

Partners in care: investigating community nurses' understanding of an interdisciplinary team-based approach to primary care

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Aim. This study investigated community nurses understanding of teamwork in primary care.

Background. Internationally trends indicate a movement towards the development of primary care as a key element in health service delivery. This will have implications for the organisation of community nursing services by creating the need for more coherent integrated structures for service delivery. In this context, teamwork is associated with a range of positive outcomes including higher levels of quality care and job satisfaction.

Design. A research study was undertaken to investigate community nurses' understanding of an interdisciplinary team-based approach to primary care using a qualitative research design. Focus groups were held with community nurses working in the areas of public health nursing, general nursing and practice nursing.

Methods. Three focus groups were established. Twenty seven participants were recruited to form three groups comprising public health nurses ($n = 10$), general nurses ($n = 10$) and practice nurses ($n = 7$). A sequenced-questioning framework guided the systematic process of data collection. Data analysis engaged a thematic content analysis framework.

Results. The analysis of the data revealed the following themes: teamwork, promoting community services, promoting health, professional roles and skills and knowledge for primary care.

Conclusion. Nurses can contribute significantly to the re-orientation and development of primary care services. There must be greater efforts to encourage interdisciplinary approaches. The outcomes of this study can inform strategies for effective team working in primary care. Collective team efforts enhance patient care and effective teamwork requires a greater understanding of group processes and team development.

Relevance to clinical practice. Nurses clearly articulated their contribution to primary care, but recognised that there are many challenges to overcome. An enhanced primary care team has the potential to allow the public access to both the individual and collective skills and knowledge of team members.

Key words: community nursing, Ireland, nurses, primary care, teamwork

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Introduction

International trends indicate that countries are moving towards the development of multidisciplinary teams as the main point of service delivery with enhanced linkages between providers and others throughout the healthcare

system (Marriott & Mable 2000). Teamwork is associated with a range of positive outcomes and is beneficial for both patients/client outcomes and service providers (Borrill *et al.* 2003). Team working has gained credibility as a way of improving the productivity of healthcare professionals and the quality of the care they provide. The emphasis on primary

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care and teamwork in the NHS UK reform process generated extensive literature on the changing dynamic of community nursing. Moreover, the successful development of primary care groups in the UK depends on health professions working together in teams to provide needs-led services that translate the vision of holistic primary care into a reality (Williams & Laugani 1999). The input of nurses, midwives and health visitors is considered crucial to improving health and modernising the NHS (DoH 1999). Similarly, a framework has been developed for nursing in New Zealand that provides models of integrated care as nurses adapt to deliver primary health care (Ministry of Health 2003).

Background

In Ireland the Health Strategy (DoHC 2001a) envisages strengthening primary care as one of the key frameworks for change to guide the development of the health services over the coming decade. Consistent with international trends the underpinning tenets of the Primary Care Strategy (DoHC 2001b) encompasses an interdisciplinary team-based approach to develop the capacity of primary care teams to meet a broad range of health and social needs for the population. Moreover, the Health Services Reform Programme is geared towards maintaining the pace of change in the Irish healthcare system. Collectively, this challenging agenda will have an impact on how healthcare professionals will come together to shape and deliver services in the future.

Community nursing, by its nature, is diverse and wide ranging. In Ireland, the public health nursing service includes public health nurses, general nurses and healthcare assistants who deliver care to individuals, families and communities in conjunction with the multidisciplinary team and in close collaboration with secondary services, statutory and voluntary organisations in the local community. Practice nurses are based in general practice settings and also deliver care to a multiplicity of client groups. In addition, psychiatric nurses, palliative care nurses, clinical nurse specialists and other nurses work in the community and provide care programmes on an outreach basis, however, these nurses are directly linked to secondary care settings and services. In view of this, the Commission on Nursing (Government of Ireland 1998) recommended the development of a more coherent and integrated structure for the delivery of nursing services in the community.

Primary health care and nursing

There is copious literature on community nursing, the role of nurses in primary care and the benefits and challenges of team working. A review of the international literature shows that

the movement towards primary care has created new ways of working in many countries with resulting changes in practice. Dowswell *et al.* (2002) indicates that changes in general practice and the integration of community and primary care services are likely to have long-term implications for nurses.

However, Elwyn *et al.* (2002) contends that implementing a system-wide approach to primary care is not without challenges. Ross (1999) adds that the boundaries within nursing disciplines in the community are shifting towards new developments in primary care. Lancaster (1999) believes that as nurses emerge as knowledgeable practitioners there will be increasing demands on them to participate in interdisciplinary teams.

