Evaluation of

The Nurse Practitioner Role

At the

Hobart Women's Health Centre

Conducted by Dr Shandell Elmer and Dr Christine Stirling

School of Nursing and Midwifery

University of Tasmania

June 2013

Report prepared by Dr Shandell Elmer and Dr Christine Stirling

From School of Nursing and Midwifery, University of Tasmania

On behalf of Hobart Women's Health Centre

Disclaimer

The opinions in this report reflect the views of interview and survey participants. They do not necessarily reflect the views of School of Nursing and Midwifery.

Acknowledgements

Thank you to the staff and Board of Hobart Women's Health Centre for participating so willingly and supporting the research project.

We would like to express our gratitude to the women who participated in the client interviews. Your stories enriched this process and we appreciate and value your time and experiences.

Thank you to the clients and stakeholders who participated by completing a survey.

Contents

Acronyms used in this report 3

Glossary 3

Executive Summary 4

Introduction 6

Background to the development of the Nurse Practitioner Role 6

Aims and Objectives of the HWHC Nurse Practitioner Role 6

The Evaluation Plan 7

Context for the Evaluation 7

Aims and Objectives of the Evaluation 8

Evaluation Theoretical Framework 8

Evaluation Methodology 9

Data Collection Methods 9

Limitations 11

Objective 1: Examine the current role and scope of the nurse practitioner. 12

Nurse Practitioner Role and Scope 12

Nurse Practitioner Client Statistics 13

Objective 2: Documenting the service delivery model including the enablers and barriers to effective and efficient service provision. 13

Context, Mechanisms and Outcomes 13

Enablers and Barriers 17

Objective 3: Assess whether the service is meeting the needs of individual clients specifically in relation to access, safety and clinical effectiveness. 19

Objective 4: Assessing whether this is an effective model of health service provision in a community. 27

Conclusion and recommendations 30

References: 32

Figures

Figure 1 Example of proposed CMO (context, mechanism, outcomes) configurations for the Nurse Practitioner at the HWHC. 9
Figure 2 Data Collection Process 10
Figure 3 Nurse Practitioner Service Types 2012-2013 12
Figure 4 Nurse Practitioner CMO 14
Figure 5 Hobart Women's Health Centre CMO 15
Figure 6 Women Who Attend the Service CMO 16

Tables

Table 1: Client Survey Results related to the Nurse Practitioner CMO Configuration 24
Table 2 Survey Results for Hobart Women's Health Centre CMO Configuration 25
Table 3 Survey Results Related to the Women Who Attend the Service CMO Configuration 26
Table 4 Results of Stakeholder Survey Related to Nurse Practitioner CMO 28
Table 5 Results of Stakeholder Survey Related to Hobart Women's Health Centre CMO 29

Acronyms used in this report

CMO	Context, mechanism, outcome
DHHS	Tasmanian Department of Health and Human Services
GP	General Practitioner
HREC	Human Research Ethics Committee
HWHC	Hobart Women's Health Centre
NP	Nurse Practitioner
SNM	School of Nursing & Midwifery
UTAS	University of Tasmania

Glossary

Collaborative arrangement	A collaborative arrangement is an arrangement between an eligible nurse practitioner and a medical practitioner that must provide for: • consultation between the nurse practitioner and a medical practitioner; • referral of a patient to a medical practitioner; and • transfer of the patient's care to a medical practitioner, as clinically relevant to ensure safe, high quality patient care.
Nurse Practitioner	Nurse practitioners are registered nurses with the education and extensive experience required to perform in an advanced clinical role. A nurse practitioner's scope of practice extends beyond that of the registered nurse.

Executive Summary

This project aimed to evaluate the impact of the Nurse Practitioner role within the Hobart Women's Health Centre. The evaluation objectives were to:

- Examine the current role and scope of the Nurse Practitioner;
- Document the service delivery model including the enablers and barriers to effective and efficient service provision;
- Assess whether the service is meeting the needs of individual clients specifically in relation to access, safety and clinical effectiveness; and
- Assess whether this is an effective model of health service provision in a community.

The theoretical framework for the evaluation of the Nurse Practitioner (NP) role at the HWHC is drawn from realistic evaluation (Pawson & Tilley, 1997). This framework considers the subject of the evaluation from three perspectives: the context; the mechanisms; and the outcomes. By exploring the configurations between the context, mechanisms and outcomes, it becomes possible to understand "what works for whom in what circumstances" (Pawson & Tilley, 1997). For the purpose of this evaluation CMO configurations were developed from the perspective of the NP, the HWHC and the women who attend the service.

A mix of qualitative and quantitative methods was used in order to capture the multidimensional characteristics of the NP service. The specific evaluation questions were derived from the context, mechanism and outcome configurations that were developed in discussion with the Executive Officer and NP. Data collection included interviews (NP, Executive Officer, clients), surveys (client and stakeholder) and a review of descriptive data.

The findings highlight the importance of the context where the NP role is situated. The context for this NP role is described as "an accessible health clinic based in a women's health centre that operates within a nursing framework and employs principles of women's health (social justice and an understanding of a gendered approach to health and social view of health) that affords women choice and participation". This context was found to be related to the reasons why women seek this service and critical to the way the services are provided.

The data indicate that the majority of services provided by the NP focus on preventative health and health promotion. In doing so, the NP enhances the health literacy of the women attending and as a result they are more able to participate and make effective decisions about their own health. The women who attend expressed high levels of satisfaction with the service and described the positive impact on their health and wellbeing.

The most significant impediments to the effective functioning of the NP role were the structural barriers imposed by policy and legislation at a State and Federal level. These predominantly relate to Medicare funding arrangements and access to Item Numbers.

On the basis of the findings of this evaluation process, the following recommendations have been made for the future development of the NP role.

Recommendations

1. Further lobbying is required to seek changes to the Medicare funding arrangements for Nurse Practitioners, particularly in this context.
2. If the Nurse Practitioner role is considered for replication elsewhere or outreach, it is important to consider the context where the service is to be situated to ensure congruency with the HWHC, the NP and the hosting service (if applicable).
3. Promotional materials about the services provided by the Nurse Practitioner need to make mention of the nursing framework to both promote and inform women about the nurse practitioner role.
4. Advocacy on behalf of women from culturally and linguistically diverse backgrounds is required in relation to the provision of free interpreter services when attending the Nurse Practitioner.
5. The Nurse Practitioner could expand the demographic data routinely collected (for example in relation to language spoken at home, ethnicity, Aboriginal or Torres Strait Islander) in order to assess the accessibility of the service.
6. The demand for the Nurse Practitioner service and the wait times between appointments need to be carefully monitored in order to plan for future services.
7. Referral to the Nurse Practitioner service could be further promoted from within the HWHC and by other service providers located there.
8. Informing other service providers (including GPs) about the Nurse Practitioner service at the HWHC needs to occur on a regular basis (suggest at least yearly) to ensure that a broad range of community and health service providers are aware of the service and how to refer.
9. There needs to be better recognition of the health promotion and counselling/education role undertaken by the Nurse Practitioner within the collaborative agreement and the broader community.
10. Collecting data related to health outcomes (and outcomes proposed in the CMO configurations) would provide further evidence of the clinical effectiveness of this model of service delivery.

