Nurse Practitioner Organizational Climate in Primary Care Settings: Implications for Professional Practice

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The expansion of the nurse practitioner (NP) workforce in primary care is key to meeting the increased demand for care. Organizational climates in primary care settings affect NP professional practice and the quality of care. This study investigated organizational climate and its domains affecting NP professional practice in primary care settings. A qualitative descriptive design, with purposive sampling, was used to recruit 16 NPs practicing in primary care settings in Massachusetts. An interview guide was developed and pretested with two NPs and in 1 group interview with 7 NPs. Data collection took place in spring of 2011. Individual interviews lasted from 30–70 minutes, were audio recorded, and transcribed. Data were analyzed using Atlas.ti 6.0 software by 3 researchers. Content analysis was applied. Three previously identified themes, NP-physician relations, independent practice and autonomy, and professional visibility, as well as two new themes, organizational support and resources and NP-administration relations emerged from the analyses. NPs reported collegial relations with physicians, challenges in establishing independent practice, suboptimal relationships with administration, and lack of support. NP contributions to patient care were invisible. Favorable organizational climates should be promoted to support the expanding of NP workforce in primary care and to optimize recruitment and retention efforts. (Index words: Nurse practitioner; Primary care; Organizational climate) J Prof Nurs 29:338–349, 2013.

CONCERNS THAT THE existing overburdened primary care system is failing patients and lacking effectiveness are fueled by a critical workforce shortage linked to providers without adequate resupply (Sargen, Hooker, & Cooper, 2011) to meet the increase in demand by an aging population (Colwill, Cultice, & Kruse, 2008), an epidemic of chronic diseases (Bodenheimer, Chen, & Bennett, 2009), and anticipated increase in the newly insured through implementation of the Patient Protection and Affordable Care Act (Patient Protection & Affordable Care Act, 2010). To meet the demand for high-quality cost-effective primary care, policy makers, health care organizations, and health professionals are calling for revitalization of the primary care system. Many new initiatives such as accountable care organizations (Fisher, 2007) and patient-centered medical homes (National Committee for Quality Assurance, 2011) are being implemented to strengthen primary care delivery because strong primary care is critical to an effective and well-functioning health care system (Starfield, 2005).

The Institute of Medicine (IOM) proposed an expansion of nurse practitioner (NP) workforce in primary care as a potential solution to workforce shortages and quality of care issues (IOM, 2010). Currently, more than 55,000 NPs deliver primary care (Agency for Healthcare Research and Quality, 2012). It is projected that the overall NP workforce will increase by 130% from 2008 to 2025 totaling more than 244,000 NPs (Auerbach, 2012).

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About 65% of them will practice in primary and/or ambulatory care settings (Health Resources and Services Administration, 2008). However, just by adding more NPs into the existing primary care workforce does not necessarily mean that the existing challenges that primary care faces will be eliminated. Effective utilization of NPs and promotion of their professional practice are necessary to assure high-quality care and address the existing challenges.

NPs practice in a variety of care settings with varying organizational structures and climates, which may hinder or promote their professional practice in the context of state regulatory environments. In some states, the regulatory environment is more favorable for NP professional practice, whereas in other states, unnecessary restrictions, primarily regarding prescriptive authority, physician involvement, and ordering of diagnostic tests or referrals, are imposed (Pearson, 2012). In addition to these restrictions, additional variations in NP professional practice arise at the practice level mainly because of local organizational climates. In some organizations, NPs deliver only urgent care, whereas in other settings, they are responsible for chronic disease management and/or delivery of comprehensive primary care to all patient populations (Laurant et al., 2009). These idiosyncratic differences from practice site to practice site create barriers for NP professional practice and may affect patient care.

Organizational climate refers to a set of work environment characteristics as perceived by the employees who work in those environments, and those characteristics affect their practice, behaviors, and outcomes (Litwin & Stringer, 1968). It is often used interchangeably with organizational culture (Sleutel, 2000) even though they are conceptually different (Kuenzi & Schminke, 2009). Organizational culture is defined as a pattern of assumptions that are created by a group as they cope with problems and can be shared with new group members as a right way to deal with the problems (Schein, 1990). Organizational climate refers to perceptions related to working conditions (Clarke, 2006a). Organizational culture is a more global concept, whereas climate is concrete and tangible (Gershon, Stone, Bakken, & Larson, 2004).

Major characteristics of organizational climate in health care settings are leadership, group behaviors, and structural attributes of quality of work life (Aiken, Sloane, & Sochalski, 1998; Gershon et al., 2004). For NPs, intrapractice partnerships, relations with physicians, and staff support (Brown, 2003; Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004; De Milt, Fitzpatrick, & McNulty, 2011; Lindeke, Jukkala, & Tanner, 2005) seem to be important organizational climate characteristics. These and other similar organizational attributes in primary care settings affected clinical effectiveness, job satisfaction, and turnover of NPs (De Milt et al., 2011; Hall, Brazil, Wakefield, Lerer, & Tennen, 2010; Schiestel, 2007). In addition, poor organizational climates may have the unintended consequence of preventing optimal care delivery and deteriorating quality of care. In the literature, organizational climate has been linked to medical errors, accidents, unsafe work behavior, and to other quality-of-care indicators (Clarke, 2006b; Hofmann & Mark, 2006; Kaissi, Kralewski, & Dowd, 2003). These negative provider and patient outcomes are significant and should be taken into consideration especially in the context of existing challenges that primary care is facing.

Our previous work conducted a comprehensive review of existing evidence regarding organizational climate for NPs in primary care settings and demonstrated that NP–physician relations, autonomy, and professional visibility are important organizational climate domains for NPs in primary care (Poghosyan, Nannini, & Clarke, 2013). Supportive NP–physician relations, NPs' abilities to practice independently, and organizational structures that make NPs' contributions to patient care and to the organization visible were important organizational climate domains. However, we also concluded that the domains that emerged from the review of the existing evidence were only initial organizational climate domains for NPs practicing in primary care settings. In order to develop a comprehensive understanding of organizational climate in primary care settings from NP perspectives, more research needs to be conducted.

By 2025, most of the primary care to the general patient population will be provided by nonphysician providers including NPs (McKinlay, 2008). It is necessary for primary care settings to be aware of NP organizational climate to assure that organizations are capable of supporting NP practice and promoting high-quality care. Supportive organizational climates are necessary for building well-functioning multidisciplinary primary care teams capable of delivering high-quality patient-centered care and establishing professional practice of nurses (Fasoli, 2010). Building on the existing evidence and extending our previous work, we conducted a qualitative investigation of organizational climate to explore domains that are important for NP professional practice in primary care settings. It demonstrated whether the previously identified three domains for organizational climate are appropriate for understanding primary care NP organizational climate and whether new domains will emerge from the NP data.

Methods

Conceptual Framework

The study builds on the conceptual framework that organizational structures in the workplace impact workers' behavior and performance more than their individual personal characteristics (Kanter, 1976). Kanter's theory of structural power in organizations suggests that organizational climate can either impede or promote employee performance regardless of employees' personal tendencies (Kanter, 1968, 1976), and work behavior is an outcome of organizational structures (Kanter, 1976). If the organization fails to enhance the performance of its employees, then it is evident in the productivity and the