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Abstract

A community nurse is required to have excellent interpersonal, teaching, collaborative and clinical skills in order to develop effective individualised client care contracts. Using a descriptive qualitative design data was collected from two focus groups of fourteen community nurses to explore the issues surrounding negotiating and contracting client care contracts from the perspective of community nurses. Thematic analysis revealed three themes: 'assessment of needs', 'education towards enablement', and 'negotiation'. 'Assessment of needs' identified that community nurses assess both the client's requirements for health care as well as the ability of the nurse to provide that care. 'Education towards enablement' described that education of the client is a common strategy used by community nurses to establish realistic goals of health care as part of developing an ongoing care plan. The final theme, 'negotiation', involved an informed agreement between the client and the community nurse which forms the origin of the care contract that will direct the partnership between the client and the nurse. Of importance for community nurses is that development of successful person-centred care contracts requires skillful negotiation of care that strikes the balance between the needs of the client and the ability of the nurse to meet those needs.

Introduction

Chronic diseases and long term health conditions are a major challenge for the Australian community and health system. In New South Wales nearly three quarters of the population are diagnosed with a chronic disease (Garling, 2009). The present aim of the health system is to reduce the reliance on tertiary health care, reduce the number of presentations to emergency departments and readmission rates of clients by improving primary health care in the community and to facilitate the integration of community-based services to support people living in the community with chronic diseases (Davidson et al 2001; DoHA, 2009; Harrison et al 2002; Leung et al 2004).

As one of the major providers of primary health care community nurses require a considerable depth of knowledge and a range of nursing skills. These skills include comprehensive assessment, communication, negotiation, supporting people with chronic diseases, and providing quality nursing care (Hallet et al 2000; Houston & Cowley 2002; St John & Keleher 2007). Community nurses focus on the promotion of health, primary health care and establishing a productive partnership with the client in health care decision making, rather than just the treatment of disease (Bauman, Fardy & Harris 2003; St John & Keleher 2007; Brookes et al, 2004).

The importance of 'getting to know the client' is not a new observation in itself. This emotional labour (Hochschild 1983) is essentially invisible work, which is meaningful to community nurses. In a UK based study Luker et al (2000), found that spending time in the home, and ensuring continuity of care were prerequisite to knowing the client, and furthermore, having time to provide more than the physical aspects of care was an

essential component of high quality care. McGarry (2003) found that the centrality of the home was pervasive when defining the role of community nurses because the home environment as a location of care provision is largely beyond the public and professional gaze, and remains potentially hidden from scrutiny. McGarry (2003) argues that healthcare continues to be increasingly located outside the hospital setting, and a number of key issues identified within her study have received little research attention. These include the relationship between district nurses and their clients, the longevity of care provided and the balances that nurses have to strike between clients' wishes and professional practice (Goodman 2001). McGarry (2003) suggests that many notions of nursing within the community and the taken for granted assumptions raise tensions for nurses trying to balance notions of community and community based care within the parameters of organisational and professional boundaries.

Community nursing is more than merely practising nursing in a community setting, and a nurse with excellent interpersonal, teaching, collaborative and clinical skills would not be able to function effectively in the community without the added knowledge and skills to analyse and understand the people who make up the community (Edgecombe 2001; Jayasekara 2001; Housten & Cowley 2002). Community nurses are expected to provide care that is equitable, accessible, culturally sensitive, affordable, and assist the client towards self-reliance and self-determination (Jayasekara 2001; Hunt 2005; Keleher 2007).

A care contract is a means through which clients are assisted by community nurses to develop self-determination and are a means of bring about active client involvement. A

care contract can take many forms and is essentially any working agreement that is continuously negotiated between a nurse and a client (Saucier, Lundy & Janes 2001; St John & Keleher 2007). By having active client involvement in developing an individual care contract there is evidence to suggest that there is increased client satisfaction and engagement with their health care, improved quality of life and reduced client anxiety (Hunt 2005; Stewart 2001).

Community nurses begin the contract when they initially meet the client during the first assessment meeting. Contracting is a process that develops mutual objectives and responsibilities and the contract may be formal or informal, written or verbal, simple or detailed depending on the assessed needs of the client (Allender & Spradley 2001; Hunt 2005; St John & Keleher 2007). However little is known about care contracts from the perspective of community nurses.