Introduction

The Nurse Practitioner (NP) role within the Hobart Women's Health Centre (HWHC) has been established for almost two years. During this time, the role has evolved and become an integral part of the service delivery provided within the HWHC. In order to assess the impact and plan for the future development of this role, the HWHC commissioned researchers from the School of Nursing & Midwifery (SNM) UTAS to conduct an evaluation. This report documents the findings from the evaluation process to inform the future development of the NP role.

Background to the development of the Nurse Practitioner Role

Since its establishment, the HWHC has hosted General Practitioner (GP) services that were accessed by clients of the HWHC. There was some stability in the provision of these services during the period of time that they were provided by the same GP (approximately 14 years). When this GP ceased to operate from the HWHC, difficulties were encountered in recruitment of a GP to provide these services.

The Hobart Community Health Nursing Service established an outreach service at the HWHC. The services provided by the community nurses were predominantly an opportunity for women to "check and chat" about their health and well-being. The NP currently operating from the HWHC was one of these community nurses who regularly visited the centre. Once she had completed her nurse practitioner qualifications, the nurse commenced working from the centre as an independent NP. The range of services provided by the NP partially replaced those previously offered by the GP. It should be noted that the NP is not an employee of the HWHC, nor is the HWHC funded to provide clinical activity.

Nurse practitioners in Australia must complete a Masters of Nurse Practitioner qualification, and become certified to practice in a particular field – for example, primary care, aged care, or emergency care. They must then operate under a formal collaborative agreement with a medical practitioner who oversights their work.

Aims and Objectives of the HWHC Nurse Practitioner Role

The NP role focuses on the provision of health promotion, early identification and detection services. This includes Pap tests, well women's checks, lifestyle education and counselling. Referral to other services is a key part of this role. These referrals are made to other services at HWHC and those external to the centre.

The Evaluation Plan

This evaluation was conducted between November 2012 and June 2013. Ethics approval for the project was obtained (H12961).

Context for the Evaluation

The Population Health division within DHHS contributed funding towards the evaluation of the NP role. Now that the role is established within the HWHC it was both timely and important to evaluate the role. The HWHC wanted to understand the current performance and value of the role, as well as the scope for its future development.

In Australia and in Tasmania in particular, the nurse practitioner movement is in its early stages of development and there is very limited original research that describes the scope of practice. This evaluation has generated research that contributes to defining both the scope and the development of the model for nurse practitioner practice within Tasmania within the context of women's health. This is important to ensure that the development of nurse practitioner practice is grounded in innovative nursing models (A. Gardner & Gardner, 2005).

This evaluation design responds to the call for systematic evaluation of new nurse practitioner roles that involve qualitative and quantitative methods to contribute to the research literature that demonstrates the value of autonomous nursing practice to contemporary healthcare (Wand & White, 2007). The evaluation contributes to the body of research using the realistic evaluation framework, and is set within the field of nurse practitioner research, specifically within the community setting. The use of this framework allowed identification of both the expansion and parameters of the nurse practitioner role in this setting (A. Gardner & Gardner, 2005).

The research also modified and further developed existing tools for use within the context of this service as well as within the Australian community health setting. The results contribute to the suite of tools validated and available for evaluating the effectiveness of nurse practitioners.

In summary intended research outcomes were:

- Define the scope and key features of the nurse practitioner model in the context of women's health in Tasmania;
- Inform health policy deliberations related to the effective functioning of the role;
- Further develop the realistic evaluation framework for use for nurse practitioners within the community setting in Tasmania;
- Systematic evaluation of the nurse practitioner role within the context of women's health in Tasmania;
- Development and validation of research and evaluation instruments (e.g. survey tool) for use for nurse practitioners within the community setting in Tasmania; and
- Publication of these findings in relevant journals**.**

Aims and Objectives of the Evaluation

This project aimed to evaluate the impact of the NP role within the HWHC. The evaluation objectives were to:

- Examine the current role and scope of the NP;
- Document the service delivery model including the enablers and barriers to effective and efficient service provision;
- Assess whether the service is meeting the needs of individual clients specifically in relation to access, safety and clinical effectiveness; and
- Assess whether this is an effective model of health service provision in a community.

Evaluation Theoretical Framework

The theoretical framework for the evaluation of the NP at the HWHC is drawn from realistic evaluation (Pawson & Tilley, 1997). Evaluations of other nurse practitioner programs have successfully applied and refined this theoretical framework. The evaluation plan and methodology has drawn from the experience of these evaluations including Jennings et al., (2008) and Wand et al. (2010).

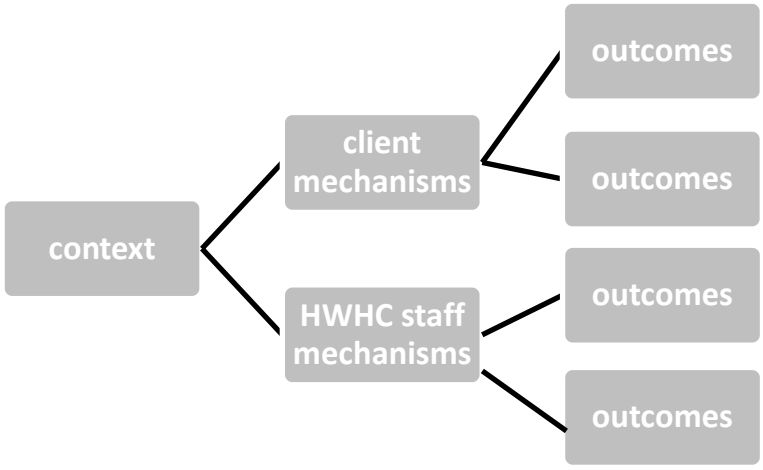
This framework considers the evaluand from three perspectives: the context; the mechanisms; and the outcomes. By exploring the configurations between the context, mechanisms and outcomes, it becomes possible to understand "what works for whom in what circumstances" (Pawson & Tilley, 1997).

The *context* is important as it describes the particular context within which the program is operating that may include the social, political, and economic structures, organisational context, as well as the resources and capacity to enable the program to work. Context was particularly important to this NP role, as it was operating within a women's health service with an overt feminist philosophy. By taking account of the context, the framework overcomes the limitations of trying to establish causal relationships by considering the interplay between the people involved and the program.

The *mechanisms* emerge from the context and are concerned with the rationale for choices that people make in relation to a policy or intervention. For example, a mechanism for the NP service at the HWHC from the client's perspective might be "Women are attracted to the idea of a women's health service based in a 'women only' setting than a mainstream health service".

The *outcomes* are the effects of the mechanisms that arise out of a particular context. Thus, the aim of realistic evaluation is to generate, test and refine theories of how programs work within a given context.

Figure 1 Example of proposed CMO (context, mechanism, outcomes) configurations for the Nurse Practitioner at the HWHC.



Evaluation Methodology

A mix of qualitative and quantitative methods was used in order to capture the multidimensional characteristics of the NP service. This mixed method approach enabled the evaluators to gather intensive information through qualitative methods and more precise information through quantitative methods (Chen, 1997). Data were triangulated using different but complementary data on the same topic in order to best understand the program (Creswell J W & Plano Clark V L, 2007).

