

Barriers and facilitators to doctor-nurse substitution

What is the aim of this synthesis?

The aim of this Cochrane qualitative evidence synthesis was to explore peoples' views and experiences of moving tasks from doctors to nurses in primary healthcare. Furthermore we wanted to identify factors that can influence implementation of doctor-nurse substitution in primary care.

We collected and analysed all relevant qualitative studies to answer this question.

This qualitative evidence synthesis links to another Cochrane Review by [Laurant and colleagues](#) from 2018 that assesses the effectiveness of moving tasks from doctors to nurses in primary care.



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Key messages

Patients, doctors and nurses may accept the use of nurses to deliver services that are usually delivered by doctors. But this is likely to depend on the type of services. Nurses taking on extra tasks want respect and collaboration from doctors; proper resources; good referral systems; experienced leaders; clear roles; and adequate incentives, training and supervision. However, these needs are not always met.

What was studied in this synthesis?

Many people do not get the healthcare they need because of a lack of healthcare workers where they live. Governments across the world are trying different solutions to address this problem. One possible solution is to move tasks from more-specialised to less-specialised health workers, for instance, moving certain tasks from doctors to nurses.

In this review, we looked for studies that explored how patients, nurses, doctors and others viewed and experienced these solutions, and what could influence their success.

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What are the main findings?

We included 66 studies (69 papers) in our review, 11 from low- or middle-income countries and 55 from high-income countries. These studies found a number of factors that appear to influence the implementation of doctor-nurse substitution strategies. The following factors are based on findings that we assessed as moderate or high confidence:

Patients in many studies knew little about nurses' roles and the difference between nurse-led and doctor-led care. They also had mixed views about the type of tasks that nurses should deliver. They preferred doctors when the tasks were more 'medical' but accepted nurses for preventive care and follow-ups. Doctors in most studies also preferred that nurses performed only 'non-medical' tasks. Nurses were comfortable with, and believed they were competent to deliver, a wide range of tasks, but particularly emphasised tasks that were more health promotive/preventive in nature.

Patients in most studies thought that nurses were more easily accessible than doctors. Doctors and nurses also saw nurse-doctor substitution and collaboration as a way of increasing people's access to care, and improving the quality and continuity of care.

Nurses thought that close doctor-nurse relationships and doctor's trust in and acceptance of nurses was important for shaping their roles. But nurses working alone sometimes found it difficult to communicate with doctors.

Nurses felt they had gained new skills when taking on new tasks. But nurses wanted more and better training. They thought this would increase their skills, job satisfaction and motivation, and would make them more independent.

Nurses taking on doctors' tasks saw this as an opportunity to develop personally, to gain more respect and to improve the quality of care they could offer to patients. Better working conditions and financial incentives also motivated nurses to take on new tasks. Doctors valued collaborating with nurses when this reduced their own workload.

Doctors and nurses pointed to the importance of having access to resources, such as enough staff, equipment and supplies; good referral systems; experienced leaders; clear roles; and adequate training and supervision. But they often had problems with these issues. They also pointed to the huge number of documents they needed to complete when tasks were moved from doctors to nurses.

How up-to-date is this synthesis?

We searched for studies published before 28 June 2018.

Reference

Karimi-Shahanjarini A et al. Barriers and facilitators to the implementation of doctor-nurse substitution strategies in primary care: a qualitative evidence synthesis. Cochrane Database of Systematic Reviews 2019, Issue 4. Art. No.: CD010412. DOI: 10.1002/14651858.CD010412.pub2.

Available from: [Cochrane Library](#)

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This summary includes key findings from research based on a Cochrane systematic review. This summary does **NOT** include recommendations.

Cochrane systematic review

In systematic reviews you search for and summarise studies that answer a specific research question. The studies are identified, assessed and summarised by using a systematic and predefined approach.