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## Using focus groups to identify characteristics of an ideal work environment for Advanced Practice Clinicians

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### ABSTRACT

Advanced Practice Clinicians (APCs) in collaborative practice represent a diverse and valuable group of health care professionals, including nurse practitioners, physician assistants, nurse anesthetists, and nurse midwives. Because these healthcare professionals have been identified as part of the solution to physician shortages, it is critical for health networks to examine and address issues affecting collaborative relationships. We invited our network APCs to participate in focus group sessions to determine both attributes and barriers to an ideal work environment. Four major themes emerged: (1) compensation, (2) network representation, (3) employment structure, and (4) workplace culture. While issues relating to compensation and representation were prevalent, discussions also revealed the importance of relationships and communication. To ensure successful collaboration and, thereby, reduce clinician turnover, leaders must address gaps between the existing and ideal states in structural factors affecting job satisfaction (Themes 1–3) as well as the behavioral factors represented in workplace culture (Theme 4).

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### 1. Introduction

Advanced Practice Clinicians (APCs) in collaborative practice have become integral stakeholders in health care delivery within both inpatient and outpatient settings.<sup>1–3</sup> The demand for APCs—nurse practitioners, physician assistants, nurse anesthetists and midwives—has accelerated recently, driven by legislative support, resident duty hour restrictions,<sup>4</sup> expanding clinical complexity, and cost pressures. In Pennsylvania, legislation has been introduced to grant nurse practitioners independent practice authority, a privilege that 20 other states have already adopted. In a competitive marketplace, APC satisfaction is highly correlated with recruitment and retention.<sup>5</sup> However, recent survey data has shown that up to 27% of nurse practitioners have expressed intent to leave their current positions.<sup>6</sup> The loss of clinical team members disrupts patient access and continuity of care, and can also negatively affect efficiency,

quality, and safety. Our health network, motivated to explore the APC work environment after the sudden loss of a group of 5 nurse practitioners from a single discipline, sought to identify and support an ideal work environment for APCs as one important strategy for maintaining a high-quality, collaborative workforce.

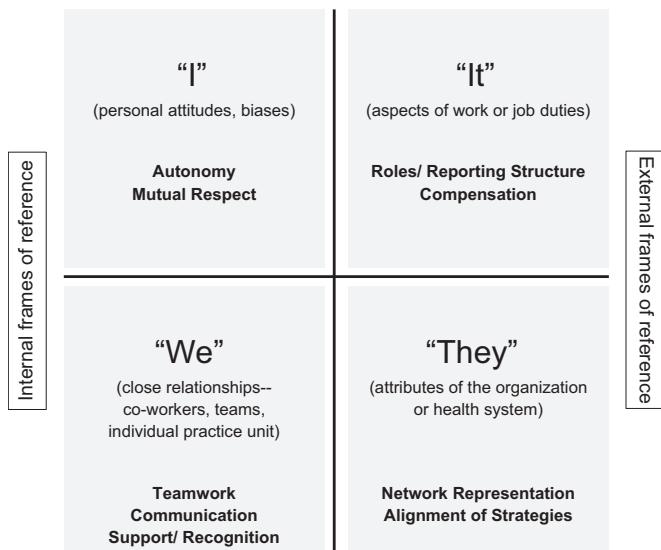
### 2. Study design and methods

An interdisciplinary team of seven practicing physicians and one medical anthropologist convened to explore our network APCs' perception of an ideal work environment. We adopted a focus group format to elicit a wide range of participant concerns,<sup>7</sup> seeking to identify both barriers and facilitators to an APC ideal work environment. Our goals were to inform clinicians and senior leaders, improve professional satisfaction, and reduce clinician turnover.