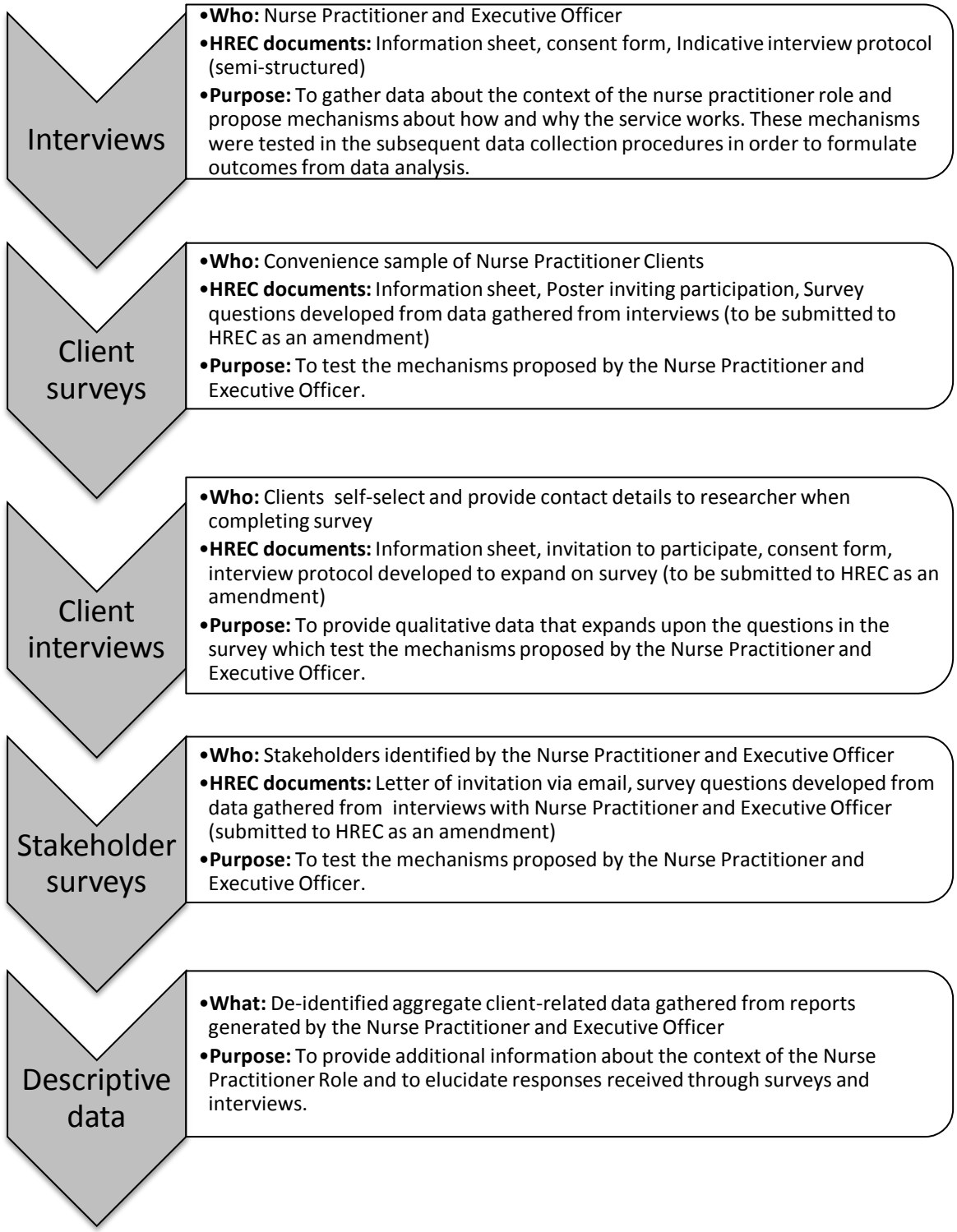
Data Collection Methods

The specific evaluation questions were derived from the context, mechanism and outcome configurations that were developed in discussion with the Executive Officer and NP. Data collection methods were:

- Interviews with key stakeholders (NP and Executive Officer);
- 6 Interviews with clients;
- Client satisfaction paper-based survey (30 responses);
- Stakeholder satisfaction on line survey (11 completed responses); and
- Descriptive data were gathered from the existing database, this included the number of clients seen in the study period, and postcode of clients.

Data collection commenced January 2013 and was completed in June 2013. The flow chart below (figure 2) provides an outline of the data collection process.

Figure 2 Data Collection Process



Limitations

The research by its design and intent is specific to this particular context, that is, the NP role at the HWHC. As a result, the findings may not be generalisable to nurse practitioner roles in other contexts. Clients self-selected for participation in both the surveys and the interviews, therefore their views may not be representative of all women who attend the service. It is not possible to ascertain the response rate for the client surveys as some were mailed to current clients and others were obtained by clients from the waiting area of the clinic. Thirty completed client surveys were received. Approximately 20% (n=11) of stakeholders (n=55) who were emailed a link to the electronic version submitted a completed stakeholder survey. The small sample size of both clients and stakeholders also limits the generalisability of the findings.

Eight women indicated their interest in participating in an interview. One was unable to be contacted and another was unwell on the day of the interviews. The six women who participated in the interview process were similar in age but were from different socioeconomic and cultural backgrounds. Therefore, while the sample size was small, the interview process captured a diversity of experiences.

To address some of these limitations, the different sources of data have been triangulated to examine the phenomena from different perspectives. For example, the views of stakeholders, as well as clients have been considered. While the findings of this research may not be generalisable, there is potential to replicate this evaluation process for other nurse practitioners to develop relevant theory by generating contextually relevant context, mechanism and outcome configurations.

Objective 1: Examine the current role and scope of the nurse practitioner.

Nurse Practitioner Role and Scope

The scope of practice for nurse practitioners is determined by the context in which the nurse practitioner is authorised to practice and their collaborative agreement. Therefore, the NP's scope of practice at the HWHC is unique to this service and the client group ideally reflects the philosophy of the HWHC and the perceived needs of the women who attend. For example, diagnosed mental health issues, including depression are outside of the scope of practice in this context.

The collaborative agreement had an impact on scope of the HWHC NP practice. An initially narrow scope expanded over time as the GP and NP built understanding and trust. The NP initially experienced some difficulties forming a collaborative arrangement with a GP for her work at the HWHC. These difficulties were primarily related to finding a GP who had the time to commit and an understanding of the role. The current collaborative arrangement is with a GP who used to work at the HWHC. When this collaborative arrangement was first formed, the NP's scope of practice was quite narrow. Now that the collaborative arrangement has been working successfully and they have developed trust and rapport, the scope of practice has broadened.

In making decisions about her scope of practice, the NP is cognisant of the sporadic and intermittent nature of her contact with clients which may have a negative impact on health matters that require continuity of care. For example, the NP has a deliberately narrow range of medications and circumstances for prescribing to avoid any interference with the client's own GP.

The current scope of practice within the Collaborative Care Agreement states that "the majority of work the Nurse Practitioner will carry out whilst practicing at the HWHC will involve Pap testing, sexually transmitted infections, and breast examinations. Any patient presenting at the HWHC whom requires care outside of the Nurse Practitioner scope of practice will be referred to their usual GP or referred to the appropriate specialist". The Collaborative Care Agreement includes information about:

- Areas of NP responsibility and agreed scope of practice for patient care;
- Communication protocols;
- Initiating pathology and diagnostic imaging;
- Prescribing arrangements;
- Protocol for consultation, referral, and transfer; and
- Protocol for emergencies.