Inter- and multidisciplinary teams

A team is a small group of people with complementary skills who share a common purpose, goals and accountability. Team potential exists in any situation where hierarchical or organisational boundaries inhibit good performance (Katzenbach & Smith 1993). In health care, the terms multidisciplinary and interdisciplinary teams are often used interchangeably to describe a group of professionals working in a co-ordinated way. However, the terms are significantly different and an understanding of the terminology is important to work towards integrated patient-centred care (Gage 1994). Multidisciplinary teams function separately with little communication between various professional disciplines, whereas interdisciplinary teamwork requires collaborative interaction and negotiation among team members. Interdisciplinary teamwork is central to the delivery of holistic and co-ordinated primary care, however, interdisciplinary teams are fraught with interprofessional disagreement.

Community nurses have a significant contribution to make to the development and reshaping of services in primary care, based on clinical knowledge, health promotion skills and awareness of health needs (Kaufman 2002). Therefore, gaining an understanding of an interdisciplinary team-based approach to primary care from a community nursing perspective is significant, particularly as nurses are working in an ever-changing healthcare environment. Identifying the factors that contribute to team effectiveness can inform strategies for effective team working to enhance health service delivery.

The study

Aims

- 1 To investigate community nurses' understanding of an interdisciplinary team-based approach to primary care.

- 2 To generate an understanding of how community nurses can work effectively in primary care teams.
- 3 To identify the skills and knowledge nurses need to contribute effectively as integrated members of primary care teams in the development and delivery of future services.

Research design

A qualitative research design using focus groups with community nurses working in the area of public health nursing, general nursing and practice nursing was used in this study. Qualitative research is holistic and allows phenomena to be studied from an individual's perspective in the context in which events occur (Parahoo 1997). Qualitative research provides rich descriptions that enable readers to understand reality. This has the potential to change or revise clinical practice and is usually conducted in situations where little is known about particular phenomena (Morse & Field 1996).

Sample

Twenty seven participants were recruited to form three focus groups comprising public health nurses ($n = 10$), general nurses ($n = 10$) and practice nurses ($n = 7$). The study included nurses with experience of working in a healthcare team and in community/primary care settings for one or more years. Nurses were systematically and purposefully selected from the target population to recruit a representative sample whose key characteristics were comparable with the population (LoBiondo-Wood & Haber 1998). The sampling approach facilitated access to a wide variety of key informants with access to important sources of data (Mays & Pope 1996). Similarly, the variation among participants in the groups allowed contrasting opinions to emerge (Krueger & Casey 2000). Ethical approval was obtained prior to convening the groups and collecting the data. Participants were assured that the data collected during the focus groups would be anonymous and treated confidentially.

Data collection

Focus groups were used as a means of data collection. Focus groups explore collective rather than individual experiences and reveal the nature and variety of participants' views (Sim 1998), by exploiting the communication and comfort in discussions with others in addition to the group interaction (Kitzinger 2000). This research design aimed to capture the spontaneity and momentum of group discussions on primary care. The social context that arises from focus groups encourages participants to reveal more of their own frame

of reference on a topic (Finch & Lewis 2003) which is very different from that of an in-depth interview.

Data collection took place in 2004. Three focus groups were undertaken comprising group 1 public health nurses, group 2 general nurses and group 3 practice nurses. The process was guided by a sequenced-questioning framework encompassing five categories of questions: opening, introductory, transition, key and closing (Krueger 1998a). The key question focused on community nurses' understanding of an interdisciplinary team-based approach to primary care. Supplementary questions explored the issues for nurses together with the skills and knowledge required to work effectively in primary care teams. The discussions were recorded and each focus group took two hours to complete. Debate was encouraged and the moderator probed for deeper meaning to ensure the emerging issues were discussed in-depth, but avoided leading the group to reinforce existing assumptions (Sim 1998). An assistant moderator acted as a non-participant observer and recorded field notes (Jackson 1998). The key issues were summarised and presented back to the groups for clarification and verification towards the end of each group discussion (Krueger 1998a). The moderator and the assistant debriefed following each group discussion.

Data analysis

The focus group discussions were transcribed verbatim together with the field notes. Transcript-based analysis is the most time consuming and rigorous way of eliciting the key comments (Krueger 1998b). The data were analysed using Burnard's (1991) thematic content analysis framework to produce a systematic and comprehensive recording of the themes addressed in the interviews. Becoming absorbed in and familiar with the data is essential to gain an understanding of how participants view their world. The analysis included constant comparison of the data to describe stages and phases that occur naturally in a given experience. The themes were then linked together to form a rational in-depth category system.