This paper reports the results of a study which sought to examine the development of care contracts by community nurses. The aims were to explore the experiences of community nurses when negotiating care contracts with clients; to identify areas of concern or problems that occur as part of the negotiation process; and to identify what information is pertinent to community nurses when developing skills related to negotiating care with their clients.

Method

This study used a qualitative descriptive design to describe the experiences of community nurses in the negotiation of care contracts with their clients in a community setting.

Participants were all registered nurses currently working permanently (either full or part time) as a community nurse, who were willing to participate in a 45 minute focus group discussion about developing client care contracts. Inclusion in the study was based on a first come basis; the first 14 participants who volunteered for the study were divided into two focus groups of seven participants; there were twelve female and two male participants.

Following ethics approval from both the area health service and university, registered nurses were invited to participate in a focus group via an announcement at staff meetings in two community health centres in New South Wales. Participant information sheets were also left at community health service offices. Willing participants contacted the first author by phone to confirm location and time of the focus group.

Data Collection

Data was collected through two focus groups. A focus group is an in-depth, open ended group dialogue that explores a specific set of issues on a predefined subject (Goodman & Evans 2006) and is used to obtain the views and experiences of a selected group on an issue (Goodman et al 2003; Kevern & Webb 2004). The key premise of a focus group is that group interactions enables participants to explore and clarify their insights on a specific issue, in this way participants share and discuss knowledge and may even revise their original ideas and understanding (Goodman & Evans 2006). As such focus groups generate rich data that reveal both conformity as well as inconsistency within a group (Goodman & Evans 2006; Jamieson & Williams 2003).

At the beginning of each focus group participants were welcomed by the facilitator (first author) who also disclosed her background as a nurse and emphasised her role as the researcher. This disclosure was undertaken to assists participants to feel safe, to avoid any hidden agendas and to gain participants' trust in the facilitator. Participants were also advised that any information which was provided during the focus groups was confidential and was not to be revealed to other community staff members. These steps were undertaken to enable participants to feel comfortable and confident with the process of sharing information in an open and respectful environment. Following this introduction participants were asked to a sign consent form or if unwilling, they were able to leave the focus group; all participants agreed to participate in a focus group.

Data analysis

Both focus groups were audio recorded and the tapes were listened to several times prior to transcribing verbatim. The transcription included laughter, pauses and emphases. During transcription de-identification of the data occurred to protect the identities of participants and any clients of the service that were mentioned.

Thematic analysis was used to analyse the data. Themes are identified by bringing together components or fragments of ideas or experiences, which are often meaningless when viewed in isolation (Taylor, Kermode & Roberts 2006). From the transcribed data paragraphs and sentences were coded thus extracting the essence of ideas within in them, using labels put into the margin of the transcript. Through a reduction of these codes into larger categories, themes and ideas were found. The process of analysis was then repeated

for both focus groups interviews. The major themes arising from each interview were then examined until the final themes emerged.

Findings

The data revealed three themes which explained the experiences of community nurses when contracting care with clients. These themes were: 'assessment of needs', 'education towards enablement' and 'negotiation'.

Assessment of needs

The first theme 'assessment of needs' identifies that community nurses assess both the client's requirements for health care as well as the ability of the nurse to provide that care. Participants explained that each contracting episode began with an assessment of individual client's needs. The assessment is used to inform a care contract between the client and the nurse. Assessment however is not only of the client's needs but also of the nurse's capacity to fulfill those health care needs. During the first visit the nurse not only assesses the client's needs but also the environment in which they live, as the client's home is also the community nurses workplace and as such must be taken into account when planning care for the client. One participant describes assessment as:

> *making sure that it was suitable for the client as well as us because it is*
>
> *not just our way, it is also the patients way and finding something that will*
>
> *work well with the whole situation.*

Education towards Enablement

This theme reveals that community nurses typically engage in education of the client as a strategy to establish realistic goals of health care during the development and duration of care contracts. Education is focused on enabling self care, and for example, the contract including the client being taught how to perform simple wound management tasks. Data revealed that participants also educated clients about the different role of the community nurse to that of hospital-based nurses. Education towards enablement, according to the participants, benefitted clients in two ways; clients become more responsible for their health care needs and also less dependent on the community nursing service.