Nurse Practitioner Client Statistics

The NP provided de-identified aggregate data about the services provided for client visits over a twelve month period from March 2012 until March 2013. The NP sees approximately 56 clients per month, ranging in age from 15 to 88 years and mostly from the Hobart and greater Hobart area. A total of 1331 services were provided and clients may have received more than one service per visit. These services were further aggregated by the researchers into seven categories: Preventative Health, Diseases/Conditions, Reproductive Health, Life Stages, Parenting, Mental Health, and Referral/Follow Up. The breakdown of service types within these categories are depicted in the tables below.

Preventative Health	
Pap test	319
Lifestyle management	124
Vitamin D levels	63
Breast check	48
Cholesterol check	40
Sexual Health	36
Menstrual health	33
Skin check	28
Sexuality	7
Bowel check	1
Total	**699**

Reproductive health	
Reproduction	41
Contraception	26
Mirena	3
Emergency contraception	2
Abortion information	2
Pregnancy counselling	12
Total	**86**

Parenting	
Ante natal/post natal care	5
Parenting Issues	1
Total	**6**

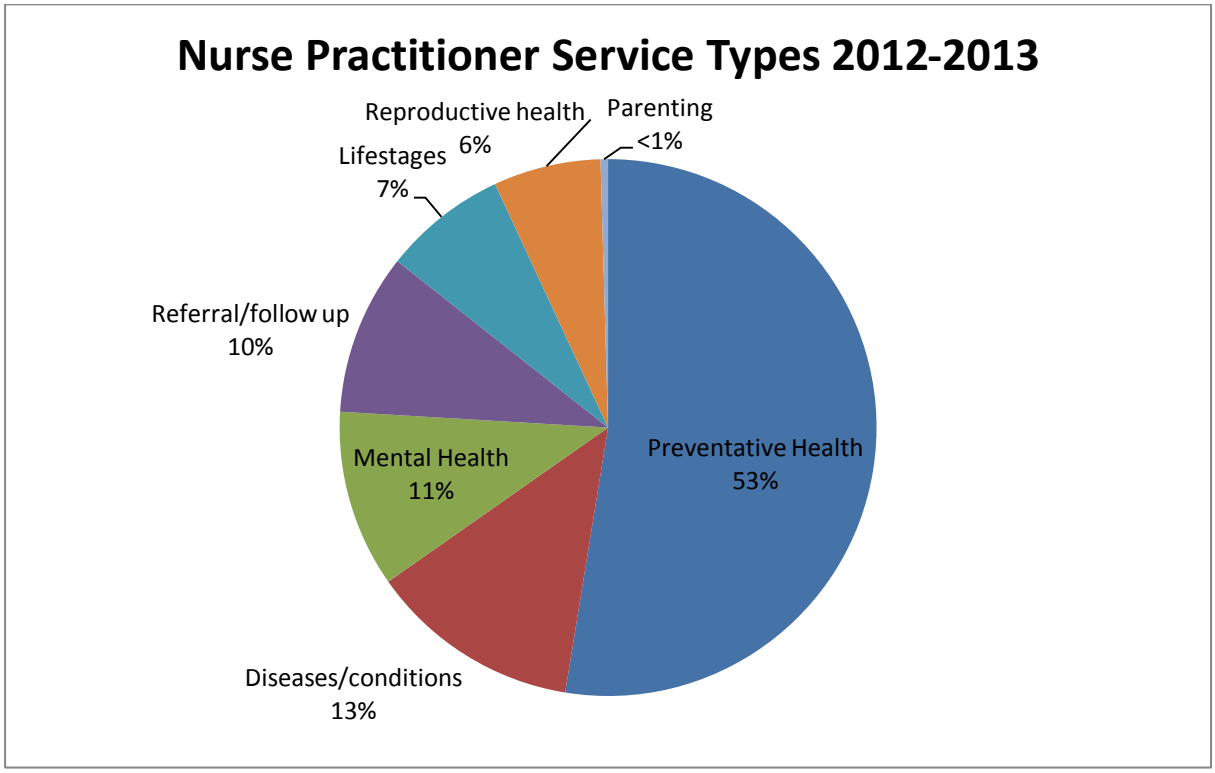
Life stages	
Menopause	62
Midlife health	30
Ageing	7
Total	**99**

Referral/follow up	
Telephone/ Face to Face follow up	65
Referral	35
Follow up	11
Request from other service	9
Medical certificate	9
Total	**129**

Diseases/conditions	
Sexually Transmitted Infections	67
Prescribing	60
Urinary tract infection	18
URTI	10
Breast cancer	5
Eating disorders	4
Diabetes	2
Pain	2
Abnormal pap smear	1
Total	**169**

Mental health	
Counselling	64
Depression	37
Emotional/Mental health	36
Grief	5
Total	**142**

Figure 3 Nurse Practitioner Service Types 2012-2013



The service types are depicted as a percentage of the total services provided in Figure 3. It should be noted that "Parenting" is depicted as <1%, which is a reflection of the small number (6) services provided. When viewed as a percentage of the total number of services, it is clear that preventative health services are the predominant service type. This is consistent with the feedback from clients and the perspective of the NP that preventative health is a major focus of the role.

Objective 2: Documenting the service delivery model including the enablers and barriers to effective and efficient service provision.

The service delivery model in place at the HWHC has evolved as the role of the NP and her scope of practice has developed overtime. This role is unique within Tasmania.

The service delivery model has been viewed within a nursing framework, that is, a framework that is sensitive to the ways that nurse practitioners integrate the physical and psychosocial aspects of health (Bear & Bowers, 1998; Wagner & Bear, 2009). This draws attention to the nursing skills of therapeutic listening, client education, goal setting and clinical care, as well as the emphasis placed on early intervention and promoting self-care.

Context, Mechanisms and Outcomes

By using a realistic evaluation process, the model of service delivery provided by the NP at the HWHC has been separated into three components: context, mechanism and outcome or CMO configurations. A joint interview was conducted with the NP and the Executive Officer from the HWHC to explore the human factors operating within the service and the specific requirements necessary to achieve the desired outcomes.

It is possible to generate an array of CMO configurations related to the NP role at the HWHC. For the purpose of this evaluation, three CMO configurations were developed:

- one from the perspective of the NP;
- one from the perspective of the HWHC; and
- another from the perspective of the women who attend the service.

These CMO configurations document the service delivery model in relation to the mechanisms and outcomes involved within each of these three perspectives. The context, however, is constant across the three perspectives. The context encapsulates the philosophy of the HWHC and the key principles that underpin the role of the NP. The context is stated as: “An accessible health clinic based in a women’s health centre that operates within a nursing framework and employs principles of women’s health (social justice and an understanding of a gendered approach to health and social view of health) that affords women choice and participation.”

The CMO configuration from the perspective of the NP explores the mechanisms that the NP undertakes in the provision of the service and the resultant outcomes. The CMO configuration from the perspective of the HWHC considers the infrastructure and support provided to the role. The CMO configuration from the perspective of the women who use these services examines the features of service provision that may facilitate access and the achievement of outcomes. These CMO configurations are depicted in figure 4, 5 and 6 on the following pages.

Figure 4 Nurse Practitioner CMO

Context

An accessible health clinic based in a women's health centre that operates within a nursing framework and employs principles of women's health (social justice and an understanding of a gendered approach to health and social view of health) that affords women choice and participation.