Results

The results identified wide-ranging information on primary care. Following analysis of the data the following themes emerged:

- 1 Teamwork;
- 2 Promoting community services;
- 3 Promoting health;
- 4 Professional roles;
- 5 Skills and knowledge for primary care.

Overall, nurses recognised their strengths and contribution to both patient care and the development of primary care and community services. The community setting was described as a more relaxed and less hierarchical than hospital environments, a factor that encouraged some nurses to return to work. Many nurses perceived they had greater autonomy and opportunities to use their initiative in the community, because of the diversity of client groups and health needs in the population. Each group identified the key skills they would bring to primary care teams. Public health nurses viewed themselves as communicators and co-ordinators of care across services, based on their local knowledge of the community, while practice nurses felt they were key communicators in interdisciplinary primary care teams. For general nurses, being in the team was both a motive and a system to enhance patient care. All the groups emphasised that the whole concept of primary care and the infrastructure within community services needs to be promoted in a realistic way adequately resourced and further developed. This is best summed up by one respondent:

You cannot provide what isn't there... If you don't have the basics you can't have a Rolls Royce service. Group 1 – Public Health Nurses

Teamwork

Generally, the team-based approach initiated by national policy was seen as beneficial for patients/clients in the long-term, with the added potential to empower nurses and bring about change. Respondents emphasised the importance of shifting from multi- to interdisciplinary team functioning in primary care where collaborative processes focus on valuing and respecting the input of all team members. Several respondents had past experience of working in well-organised teams in the community, which provided their context for understanding effective teamwork. The findings suggest that effective teamwork revolves around communication, regular meetings, openness, respect, clarity around individual contributions and knowledge management:

If you have a good team that works well together there would be better communication. Group 1 – Public Health Nurses

Greater integration was anticipated among healthcare professionals when interdisciplinary primary care teams are located in the same building. A distinction was made between a team leader and a team co-ordinator. Respondents generally favoured a team co-ordinator to ensure effective teamwork, given that team leaders were associated with positions of power and hierarchical structures. Public health nurses were concerned about GPs leading the team and an over

emphasis on the medical model compared to the psychosocial model they predominately use in the community:

It would be to the detriment of nursing and the community if it is totally GP lead because it's heading down a medical model. Group 1 – Public Health Nurses

Many practice nurses have no formal team leader and others felt that a team leader would impact on team functioning:

If somebody is a team leader we're not all equal...how can we function as a team? ...You always have to answer to that person who is higher than everybody else...that person is on a pedestal. Group 3 – Practice Nurses

Promoting community services

Promoting community services emerged repeatedly with respondents indicating that current services are underdeveloped relative to demand. They were also frustrated when they encountered a lack of understanding around patients' needs and the organisation of community nursing. Some public health nurses were concerned about the lack of physiotherapy and occupational therapy services:

Community services are a poor relation of health services. Group 2 – General Nurses

Many nurses 'juggled' to manage the diversity of needs in the community and highlighted that hospitals could initiate projects such as discharges for older people without any consultation with community nursing services. General nurses emphasised the need to develop comprehensive community services on a par with the acute sector as some felt that the support structures to maintain individuals at home including access to step down facilities, respite beds and home help are limited:

Community is treated as the ultimate step down...you need to be very determined to defy the hospital. What keeps people at home is now gone. Group 2 – General Nurses

Promoting health

Practice nurses highlighted their central role in health promotion and maximising opportunities for screening on a range of lifestyle issues. It was suggested that they and their GP colleagues are the 'only group' taking a lead role in preventative health using a holistic approach:

It's ingrained in us, ...You just don't have people coming in for a blood pressure check, it's not in and out the door, you talk about their smoking, their diet, their exercise. Group 3 – Practice Nurses

The increasing demands on general practice were associated with changing demographics, family structures, increased urbanisation and population growth. However, early access to services was identified as essential to maximise preventative interventions, particularly for managing chronic conditions. Several practice nurses believed that accessing services should be needs based and expressed concern that the cost of care for some may be prohibitive. It also emerged that combined care in areas such as diabetes are expanding in primary care, however, many reported that supplementary services such as dietetics are underdeveloped and as a result the scope for preventative interventions to promote health are limited. Similarly, some public health nurses felt that as a result of multiple demands and diverse caseloads the preventative aspect of their role was underutilised. Many respondents anticipated that the development of primary care would bring new opportunities to develop health promotion programmes to build resources for health in the community.

