JNP

Perceptions of NP Roles in Australia: Nurse Practitioners, Managers, and Policy Advisors

Grainne Lowe, NP, Virginia Plummer, PhD, and Leanne Boyd, PhD

ABSTRACT

The aim of this study was to explore perceptions of nurse practitioner (NP) roles from NP, nurse manager, and nurse policy adviser perspectives in Australia. A questionnaire formed phase 1 of a mixed methods study with 171 responses (36% response rate). Results show that, although there was a generally positive regard for NPs, there is evidence of a difference in perception between the stakeholder groups. The finding that nurse policy participants had a lower overall perception rating score is significant given this is the group that drives policy at the state and territory levels.

Keywords: nurse manager, nurse practitioner, policy, policy adviser, role perception

LITERATURE REVIEW

Australian research on nurse practitioners (NPs) has reported high levels of patient satisfaction,[1] improved teamwork,[2] and improvements in service delivery.[2,3] Although these reports of success are encouraging, barriers to future growth of NP role integration and sustainability have also been highlighted. The barriers cited include onerous requirements for legislative changes to enable full scope of practice.[4] The reality of NPs working in isolated practice settings creates barriers to role development, due to the limited availability of support and access to education and professional development opportunities. Furthermore, the existence of inequitable payment arrangements as a result of limited access to reimbursement for services through the Medicare Benefits Schedule (an Australian government-sponsored fee-for-service system that subsidizes health care) limits the financial viability of the new role, making it an unattractive option for health care managers,[5,6] but troublesome for the individual NP.[7] In addition, opposition from the medical profession and lack of clear government policy around role definition, function, and preparation creates additional barriers, frustrating attempts by organizations to adequately integrate the NP role.[6,8,9]

The NP role now has application in a variety of settings, such as primary care, acute care, specialty medical services, and community care.[10,11] In response to a number of gaps identified in service delivery, some state governments have responded with financial incentives to assist with the introduction of NP roles. In the future, in newly defined problem areas, where demand far outweighs supply, the need for NPs is set to increase.[12] Despite evidence to suggest maintenance of quality care, effective patient management, and improved access, the NP role is progressing at a slow rate within Australian health care organizations.[13,14] It is further evident that lack of clarity around role definition, function, and preparation create additional barriers, both nationally and internationally, frustrating attempts by organizations to adequately integrate the NP role.[15,16] Despite these realities, there is a lack of knowledge about the influences affecting the progress of the NP role and enabling NPs to become embedded into the health care system.

Study Aim

The aim of this study was to explore the perception of organizational integration of the NP role as a nursing workforce reform strategy applied to Australian health care settings from a variety of

perspectives, namely NPs, nurse managers, and nurse policy advisers.

METHODS

Quantitative data collection was utilized for phase 1 of this study. A survey pack was mailed to potential participants that included a pen-and-paper questionnaire requiring approximately 20 minutes to complete, a reply paid return envelope, and an explanatory letter.

Sample

The study participants were NPs, due to their intimate knowledge of the role; nurse managers, due to their position of making decisions about nursing employment; and nurse policy advisers, due to their position of providing advice about nursing workforce issues at the state or territory level. A random sampling technique was used for the 3 populations in this phase of a larger mixed-methods study. The technique used was adopted to identify a representative sample of each of the 3 identified groups of interest across Australia.

Instrument

A tool was developed by the researcher with key stakeholder input, including NP, nurse manager, and nurse policy adviser, and with an academic perspective to ensure relevance of the topics to the research questions. The questionnaire was piloted on representatives from each of the identified groups of interest, namely NPs ($n = 6$), nurse managers ($n = 5$), and those with knowledge of nurse policy issues ($n = 2$), to judge the ability of the questions to prompt answers to the proposed constructs.

The questionnaire began with demographic questions, followed by questions based on the key themes from the literature, such as support for the NP role, understanding of the NP role, sustainability of the NP role, and barriers to the NP role, with Likert-scale responses (refer to Table 1). Dichotomous closed questions, such as "Do you currently work as an NP?" and "Do you have NPs working in your organization?" used a "Yes" or "No" fixed response format. The questionnaires were designed to enable the questions to be asked of the 3 groups, while allowing for the distinct background of each group to be reflected.

The responses to the questions were scored, which assisted in comparison of the variables across the 3 participant groups.

Data Analysis

Analyses were performed on the data to determine whether there were any significant relationships. The analyses included use of the Kruskal-Wallis test, a nonparametric alternative to analysis of variance (ANOVA) for between-groups analysis to identify any possible significant differences in perceptions.[17]

RESULTS

The numbers of respondents varied across the groups, with 87 of 233 respondents from the NP group, 77 of 295 from the nurse manager group, and 7 of 16 from the nurse policy adviser group, for a total of 171 respondents. The overall response rate to phase 1 of the study was 36%; however, groups 1 and 2 had slightly underpowered samples, requiring 91 and 92 respondents, respectively. There were adequate respondents from the small population comprising group 3. All power analyses were calculated at the 95% confidence level.

The respondents were highly experienced nurses with many having > 20 years of experience ($n = 112$, or 65%). Smaller numbers of nurses worked in the field for 16-20 years ($n = 19$) and 11-15 years ($n = 20$), with 5 in the 5- to 10-year category and 0 with < 5 years of experience.

Inferential statistics were used to determine the extent to which differences or similarities existed between the 3 participant groups in the study, how significant these differences or similarities were, and to draw conclusions. It is valuable to use these results to expand on the descriptive statistics, enabling significant conclusions to be drawn and recommendations made relevant to the integration of NP roles across multiple settings and locations.

Calculation of Mean Perception Score

The questionnaire asked for respondents to indicate their level of agreement with statements about the NP role. Responses to the questions used a Likert-type scale for individual items, ranging from "Strongly disagree" to "Strongly agree," with an option for "Don't know." The addition of the "Don't know" category was to differentiate from