Nurse Practitioner Mechanisms

M1 NP has previous experience as a community health nurse working within the Healthy Women's Outreach Program and providing a "check and chat" with your community health nurse outreach service at the HWHC.	**M2** NP has received additional education, training and qualifications in the areas of sexual and reproductive health and pap test provider course (Family Planning Vic). Remote Emergency Care and Maternity Emergency Care for non-midwives (through CRANA).	**M3** Professional networks facilitated NP professional experience placements and development of collaborative arrangements with GPs.	**M4** NP has developed a scope of practice commensurate with her knowledge and skills and the context of the clinic at the HWHC. The scope of practice also takes into account the collaborative arrangement with the GP.

Outcomes

O1	NP is experienced and has expertise in employing principles of women's health.
O2	NP operates within her scope of practice.
O3	NP skills and knowledge are appropriate to the needs of women.
O4	Professional networks facilitate referral from and to other health professionals.
O5	NP provides a holistic approach that extends beyond the presenting health issue.
O6	NP refers to other service providers (including GPs) for issues that are outside her scope of practice.
O7	NP provides women information, support, choices and encourages participation.

Figure 5 Hobart Women's Health Centre CMO

Context

An accessible health clinic based in a women's health centre that operates within a nursing framework and employs principles of women's health (social justice and an understanding of a gendered approach to health and social view of health) that affords women choice and participation.

Hobart Women's Health Centre Mechanisms

M1 Efforts to attract a part-time GP to provide a clinical service were unsuccessful. NP role established in 2011.	**M2** The NP principles of practice are consistent with the women's health principles of the HWHC (including its feminist philosophy).	**M3** NP is limited to practising as an independent practitioner at HWHC because of Medicare's interpretation of the ruling in relation to the HWHC receipt of State Government funding.	**M4** There are internal referrals to and from the HWHC to the NP. The NP role value-adds to the services provided to women attending the HWHC.	**M5** The HWHC established a new role for a NP.

Outcomes

O1	NP working within a nursing framework is sustainable and appropriate to women's needs.
O2	There is a good fit between the NP and the HWHC in relation to framework for practice and philosophy.
O3	NP operates as an independent practitioner with no assistance in relation to supplies or infrastructure from the HWHC.
O4	The complex Medicare funding arrangements result in some fragmentation and inefficiencies.
O5	The NP clinic assists the HWHC to fulfil its goal to provide a holistic service.

Figure 6 Women Who Attend the Service CMO

Context

An accessible health clinic based in a women's health centre that operates within a nursing framework and employs principles of women's health (social justice and an understanding of a gendered approach to health and social view of health) that affords women choice and participation.

Mechanisms related to women who attend the service

M1 Women are attracted to the idea of a women's health clinic based in a women's only setting.	**M2** 30 minute appointments and services provided within a nursing framework provide women with a holistic approach that is beyond the dominant biomedical model of health.	**M3** Features that contribute to the equity and accessibility of the NP clinic include: bulk billing, women's health principles, free parking, comfortable, safe and welcoming environment.	**M4** Working in accordance with women's health principles takes account of the social view of health, social structure, prevention and promotion, and social justice and equity and participation.	**M5** Location within the HWHC facilitates ease of access to the NP by women of the HWHC and from the NP to the HWHC services.

Outcomes

O1	Women learn about the NP through word-of-mouth and professional reputation.
O2	Some women attend the NP clinic because it is in a women only setting.
O3	Women receive an individualised and holistic approach that addresses physical health needs as well as social determinants of health.
O4	Women identify that ease of access is a positive attribute of the NP clinic.
O5	Women actively participate in decisions about their health and wellbeing.
O6	Some women require referral to other services to have their needs met.
O7	Ongoing health concerns need to be referred to a GP for monitoring and care.

Enablers and Barriers

The CMO configurations represent the 'theory' of how and why the NP role functions within this particular context. The mechanisms and outcomes from these CMOs formed the basis of the survey developed for women who use these services and for the online survey conducted with stakeholders. They also formed the basis of the 'realist-ic' interview conducted with women who had used the services. These questions enabled the respondents to explain their own choices and reasoning in relation to those proposed in the CMO configuration. In this way, the surveys and interviews served to confirm or disprove and refine the theory proposed. This section considers the enablers and barriers to effective service provision identified through this process.

Enablers:

The NP had previous experience at the HWHC in a different role as a community nurse. This provided the NP with an in-depth and in-practice understanding of the HWHC philosophy and services. Thus, the compatibility between the NP and the HWHC and the needs of the women who attend the service was established prior to commencing in this role. This facilitated the development of a scope of practice that matches the needs of the women who use the services and the collaborative arrangement with the GP.

The additional qualifications, training and experience gained by the NP enables her to provide services that are holistic in their approach. These skills and experience support the NP to provide women with information, support, choices and encourage their participation. This is also consistent with the role of nurse practitioners to emphasise prevention, participation and self-care. These services are also consistent with the philosophy and objectives of the HWHC.

While the women interviewed all identified that they were drawn to a 'women's only' service, a recurrent theme was the women seeking an alternative to biomedical services. This confirmed the theory in the CMO developed from the perspective of women who attend the service. This CMO proposed that working in accordance with women's health principles takes account of the social view of health, social structure, prevention and promotion, and social justice and equity and participation, all of which meet the women's needs for an alternative to the biomedical model of service delivery.

Barriers:

The most significant barrier to the effective and efficient operation of the services provided by the NP relate to the Medicare funding arrangements. The NP can only apply for a provider number as an independent practitioner, not linked in any way to the HWHC. These restrictions are placed on the NP because the HWHC receives state government funding, and providing a Medicare rebate to the HWHC is seen to be "double dipping".

However, the funding that the HWHC receives is not for clinical service provision, thus there is no potential for "double dipping". The preference of the HWHC is to register the provider number as linked to the HWHC so that the rebates are received by the centre. This would then enable the HWHC to provide support and employment for the NP. Currently, the NP works from the HWHC as an independent practitioner with no infrastructure or support from the HWHC. This has the

potential to have a negative impact on the effectiveness and efficiency of the service and increases reliance on informal mechanisms such as goodwill and interpersonal relationships.

While the collaborative agreement defines the scope of practice for the NP, this role was further impacted by Medicare funding arrangements and access to provider numbers. The lack of access to particular Medicare item numbers restricts the NP particularly in relation to referring women to services for diagnostic services. For example, the NP is not able to complete referrals for mammograms, pelvic ultrasound or pregnancy dating ultrasounds for diagnostic purposes. If these services are required, the NP needs to refer the woman to her own GP or seek assistance from the GP named in the Collaborative Care Agreement. This impacts on the continuity of care for women receiving the services and may also create a gap in service provision.

The NP does not collect statistics in relation to the ethnicity of the women attending, however, she recalls seeing some women from culturally and linguistically diverse backgrounds. There have been occasions when the NP has used the services of an interpreter; however, this is potentially another barrier to accessing services as (unlike medical practitioners) the service is required to pay for interpreter services.

Objective 3: Assess whether the service is meeting the needs of individual clients specifically in relation to access, safety and clinical effectiveness.