Over the past 15 years, researchers have investigated issues of work environment and professional satisfaction among APCs,<sup>8–13</sup> using surveys or semi-structured interviews with predetermined

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**Fig. 1.** Ideal work environment themes in the "Ways of Knowing" framework: Domains of each quadrant of the model are listed in parentheses. Themes that emerged from the focus group analysis are presented in **bold**.

topics.<sup>8-10</sup> To support the more qualitative nature of focus groups, we used Wilber's "Ways of Knowing" paradigm<sup>14</sup> (Fig. 1) as a conceptual framework for organizing the themes from the published literature and to construct the focus group interview questions. "Ways of Knowing" is a four-quadrant model in a two-by-two design. On the "external" side is the work itself ("It") and the larger system in which it takes place ("They"). On the "internal" side are the attitudes and motivations that health professionals bring to their work ("I"), as well as the team milieu ("We") in which attitudes, behaviors and teamwork come to life. This conceptual model is a process for integrating data to the level of knowledge and understanding.<sup>15</sup> Within healthcare, Stange and colleagues<sup>7,15</sup> have used this four-quadrant approach to support mixed-methods research and knowledge development within generalist medicine.

Process-wise, we sent internal email invitations to 273 randomly selected APCs within our health network. Thirty-nine responded, with approximately 10 participating in each of four separate sessions conducted in October and November 2010. The initial focus group session was moderated by a medical anthropologist with qualitative methods expertise; subsequent sessions were moderated by a research physician.

Participants predominantly included nurse practitioners and physician assistants. The majority (64%) practiced primarily in outpatient settings. Of the 39 participants, 28% identified themselves as primary care clinicians; 72% practiced in sub-specialty fields. After collecting demographic information and obtaining consent, physicians facilitated the four focus group discussions with questions modeled from those previously used in validated surveys.<sup>9,11,16</sup> Follow-up probe questions based on "Ways of Knowing"<sup>14</sup> included the following:

- What aspects of your work bring you the greatest satisfaction? ("I" quadrant, designed to explore attitudes, motivation).
- How can doctors build healthy relationships with the APCs who work with them? ("We" quadrant, designed to explore working relationships within clinical teams").
- If you could change one aspect of your job that would make it better for you, what would it be? ("It" quadrant, designed to explore aspects of the work itself).
- How are you recognized for your efforts? ("They" quadrant,

designed to explore rewards and recognition within the context of a large health network).

We recorded responses on flip charts and by audio; after transcripts were de-identified, all data were reviewed collectively by the physician team. Four dominant themes emerged and are described in the section below.

### 3. Primary themes

#### Theme 1. Compensation and Accurate Accounting of Work.

A large part of the discussion in each of the focus groups centered on APC compensation, including both salary and accurate accounting of work performed. Participants reported perceptions that current salaries were below national averages,<sup>13,17</sup> and that they had limited access to information about drivers of salary increases and incentives.<sup>10</sup> Among other concerns were ambiguity in crediting relative value units (RVUs) for shared work with physicians and less available reimbursement of continuing medical education expenses than that of physicians.<sup>10</sup>

#### Theme 2. Network Advocacy.

Although our health network supports an Advanced Practice Clinician Council whose mission is to support and integrate the professional interests of APCs within the network, several participants indicated uncertainty about the Council's role. Other concerns were the poor attendance at APC member meetings because of clinical duty conflicts or inconvenient meeting locations, lack of representation at the senior leadership level, and a perceived lack of communication about important changes affecting APCs within the network.

#### Theme 3. Roles and Reporting Relationships.

Focus group attendees said they valued collaborative relationships and saw their roles as complementary to those of physicians. However, many APCs felt there was a gap between the contracted job duties and the realities of what was expected within the team or practice unit. They noted being assigned time-consuming non-clinical tasks without adequate help from support staff.<sup>13</sup> Some APCs could not identify their immediate supervisors, leaving them unsure as to whom to approach with professional or administrative concerns. For some, this was merely a nuisance until renegotiated within the practice, but for others, the lack of a "go-to" supervisor was disempowering.

#### Theme 4. Workplace Culture and Behavior.

Overall, most of our APCs reported satisfaction with their collaborative relationships. They specifically valued mutual respect,<sup>9,11</sup> support from co-workers,<sup>8</sup> dialogic communication and feedback, and team-based patient care mixed with personal autonomy.<sup>9,10,18</sup> However, inadequate opportunities for emotional support, mentoring, and interaction with peers<sup>13</sup> were noted as contributors to low morale. Several themes identified in our analysis are consistent with those previously published, as annotated in the points listed above. To our knowledge, the shared split billing issues in Compensation (Theme 1) and Network Advocacy (Theme 2) had not been previously identified.

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