities to be rated by more than a third of the nurses as being performed 'well' or 'very well' were referring to hospital specialities, use of community health services, practising preventive medicine, providing family planning services, and prescribing appropriately.

Table 1. Percentage of nurses scoring each category of General Practitioner activity as being performed either 'well/very well, adequately, or badly/very badly'

General Practitioner Activities	% of nurses (n = 143) scoring GP performance			
	Well/Very Well	Adequately	Badly/very badly	
(1) Making appropriate referrals to Accident and Emergency departments	30	40	30	
(2) Making appropriate referrals to other hospital specialties	35	30	35	
(3) Making good use of community health services (eg district nurses, health visitors)	49	35	16	
(4) Being accessible to patients during normal surgery hours	21	37	42	
(5) Making home visits	14	42	44	
(6) Being accessible to patients outside surgery hours	9	21	70	
(7) Providing long-term care for the chronically ill and debilitated	29	39	32	
(8) Registering 'difficult' patients (e.g. drug addicts, homeless)	8	41	50	
(9) Providing appropriate care for 'difficult' patients	8	37	55	
(10) Practising preventive medicine	48	35	16	
(11) Providing self-care advice	29	45	26	
(12) Advising patients about the appropriate use of services	6	18	75	
(13) Providing first-aid in the surgery	17	40	42	
(14) Performing minor operations	9	22	69	
(15) Recognizing and managing patients with psychosocial problems	12	36	52	
(16) Providing family planning services	56	31	12	
(17) Prescribing appropriately	41	45	14	

Inter-district variation

There was considerable variation between districts in the rating of GP performance. Overall, nurses in Oxford, Exeter, and York held the most favourable views whilst the inner London nurses were most negative; Newcastle nurses were intermediate. This is illustrated in Figure 1 which shows the percentage of nurses rating GP performance of each of the seventeen activities as either 'bad' or 'very bad'. For the inner London nurses only five activities were perceived by a majority of the nurses as being performed at least 'adequately' (use of community health services, practising preventive medicine, providing family planning services, providing self-care advice, and prescribing appropriately). For nurses in York, Exeter and Oxford, however, only three activities were perceived by a majority as being performed less than 'adequately' (accessibility outside surgery hours, advising patients about the appropriate use of services, and performing minor operations).

Relation between A&E experience and attitudes

Within each department, there were no significant associations ($P < 0.05$) identified using *t*-tests and χ^2 -tests between perceptions about local general practice and nursing grade, the duration of total A&E employment, or the duration of employment in the current department.

DISCUSSION

It is of concern that A&E nursing staff, especially those in inner London, perceive much about general practice as being performed less than satisfactorily. Unfavourable perceptions to the degree identified in this study may impede the efficient and effective use of both A&E and GP services. There is some evidence that such

Fig. 1. Percentage of A&E nurses rating GP performance as bad/very bad' for each of the 17 listed activities

lack of confidence may make A&E staff less ready to refer patients back to general practice (Dale *et al.*, 1990). This may result in costly replication of investigations or treatment, or unnecessary referral to outpatient or on-call services, as well as reinforcing such patient-held beliefs as 'hospital is best'.

The views elicited in this study are less than surprising given the numbers of patients attending A&E for primary care problems that might more appropriately have been managed in general practice. Nonetheless, it is important that these unfavourable perceptions be documented and understood if misunderstandings or misperceptions between general practitioners and hospital colleagues are to be recognized and confronted.

The sample of nurses studied was not selected at random, and therefore we cannot know how representative they were of A&E nurses working elsewhere. The preponderance of unfavourable views in the teaching hospitals studied, however, is of particular concern because of their potential to affect the attitudes of future generations of doctors and nurses.

It is unclear to what extent A&E perceptions reflect real shortcomings in local GP services, or other factors. The provision of primary care in inner London has been stated to be poorer than elsewhere (London Health Planning Consortium, 1981), so the views of the inner London nurses in our study may be at, or near, the least favourable end of the spectrum for A&E nurses at large. The particular difficulties experienced by inner London GPs (eg poor premises, lack of primary care teams, high population mobility, violence, multi-ethnic populations) are all likely to contribute to increased demands on A&E departments for primary care.

The general finding that the vast majority of patients are very satisfied with their own GP (Wilkin *et al.*, 1987; Morgan *et al.*, 1974; Cartwright & Anderson, 1981) strongly contrasts with the picture of general practice described by A&E nurses. It seems inevitable that A&E departments will gain disproportionate experience of patients having problems gaining access to their GP, expressing some other dissatisfaction about their GP, or seeking a second opinion. The extent to which staff attitudes reflect the attitudes of the A&E clientele, or other direct or indirect experiences nurses have had of general practice requires further investigation.

The variation in attitudes within departments was not related to length of employment or grade of nurse. Perceptions about local GPs may become entrenched early in the career of a nurse, and paradoxically the diversity of A&E workload may reinforce both positive and negative attitudes to general practice.

The existence of a departmental 'culture' may also act to maintain accepted views about workload and local general practice (Jeffrey, 1979). Working in a busy A&E department is stressful, demanding and, at times, demoralizing. A high level of agreement in attitudes between staff is one strategy for maintaining morale and cohesiveness, particularly in a situation where the requirement of providing a 24-h daily service prevents staff from meeting together as a whole. By necessity, new members of medical and nursing staff whilst learning about procedures and protocols are rapidly socialized into the 'culture' with its accepted beliefs.

The new Contract for general practitioners has introduced measures which address some of the deficiencies perceived by A&E nurses in this study (such as improved provision of patient information about general practitioner services). It

is unlikely, however, that this will have a short-term effect on the depth of dissatisfaction expressed in this study. The development of closer relationships and mutual respect between A&E departments and general practice is essential for the district-wide collaboration required for primary care services (both in hospital and general practice) to develop efficiently to meet community needs. Before this can be achieved the professional isolation that exists in most districts between A&E nurses and general practice will need to be broken. Multidisciplinary training programmes may have an important part to play.

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