The CMO configurations theorised that the key reasons women accessed the service were related to the holistic nature of the service and the philosophical underpinning of women's health. This theory was confirmed by the interviews and survey data. Further refinement of the theory is required to reflect the findings about women seeking alternative models of health care and the health literacy aspects. The following discussion provides an overview of the experiences of women interviewed as part of this evaluation process. The results of the client survey are drawn on to further support the data gathered in the interview process and are presented in tables 1-3.

Access

The survey and interview results suggest that the NP is readily accessible in terms of transport, parking and cost (services are free, although a donation may be made). A recurring finding in the surveys and interviews is that there is a range of ways that women find out about the NP. About half of the survey respondents indicated that they had been referred to the NP from another part of the HWHC or had seen the service advertised at the HWHC. About a third of survey respondents were referred by a friend.

All of the women interviewed suggested that more women need to be made aware of the service and commented that they felt the service was not widely known. The women interviewed were referred by a friend except for one who was new to Tasmania and found the service in the phone book. The women did not know that they would be accessing the services of a NP when they first made contact. They were primarily interested in accessing a service that understood women's health issues. These experiences are exemplified in the following excerpts from the interviews.
"I didn't even know this place existed but believe me every woman I know I've told them. Go there, go there, anything just go there, they're great, so if more, maybe if more people knew about it."(Mary)

"I would recommend to other people if you don't feel like going to your male GP's and if you like to – women things, then it is good because she's really good, …. I guess because she's a woman, so you relate better, you feel already I think "She's the same" so she knows exactly how you feel when it happens."(Jo)

While the majority (80%) of survey respondents indicated that they did not have to wait long for an appointment, one of the main concerns of the women interviewed was the increasing length between appointments. The NP has recently reduced her working hours at the HWHC which has in turn led to an increase length between appointment times. All of the women interviewed considered that making more hours of service available would increase access and improve continuity of care in some cases.

The philosophy of the HWHC was a motivating factor for seeking the services of the NP as 93% of survey respondents indicated that the feminist principles were important to them. Only a third of survey respondents agreed with the statement that they "don't care about the organisation's philosophy". The interviews provided evidence of a high degree of congruency between the

philosophy of the women and the organisation. These findings further highlight the importance of the context as described in the CMO configurations.

While seeing a female practitioner was important, it also became evident that the women interviewed were seeking an alternative to the biomedical model of service provision. This was particularly apparent when the participants were asked to compare the service received from the NP to a GP. Their responses suggest that the way that women view health, either from a social or biomedical perspective, strongly influences their health and help seeking behaviour in relation to "women's issues". The following interview excerpts are indicative of this.

"I find with doctors lately it's just you say, oh I've got a pain in my elbow. Oh you better go for a scan. Straight away, you know. I've got a headache. Well you go for a scan. They don't seem to just sit and chat and say – my doctor, he's not too bad with that but a lot of them do that. You know like with kids, he's got a sore knee. Well you better go and have it x-rayed. They don't just talk and – I suppose with the nurse she'll take a more – what's the word – not pragmatic but, you know, what am I looking for, you know like when one of the kids are sick and you know it's not really bad, common sense, they tend to use I feel they wouldn't jump the gun."(Mary)

"it's different because it's more relaxed. The people seem interested in whether you are alive or dead. Not, 'what do you want? Here you go, go away' which is what normally happens at the doctors… if you want a script or anything all they want to do is write you a new script and send you back out the door and thank you very much for the money, go away and you wait for, however long it is for the privilege and that's all it seems to be these days. They don't really, unless you're violently ill, throwing up in their office, they're not really asking you, is there anything wrong, unless you've spat out all that stuff. It's not what it used to be anymore." (Sue)

This finding about women seeking an alternative to biomedical services was not specifically mentioned in the CMO configurations; however, it is relevant to the appropriateness of a nursing framework which was proposed as part of the context as well as the HWHC configuration. It is also consistent with the mechanisms proposed in the CMO configuration for women who attend the service.

Safety

Safety in the context of this service and from the perspective of the women is related to the degree of confidence, trust and comfort that the women experience when accessing the service. All of the women interviewed remarked on the way they felt comfortable and at ease with both the surroundings and the NP. This reflects the CMO configurations about the creation of a safe and welcoming environment. These experiences are exemplified in the excerpts below.

"It's not, confronting's not the word, I don't know, it's just comfortable. Maybe because you know it's only going to be women here."(Jo)

"It's just a nice atmosphere without any pressure to come in and have a chat with a woman."(Sue)

"They [HWHC staff] made me feel comfortable right from the moment I walked in the door and that's good". (Mary)

"So she's [the Nurse Practitioner] been through a lot with me and I feel like I did safe and place and person who would definitely do something to improve my health. And I always did find it, that's why I keep coming back with many different issues." (Louisa)

"just very thankful and very important to know and meet nurse practitioner Lyn who I totally trust, which is important." (Louisa)

Clinical effectiveness

The CMO configurations make reference to the advanced clinical skills, experience and expertise of the NP. The interviews with women who had received these services provided an opportunity to explore how effective the NP had been in relation to assisting them to manage their health. In addition to this the women made reference to the ways in which the NP had increased their health literacy so that they had a better understanding of their health issue(s) and self-care measures. Further, that for some women increased health literacy led to an increase in health behaviours such as exercise or weight loss. The following excerpts from the interviews have been grouped in relation to feedback about the NP's professionalism and knowledge; the effectiveness of the service; and health literacy. The results from the client surveys have also been drawn upon where relevant.

Professionalism and knowledge

"because she's a woman naturally, but she knows my body better, yeah, that's from that aspect I see how it's better in talking about things and she was really knowledgeable and things like that, but I still like what they told me before "It's like half doctor", I mean nowadays nurses basically do what the doctors do"(Sue)

"She would touch [on] everything in the half an hour, she's a rather incredibly professional as I said, like my social life, you might need, you've been too long depressed, she tried to get me out. It's hard, she tried and she succeeded, like I started doing a sport I never did. Many suggestions she make towards my health, importance of walking every day which I really never did before."(Louisa)

"You know I think just talking to someone that's got a bit of knowledge, nursing sort of, reassurance. They give you reassurance I think" (Jo)

The women interviewed made reference to the professionalism and broad knowledge of the NP and the way that these characteristics assisted them to achieve better health outcomes. This supports the CMO configuration about the NP in relation to her advanced skills and knowledge. Just over half of the survey respondents indicated that they had discussed their home life with the NP which supports the experiences of the women who were interviewed who described the breadth of topics discussed during the consultation. In addition, 60% of the survey respondents indicated that the NP highlighted health concerns they were previously unaware of. Furthermore, the NP was able to meet the needs of 80% of the client survey respondents without the need for referral to other services. These results reflect the holistic nature of the service provided, which again supports the CMO configuration about the NP and her holistic approach as well as the way that this approach assists the HWHC to fulfil its goal to provide a holistic service.

Effectiveness of services

The excerpts below highlight the ways that the NP assisted the women interviewed to understand and apply knowledge to manage their health issues, including some long term or long standing health issues. The common thread from these women's stories is the way the knowledge referred to above is imparted in order to encourage participation and effective decision-making.