Community nursing care was described as an episode of care provided over a limited time each day. If clients were not fully informed about the role of nurses and what to reasonably expect during an episode of care, then clients experienced frustration and anxiety. Some participants also expressed concerns that they tended to contract according to workload pressures and perceived that clients viewed the nurse as "too busy" to visit. For instance one participant described this as:

> *I am finding as I am contracting now, I am looking more and more at "I will leave some extra dressings with you so that you can do it on Tuesday and you will see me on Friday" you know. Because I know for example this Tuesday was going to be an awful day and so it is trying to make it easier for people because I know they are picking them up.*

Negotiation

The final theme, negotiation, described the strategy used to develop an informed agreement (i.e. care contract) between the client and the community nurse. Negotiation

supports the foundation and direction of the partnership between the client and the nurse. Negotiation also enabled the contract to change over time depending on the changing needs of the client. During one focus group the process of negotiation was described as:

> *it needs to suit the needs of the client and that is limited by the availability*
> *of staff as well and so it is very much negotiation, yes, but the needs must*
> *be agreeable to both.*

If the initial negotiation process is not followed through well by the initial nurse's contact with the client, difficulties can arise causing distress for both the client and the nurses providing care. One participant commented that:

> *If when you first go out you explain everything to people they are fine with*
> *it……but if you haven't said anything and someone else walks in a mentions*
> *something they take it personally.*

Discussion

The findings of this study revealed the experiences of community nurses during contracting care with clients. Participants explained that the initiation of each contracting episode occurred during the first encounter of a community nurse with a client and, that each of the themes was important in establishing the foundation of the nurse-client relationship. The data also suggested that each of the themes were required for the duration of the care contract. It is important for community nurse to have good knowledge and skills associated with assessing clients' needs, educating clients and being able to negotiate a care contract. Negotiation is reliant upon performing an accurate assessment of both the client's needs but also the community nurse's ability to provide

those needs for the duration of the contract. These findings also sit well within the elements that make up the concept of patient centered care which have been identified as including quality communication with patients, the development of partnerships and a focus on patient care that extends beyond specific conditions and extends towards both health promotion and health lifestyles (Bauman, Fardy & Harris 2003)

Assessment of needs

Client assessment is widely acknowledged as a core element of community nursing practice with McIntosh (2006) suggesting that assessment is central to the provision of high quality care. According to McIntosh (2006) there are two distinct approaches to assessment. Assessment can be performed using a formal structured questionnaire which often determines eligibility for community nursing service. The second uses informal conversation with clients. In this study, participants described assessment of clients' needs as extending beyond that of the formal structured assessment as it also involved assessment of available service (personal ability to provide) and services (outside organisations) to meet identified needs. This finding supports the previous work of Kennedy (2004) who identified that district nurses utilised knowledge of community resources and services during the initial assessment of clients.

Education and enablement

Haggerty et al (2003) describe that clients are often ill-prepared for what to expect at the next stage of care following discharge from hospital, and this increases their anxiety about the care they will be receiving. Community nurses are in a prime position to provide practical education and support for both clients and their carers (Caress,

Chalmers & Luker 2009). Following discharge from hospital visits from community nurses have been shown to be effective in reducing and or preventing readmissions for high-risk clients and have proven to be cost effective (Philips et al, 2004; Berendsen et al 2009). Rowley (2005) however points out that a person-centered approach is important when establishing the health concerns that are most important to the client themselves so that clients may be enabled to develop their own health goals, this in turn can contribute to increased patient satisfaction, engagement and task orientation. This study has found that community nurses see it has important to engage their clients in participating with their health care and this is achieved through education.