Professional roles

Many respondents suggested that nursing roles in the community should be redefined to effectively use nursing resources in line with developments in primary care. Some indicated that there was unnecessary duplication between primary and secondary services and in some situations nursing roles are poorly understood. It emerged that hospital nurses would benefit from a broad overview of care management structures in the community. Generally, nurses perceived that they worked well together and with other healthcare professionals but highlighted the need to establish good working relationships with some nursing colleagues who were perceived to be inflexible. Some public health nurses felt their role was threatened by general nurses and practice nurses. Many general nurses identified the need to develop their own identity in the community. The groups stressed the importance of role clarity of all team members, particularly in the early stages of team formation. There was a lack of understanding of the evolving professional role of the practice nurse in the team:

I think because I am quite young...the older GPs and I might have a difference of opinion...he forgets that things move on so quickly so he is not as up to date as I would be...he just thinks I'm the young nurse...off you go now...so it is very hard to get away from that submissive little nurse that I am not. Group 3 – Practice Nurses

Many respondents perceived that communication between healthcare professionals could be further enhanced specifically around referral processes. Many public health nurses suggested that social workers are slow to liaise with them,

adding that social workers trained in other jurisdictions liaise frequently and on a professional basis:

The non-national social workers provide information...they will talk to you on a professional one-to-one basis...they are much quicker to get back with information...whereas social workers trained in this country are distant...they clam up. Group 1 – Public Health Nurses

Skills and knowledge for primary care

There were mixed views around how nurses are educated and prepared for their role in the community. Many respondents believed that continuity of care was directly linked to autonomy, decision-making and the use of a wide range of skills and knowledge in practice, without constant reference to senior nursing colleagues. In particular, many public health nurses and practice nurses felt their education provides a good preparation for their decisions in practice. General nurses felt disadvantaged by the lack of educational preparation for the community role particularly within the context of developments in primary care. Public health nurses were seen to have clearly defined roles, whereas general nurses mainly focus on caring for older people and clinical nursing. General nurses suggested educational needs assessments should be undertaken to further develop and maintain their clinical skills combined with regular study days for continuing professional development. Despite undertaking third level educational preparation with a specific public health focus some public health nurses felt uncertain and confined in their role. The development of advanced practitioner posts was seen to provide public health nurses with a career pathway but some were unsure about pursuing further studies. They considered that the dynamic in the community was changing rapidly and that educational developments in nursing threatened those educated in the 'old system':

The whole dynamics of the job has changed in recent years... You cannot just knock on people's doors...now you have to tell people when you are coming...you have to be professional and make appointments but they're going to the practice nurses and the GP as well and we're all overlapping in what we're doing. Group 1 – Public Health Nurses

Practice nurses highlighted that they rely on commercial companies to fund their continuing education and access to study days is at the discretion of the GP as employer, however good-working relationships enables them to negotiate on this issue:

The drug companies have study days on cardiology or other areas of interest...we don't have a set amount of study days...its up to the GP

you work for...if you have a good GP who'll let you off you're lucky.
Group 3 – Practice Nurses

To work effectively in primary care teams all the groups identified the need to develop skills in assertiveness and confidence. Both general and practice nurses repeated that confidence is essential. Public health nurses reiterated the need to further develop people management skills as this is vital for teamwork. Practice nurses felt that interdisciplinary training and combined study days with nursing colleagues would be advantageous and should be prioritised. The commitment to patients/clients was a consistent theme throughout the discussions with continuity of care described as a key characteristic of community nursing.

Discussion

A team-based approach – an agenda for change

Across the groups a broad repertoire of community nursing skills emerged from which primary care will benefit. Collaborative interdisciplinary teams were perceived to enhance patient care with improved access to wide-ranging services. However, there were perceived tensions between acute and community services with respondents in this study keenly aware of shortfalls in primary care. Community services need further investment and development along with the full complement of primary care team members to effectively deliver comprehensive services. Additionally, the skills in the team need to be aligned with the profile of the local population. Without this capacity, primary care teams will be unable to meet what were perceived as basic needs for patient/clients in the community. Inadequate resources to support people to live at home independently have significant implications for repeated admission to acute services and will delay the required developmental progress to enable primary care teams to expand services and reach their full potential across the care continuum. Furthermore, changing demographics indicate that Ireland, like many countries, has an ageing population.

Respondents selected the community as an environment for care delivery for many positive reasons including continuity of care in daily practice. Nurses' narratives made their commitment to patient care explicit and brought meaning to the discussions. These are obvious strengths in community nursing that should be capitalised on. The development of interdisciplinary primary care teams should provide opportunities to initiate change at local level and enable nurses to maximise their contribution in teams. However, interdisciplinary teamwork requires sustained commitment to ensure collective team efforts are patient/client centred, care delivery

is integrated and information is consistent. From a professional nursing perspective Rafferty *et al.* (2001) identified that nurses who work well in teams demonstrate greater levels of autonomy and involvement in decision-making.