"I've always been happy with the treatment, the ease of walking in, walking out and then of course it was probably 12 months ago that I came in, it might have been more, a Pap smear and of course I'm a carer for my 90-year-old mother whose sitting in the car opposite and I got talking to Lynn about other problems and from there she started just advising me, giving me advice on weight and I've been seeing her ever since but, I was really going well, even when it came to multi-vitamins, she suggested I go on, she is the one who would say "Has your doctor done a blood test for your blood pressure tablets?" And I had to follow up my doctor to do it, I've just gained a lot of knowledge just from seeing her and I've been able to talk over quite a few of my problems, internal problems and women's problems."(Sue)

"And being encouraged and absolutely outstanding help I have really which I talk to many people about, about help and achievement I had for the three months… health issues which nobody could help me, or they didn't have time. Just using the scary words on the visit and I keep asking I need help. And then they obviously, I did not receive GP help, no I did not, but I did receive from nurse practitioner lady… Did it turn my life around just simply being aware of what's in the back of each product and what is harmful to me and to what extent I should take that. Variety of the foods, which they're important, so there was a knowledge I never had to that extent, which really turn around my life. I lost 36 kilos, and my illness gone" (Louisa)

These findings confirm the CMO configuration developed for women who attend the service, as the data provide evidence of women actively participating in decisions. Similarly they confirm the outcomes proposed in the CMO configuration for the NP.

Health literacy

The critical success factor in relation to the sharing of knowledge and enabling women to understand and act on this knowledge is the NP's ability and skills in relation to enhancing their health literacy. The excerpts from the interviews with women below indicate that they have been provided with information in a format that they understand, and that this knowledge has empowered them to actively participate in their own health. This is confirmed in the survey results depicted in Table 1, where 100% of respondents indicated that the NP explained things in a way that was easy to understand.

"[Nurse Practitioner] explains everything and even when it comes to just a cholesterol check, she will explain the difference between good and bad. The GPs I see "Yes, your cholesterol is 5.4 whatever blah blah blah" (Sue)

"It give me the knowledge, I'm not a very confident person myself, but it certainly give me the knowledge and it's no end of the tunnel, open the horizon for me to learn, to trust and definitely to do something about"(Louisa)

"I like to hear it and understand it and I'm not, I don't think I'm an overly stupid person. Yeah just plain English and the fact that they can set you in the right direction for what you need and this is the first time I've ever found anywhere that had it altogether where they could point you in all the right directions". (Jo)

These results support the proposed theory in the CMO configuration related to the mechanisms and outcomes for the NP. The two areas where a range of experiences is depicted in the results are in relation to referral to other services and receiving services for health concerns previously unknown. These results may be explained by the individualised nature of the interactions with the NP which means that not all women will require a referral and some will only attend the service for an identified health need.

Table 1: Client Survey Results related to the Nurse Practitioner CMO Configuration

	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		N/A	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
I felt included in my health choices	26	86.7%	3	10.0%	0	0.0%	0	0.0%	0	0.0%	1	3.3%
The NP explained things to me in a way that was easy to understand	29	93.5%	2	6.5%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
The service I received from the NP made me feel like an individual	27	87.1%	4	12.9%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
The NP highlighted some health concerns I was unaware of or didn't attend the clinic for	13	43.3%	5	16.7%	3	10.0%	5	16.7%	0	0.0%	4	13.3%
The NP referred me to other services	7	25.0%	9	32.1%	0	0.0%	1	3.6%	3	10.7%	8	28.6%
The NP didn't seem very experienced	1	3.3%	0	0.0%	0	0.0%	4	13.3%	25	83.3%	0	0.0%
I felt the appointment was long enough to discuss my health care needs	22	73.3%	6	20.0%	1	3.3%	1	3.3%	0	0.0%	0	0.0%

Table 2 Survey Results for Hobart Women's Health Centre CMO Configuration

	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		N/A	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
I was referred to the NP from another part of the Centre	8	28.6%	5	17.9%	0	0.0%	5	17.9%	1	3.6%	9	32.1%
I saw the NP service advertised at the centre	8	29.6%	7	25.9%	1	3.7%	3	11.1%	0	0.0%	8	29.6%
I value the feminist principles that underpin the services at the centre	22	73.3%	6	20.0%	2	6.7%	0	0.0%	0	0.0%	0	0.0%
I like services that are only for women	23	74.2%	4	12.9%	3	9.7%	1	3.2%	0	0.0%	0	0.0%
The NP was able to meet my health needs without referring to other health services	19	61.3%	6	19.4%	1	3.2%	4	12.9%	0	0.0%	1	3.2%
It was annoying to need to visit a doctor after seeing the NP	2	6.9%	2	6.9%	5	17.2%	4	13.8%	3	10.3%	13	44.8%

Table 3 Survey Results Related to the Women Who Attend the Service CMO Configuration

	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		N/A	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
I heard about the Nurse Practitioner from a friend	7	25.0%	2	7.1%	1	3.6%	7	25.0%	2	7.1%	9	32.1%
I did not have to wait long for an appointment with the NP	20	64.5%	5	16.1%	1	3.2%	4	12.9%	1	3.2%	0	0.0%
The NP talked to me about my home life	10	33.3%	6	20.0%	2	6.7%	5	16.7%	0	0.0%	7	23.3%
Getting to the NP was difficult in terms of transport/parking	0	0.0%	1	3.6%	2	7.1%	12	42.9%	12	42.9%	1	3.6%
It was worthwhile seeing the NP even though I needed to see a doctor afterwards	12	40.0%	3	10.0%	1	3.3%	1	3.3%	0	0.0%	13	43.3%
I don’t care about the organisation’s philosophy, I just want good service	7	23.3%	2	6.7%	4	13.3%	11	36.7%	5	16.7%	1	3.3%

Objective 4: Assessing whether this is an effective model of health service provision in a community.

The data provide evidence that the HWHC NP is an effective service model given the context. The service is both accessible and appealing to women looking for a 'women's health service'. The services delivered have clinical relevance and address the needs of women within a holistic framework. Just over half of the surveyed clients saw the service advertised at the HWHC, suggesting that extra advertising or referrals would be needed if the service was not embedded within the Centre.

The service appears to be most effective in delivering holistic health services. The combination of service data, client surveys and client interviews suggest that the NP uses the interactions with women attending the service as an opportunity to provide education around preventative health matters. The combination of good questioning and listening skills and appropriately communicated health education resulted in increased health literacy for most interviewed clients. For at least two interviewees this led to behaviour change, with subsequent health improvements (weight loss, increased activity levels). Given the known difficulties in facilitating healthier behaviours in our population this NP contribution warrants further exploration and research.

The service also delivers many reproductive and emotional/mental health type services. Feedback from clients and stakeholders suggest that all clinical services are valued and perceived to be of high quality. Good communication, adequate time and an individualised approach appear to be key elements of the service. Stakeholders feel the NP operates appropriately and within her scope. The referral processes appear to work well with both clients and other health professionals satisfied with the relevance of referrals.

The effectiveness of the model is impacted on by the nature of the collaborative agreement and subsequent scope of practice, plus the Medicare rebates for nurse practitioners. Given the holistic nature of the services provided, describing the scope within the collaborative agreement as largely 'pap smears and breast checks' does not adequately capture the nature of the NP interventions. Better recognition of the health prevention counselling/education role undertaken by the NP with subsequent adequate remuneration might make the role more sustainable in a broader community setting.