However when considering the aspect of enablement and education of clients within the community setting it has been recognised that much of this work is embedded in practice and not explicitly recognised in current client documents such as care contracts. When considering community nurses' role in health education, Runciman, Watson, McIntosh and Tolson (2006) describe that the expertise of experienced nurses rests on a "complex blend of skills and knowledge-in-action" (54). This complex work requires more investigation as the blend of knowledge and expertise is crucial to the development of a well negotiated nurse patient relationship that encourages and facilitates education toward enablement within the community setting.

Negotiation

Negotiation was identified in this study as an essential element for care contracting. This finding is supported by Kennedy's (2004) typology of knowledge for community nursing assessment. This typology identifies that community nurses need to know the clients and

their carers, what needs to be done now, and what may happen in the future. The findings of this study indicate that as part of the negotiation process community nurses need to clearly identify these needs and communicate them to clients as part of the initial planning of care.

If nurses are unable to properly negotiate care with clients then the client-nurse relationship does not have firm clear boundaries, and this may lead to difficulties in the future. Similar findings have been reported by Goodman (2001) who found that district nurses had to work with and around clients' needs and situations in order to deliver appropriate care, in other words being able to balance the needs with the care that can be provided by the community nursing service. Additionally as part of the negotiation process of meeting the client's needs, education and enablement of the client to meet their own needs forms part of the negotiated ongoing plan of care for the client. Negotiation includes the setting of realistic expectations by the community nurse as well as taking into account factors that may impact on the transition process from hospital to the community setting.

Limitations

There are several limitations to this study. First the number of participants was small and all participants came from one health service, and while the findings are not generalisable they will resonate with other community nurses. The study used several strategies to minimise the limitations including: verbatim transcription of the focus groups; immersion in the data during each phase of the analysis; and checking the final themes with the original transcripts.

Conclusion

This study has examined the ways in which community nurses experience care contracting and that negotiation of care is required to strike that balance between the needs of the client and the ability of the nurse to meet those needs. Community nursing is multi-factorial and more support ought to be provided for nurses to develop the interpersonal skills that enable them to negotiate realistic boundaries and care planning with clients. Additionally the ways in which Community Nursing practice ecompasses the tenets of patient centred care has been recognised within this study and warrant further exploration in terms of patient satisfaction with the service. Lastly the role of the community nurse in Australia warrants further research particularly to explore client care planning, the importance of continuity of care and the role of the case manager.

References

Allender J and Spradley B (2001) *Community Health Nursing Concepts and Practice 5th ed*, Lippincott, New York.

Allender J and Spradley B (2005) *Community Health Nursing: Promoting and Protecting the Public's Health*, Lippincott Williams & Wilkins, St. Louis.

Bauman A, Fardy J, Harris P (2003) Getting it right: why bother with patient-centered care? eMedical Journal of Australia Retrieved on 11/01/2009 from: www.mja.com.au/public/issues/179_05_010903/bau10856_fm.html

Berendsen A, de Jong G, Meyboom- de Jong B, Dekkar J, Schuling J (2009) Transition of care experiences and preferences of patients across the primary/secondary interface-a qualitative study, BMC Health Services Research, 9:62. Retrieved on 20/09/2009 from: www.biomedcentral.com/1472-6963/9/62

Brookes K, Davidson P, Daly J, Hancock K (2004) Community health nursing in Australia: A critical literature review and implications for professional development, *Contemporary Nurse* 16:195-207.

Caress A, Chalmers K, Luker K (2009) A narrative view of intervention to support family carers who provide physical care to family members with cancer, *International Journal of Nursing Studies* 46: 1516-1527.

Davidson P, Stewart S, Elliot D, Daly J, Sindone A, Cockburn J (2001) Addressing the burden of heart failure in Australia; the scope for home based interventions, *Journal of Cardiovascular Nursing* 16: 56-58.

Department of Health and Ageing. (2009). *Building a 21st Century Primary Health Care System*. Retrieved 17/09/2009 from:

www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/nphc-draft-report-toc/$FILE/NPHC-Draft.pdf

Edgecombe G (2001) *Public health nursing past and future: A review of the literature.* World Health Organisation Regional Office for Europe Nursing and Midwifery Programme, Copenhagen.