Going forward nurses need to examine group processes for interdisciplinary teamwork in primary care. For example, removing the role ambiguity that some respondents experience, together with the uncertainty others associated with having no additional educational preparation for the community, are among the many challenges that nurses must overcome to achieve effective teamwork. It was interesting to note the absence of discussion on autonomy and decision-making among general nurses in the study. These issues need to be addressed to avoid professional silos and interprofessional disagreement, otherwise the nursing contribution in primary care will be fragmented and the repertoire of skills identified in this study will be underutilised. Williams and Sibbald (1999) caution that when professional identity is challenged a sense of diminished autonomy may impact negatively on patient care with possible implications for nursing innovations. The requirement to deliver community services from a primary care centre was built on the assumption that working in the same building would enhance teamwork, communication and informal networking but unfortunately this does not guarantee that healthcare professionals will come together to form a cohesive team. In this regard, the discrepancy in the results between a team leader and a team co-ordinator will challenge nurses to think about the effective integration of nursing in primary care. Katzenbach & Smith (1993) maintain that a team leader motivates the collective performance of the team, while enabling personal growth and development. Also, leaders remove the barriers to effective teamwork to facilitate communication and decision-making processes.

Challenges and opportunities in primary care

The pace of change in the healthcare system is set to continue in Ireland, with indications that services will expand to include an effective out-of-hours service (DoHC 2001a,b). Service expansion, combined with suggestions to re-define nursing roles could raise the question of whether the community will remain an attractive career option for nurses in the future. Managers, educators and policy makers need to be aware that uncertainty and lack of clarity around nursing roles may have adverse implications for recruiting and retaining nurses in community care settings.

Primary care will require a broad range of nursing skills to implement a population health approach both at the first

point of contact and with enough flexibility to cross care settings in the community. Strengthening the collective nursing contribution within primary care teams is essential to influence and shape services in the future. A population health approach is consistent with the emphasis that public health nurse respondents placed on maintaining a community focus as primary care teams develop. Developing the capacity of nursing in the community should also support individual and family health and contribute significantly to reducing demand on acute services. However, nurses need to have access to well developed community services that offer flexibility to meet the full range of needs of patients/clients and communities.

Supporting and developing a team ethos in nursing would consolidate the nursing contribution, create interdependencies and provide a foundation to prepare nurses for interdisciplinary teamwork. It may also help to clarify the organisation and delivery of nursing services to improve the health status of the population in primary care, even though variable contractual arrangements may exist between service providers. The study respondents recognised that collective efforts are essential to promote health and social gain and felt that primary care offers opportunities to address these needs in an integrated way. Positive health should be promoted in a broad socio-cultural context and in this regard, Chiverton *et al.* (2003) anticipates a future where nurses promote health as opposed to managing illness. Teamwork offers nurses the potential to work together to address a broad spectrum of needs in the community and to develop integrated programmes to build resources for health. The importance of education, continuing professional development and personal management was emphasised to enable respondents meet the challenges of integrated working in primary care teams. Collectively these factors will contribute to the development of a coherent and integrated nursing service, which incorporates an interdisciplinary team-based approach to primary care.

Conclusions and recommendations

Current health policy sets out a challenging agenda for change, in a healthcare system that is undergoing a major reform process and experiencing unprecedented change. This study provides important insights into community nurses' understanding of primary care teams and creates an awareness of how nurses can work effectively in teams.

The strengths of the study included a systematic process of data collection and analysis. The sampling ensured enough variation among participants for contrasting opinions to emerge. While acknowledging that there are many challenges

for nurses to overcome as primary care continues to develop, there is clear evidence to support teamwork. To ensure successful teamwork nurses require a deeper understanding of group process in primary care. The change is happening as some nurses indicated a preference for interdisciplinary team working.

The study findings are limited in terms of generalisation but this is a distinguishing feature of focus group methodology. However, the data can provide theoretical insights and allow parallels to be identified at a conceptual level where the focus group findings can be transferred to other settings, which have similarities to the context in which data were gathered (Sim 1998). The study findings also raise several questions as to:

- 1 Why some nurses have mixed views about their educational preparation for the community?
- 2 How these factors influence decision-making in practice?

Education, continuing professional development and research has a significant role to play in the future development and integration of community nursing in primary care. The challenge lies in developing structures that support interdisciplinary teams to enhance patient care and meet the diversity of health needs in the population.

Contributions

Study design: MO'N; data collection and analysis: MO'N and manuscript preparation: MO'N, SC.

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