Table 4 Results of Stakeholder Survey Related to Nurse Practitioner CMO

	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		N/A	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
The Nurse Practitioner and I share professional networks.	3	27.27%	5	45.45%	1	9.09%	1	9.09%	0	0.00%	1	9.09%
The Nurse Practitioner refers to other service providers as required	3	27.27%	6	54.55%	1	9.09%	0	0%	0	0.00%	1	9.09%
I would have no hesitation referring someone to the Nurse Practitioner for relevant issues.	8	72.73%	3	27.27%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
The Nurse Practitioner is well qualified for her role.	8	72.73%	3	27.27%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
The Nurse Practitioner operates within her scope of practice.	7	63.64%	3	27.27%	1	9.09%	0	0.00%	0	0.00%	0	0.00%
The referrals I receive from the Nurse Practitioner are appropriate	3	27.27%	1	9.09%	0	0.00%	0	0.00%	0	0.00%	7	63.64%
This role at the Hobart Women's Health Centre has raised the profile of Nurse Practitioners in Tasmania	6	54.55%	3	27.27%	2	18.18%	0	0.00%	0	0.00%	0	0.00%
It is easy to access/refer to the Nurse Practitioner	5	45.45%	2	18.18%	3	27.27%	0	0.00%	0	0.00%	1	9.09%
There needs to be closer collaboration between the Nurse Practitioner and other health care service providers	0	0.00%	2	18.18%	7	63.64%	0	0.00%	0	0.00%	2	18.18%
The services provided by the Nurse Practitioner would be more appropriately provided by a doctor	0	0.00%	0	0.00%	0	0.00%	3	27.27%	4	36.36%	4	36.36%
This is the first Nurse Practitioner that I have collaborated with	2	18.18%	2	18.18%	1	9.09%	3	27.27%	1	9.09%	2	18.18%

Table 5 Results of Stakeholder Survey Related to Hobart Women's Health Centre CMO

	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		N/A	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
The Nurse Practitioner role is a good fit with the Hobart Women's Health Centre.	9	81.82%	1	9.09%	0	0.00%	0	0.00%	0	0.00%	1	9.09%
Women visit the Nurse Practitioner to receive holistic care	7	63.64%	3	27.27%	0	0.00%	0	0.00%	0	0.00%	1	9.09%
The Nurse Practitioner role is appropriate for the clinic at the Hobart Women's Health Centre	10	90.91%	1	9.09%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
It is important that the Nurse Practitioner works within the same feminist principles that underpin the services at the Hobart Women's Health Centre	6	54.55%	2	18.18%	2	18.18%	0	0.00%	0	0.00%	1	9.09%
The Nurse Practitioner role value-adds to the services provided at the Hobart Women's Health Centre.	8	72.73%	2	18.18%	0	0.00%	0	0.00%	0	0.00%	1	9.09%

Conclusion and recommendations

The evaluation results suggest that the implementation of the NP role within the HWHC has had a positive impact, both for the HWHC and the women who attend the service. This evaluation process has developed a theory of the model of service provision which is depicted in the CMO configurations. The propositions in this theory have been tested through the analysis of data collected. This theory testing approach has identified the components of the model and the resultant outcomes. Any replication of the service or outreach model of service provision needs to take this theory into account.

The context for the provision of the services has proven to be a critical success factor. The HWHC is a place where women feel supported and safe to participate in the services provided and their health and wellbeing. The congruency between feminist principles of the HWHC and the practice of the NP is evident in the individualised and holistic approach experienced by the women who attend the service. The women interviewed confirmed that this approach appeals to women seeking an alternative to the biomedical model.

The NP operates within a nursing framework drawing on advanced knowledge and skills commensurate with her scope of practice. Feedback from women who attend the service has highlighted the nursing skills of therapeutic listening, education, goal setting and clinical care, as well as the emphasis placed on early intervention and promoting self-care. The mutually respectful nature of the interactions between the NP and the women fosters reciprocal learning and knowledge acquisition. For the women attending the service, this is empowering and enhances their health literacy. For the NP, this further increases her knowledge and understanding about the efficacy of her interventions.

On the basis of the findings resulting from this evaluation project, recommendations have been made for the future development of the NP role. The findings have also identified changes required at the level of policy and legislation to further facilitate the incorporation of the nurse practitioner level of service delivery into the health care system more broadly (G. E. Gardner, Dunn, Carryer, & Gardner, 2006).

Recommendations

1. Further lobbying is required to seek changes to the Medicare funding arrangements for Nurse Practitioners, particularly in this context.
2. If the Nurse Practitioner role is considered for replication elsewhere or outreach, it is important to consider the context where the service is to be situated to ensure congruency with the HWHC, the NP and the hosting service (if applicable).
3. Promotional materials about the services provided by the Nurse Practitioner need to make mention of the nursing framework to both promote and inform women about the nurse practitioner role.
4. Advocacy on behalf of women from culturally and linguistically diverse backgrounds is required in relation to the provision of free interpreter services when attending the Nurse Practitioner.

5. The Nurse Practitioner could expand the demographic data routinely collected (for example in relation to language spoken at home, ethnicity, Aboriginal or Torres Strait Islander) in order to assess the accessibility of the service.
6. The demand for the Nurse Practitioner service and the wait times between appointments need to be carefully monitored in order to plan for future services.
7. Referral to the Nurse Practitioner service could be further promoted from within the HWHC and by other service providers located there.
8. Informing other service providers (including GPs) about the Nurse Practitioner service at the HWHC needs to occur on a regular basis (suggest at least yearly) to ensure that a broad range of community and health service providers are aware of the service and how to refer.
9. There needs to be better recognition of the health promotion and counselling/education role undertaken by the Nurse Practitioner within the collaborative agreement and the broader community.
10. Collecting data related to health outcomes (and outcomes proposed in the CMO configurations) would provide further evidence of the clinical effectiveness of this model of service delivery.

References:

Bear, M., & Bowers, C. (1998). Using a nursing framework to measure client satisfaction at a nurse-managed clinic. *Public Health Nursing, 15*, 50-59.

Chen, H. (1997). Applying mixed methods under the framework of theory driven evaluations. *New directions for evaluation, 74*, 61-72.

Creswell J W, & Plano Clark V L. (2007). *Designing and conducting mixed methods research*. Thousand Oaks: Sage Publications.

Gardner, A., & Gardner, G. (2005). A trial of nurse practitioner scope of practice. *Journal of advanced nursing, 49*(2), 135-145.

Gardner, G. E., Dunn, S., Carryer, J., & Gardner, A. (2006). Competency and capability: imperative for nurse practitioner education. *Australian journal of advanced nursing, 24*(1), 8-14.

Jennings, N., O'Reilly, G., Lee, G., Cameron, P., Free, B., & Bailey, M. (2008). Evaluating outcomes of the emergency nurse practitioner role in a major urban emergency department, Melbourne, Australia. *Journal of clinical nursing, 17*(8), 1044-1050.

Pawson, R., & Tilley, N. (1997). *Realistic Evaluation*. London: Sage Publications.

Wagner, D., & Bear, M. (2009). Patient satisfaction with nursing care: a concept analysis within a nursing framework. *Journal of advanced nursing, 65*(3), 692-701.

Wand, T., & White, K. (2007). Progression of the mental health nurse practitioner role in Australia. *Journal of Psychiatric & Mental Health Nursing, 14*(7), 644-651.

Wand, T., White, K., & Patching, J. (2010). Applying a realist (ic) framework to the evaluation of a new model of emergency department based mental health nursing practice. *Nursing inquiry, 17*(3), 231-239.