Garling, P. (2009). *Final Report of the Special Commission of Inquiry (Volume 1).* Retrieved 18/09/2009 from:

www.lawlink.nsw.gov.au/lawlink/Special_Projects/ll_splprojects.nsf/vwFiles/E_Volume1.pdf/$file/E_Volume1.pdf

Goodman C (2001) The use of metaphor in district nursing: maintaining a balance, *Journal of Advanced Nursing* 33: 106-112.

Goodman C, Wooly R, Knight D (2003) District nurses' experiences of providing care in residential care home settings, *Journal of Clinical Nursing* 12: 67-76.

Goodman C, Evans C (2006) Using focus groups in: Gerrish K, Lacey A, Eds, *The Research Process in Nursing*, Blackwell Publishing, Oxford.

Haggerty J, Reid R, Freeman G, Starfeild B, Adiar C, McKendry R (2003) Continuity of care a multidisciplinary review, *British Medical Journal* 327: 1219-1221.

Hallett C, Austin L, Caress A, Luker K (2000). Community nurses' perceptions of patient 'compliance' in wound care: a discourse analysis, *Journal of Advanced Nursing* 32: 115-123.

Harrison M, Browne G, Roberts J, Tugwell P, Gafni A, Graham I (2002) Quality of life of individuals with heart failure: A randomized trial of the effectiveness of two models of hospital to home transition, *Medical Care* 40: 271-282.

Houston A, Cowley S (2002) An Empowerment approach to needs assessment in health visiting practice, *Journal of Clinical Nursing* 11: 640-650

Hochschild A (1983) *The Managed Heart: Commercialization of Human Feeling,* University of California Press, London.

Hunt R (2005) *Introduction to Community Based Nursing 3rd ed,* Lippincott Williams and Wilkins, Philadelphia.

Jamieson L, Williams L (2003) Focus group methodology: Explanatory notes for the novice nurse researcher, *Contemporary Nurse* 14: 271-280.

Jayasekara J (2001) Community nurses: An urgent need, *Nursing Health Science* 3: 101-104.

Keleher H (2007) 'Historical nursing responses to community health needs in Australia', in Winsome SJ & Keleher K (eds), *Community Nursing Practice*: *theories, skills & issues,* Allen & Unwin, Crows Next, NSW.

Kennedy K (2004) A typology of knowledge for district nursing assessment practice, *Journal of Advanced Nursing* 45: 401-409.

Kevern J, Webb C (2004) Mature women's experiences of pre-registration nurse education, *Journal of Advanced Nursing* 45: 297-306.

Leung A, Yau D, Liu C, Yeoh T, Chhi I, Chow N (2004) Reducing utilisation of health services by case management: A randomised controlled trial, *Australian Health Review* 28: 79-86.

Luker K, Austin L, Caress A, Hallett C (2000) The importance of 'knowing the patient': community nurses' constructions of quality in providing palliative care, *Journal of Advanced Nursing* 31: 775-782.

McGarry J (2003) The essence of 'community' within community nursing: a district nursing perspective, *Health and Social Care in the Community* 11: 423-430.

McIntosh J (2006) The evidence base for individual patient and client assessment by community nurses, *Primary Health Care Research & Development* 7: 299-308.

Phillips C, Wright S, Kern D, Singha R, Sheppard S, Rubin H (2004) Comprehensive discharge planning with post discharge support for older patients with congestive heart failure: A meta analysis, *Journal of the American Medical Association* 291: 1358-1367.

Rowley C (2005) Health needs assessment, *Journal of Community Nursing* 19: 11-14.

Runciman P, Watson H, McIntosh J, Tolson D (2006) Community nurses' health promotion work with older people, *Journal Compilation* Blackwell Publishing Ltd.

Saucier Lundy K, Janes S (2001) *Community Health Nursing,* Jones and Bartlett LLC, London.

Stewart M (2001) Towards a global definition of patient centered care — the patient should be the judge of patient centered care, *British Medical Journal,* 322: 444-445.

St John W, Keheler H (2007) *Community Nursing Practice Theory Skills and Issues,* Allen & Unwin, Australia.

Taylor B, Kermode S, Roberts K (2006) R*esearch in Nursing and Health Care: Evidence for Practice 3rd ed,* Thomson, Australia.