

RESEARCH

Consumer perspectives on nurse practitioners and independent practice

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Abstract

Purposes: The purposes of this study were to report the results of a survey for determining the feasibility and sustainability of independently managed nurse practitioner (NP) practices, to identify the characteristics of consumers who would likely choose an independent NP practice, to assess consumer needs, and to define a target market for competitively positioning NPs.

Data sources: An anonymous electronic survey of 1000 employees (response rate = 21%) at a large nonprofit organization in King County, Washington. This organization employs persons in a wide range of socioeconomic and vocational situations. Descriptive statistics and chi-square analyses were applied to determine associations between demographic characteristics and having used an NP or having the intent to use an independent NP practice.

Conclusions: Most respondents knew about NPs, and the majority had seen an NP for their care. Most were satisfied or very satisfied with NP care. A much larger percentage (90%) than previous studies knew about NPs; 58% had seen an NP for their care, making NPs the most used practitioner alternative to physicians. Evidence suggests that NP users are more likely to be female and younger. Eighty-two percent of NP users were satisfied or very satisfied with the care they had received compared to a 70% satisfaction rate for current providers. Women, relatively younger respondents, those who had seen a physician assistant or NP, and those who considered NPs to provide quality and more personalized care were significantly more likely to indicate that they would choose an independent NP practice in their community. Based on a standard marketing formula, 30% of the sample in this study would be expected to change their health care to such a practice.

Implications for practice: This is the first descriptive study to suggest widespread acceptance of NPs as independent practitioners. Compared to a 1985 study of Seattle residents, consumers are far more likely to know about NPs. Consumer studies such as this one identify the characteristics and interests of consumers and assist NPs in establishing a grounded marketing plan for developing distinctly nursing-based health centers. Recommendations are made for additional studies with improved sampling techniques replicating this work and comparing attitudes in various parts of the country. Implications for NP educators include incorporating market research and other business concepts into NP programs to provide clinicians with the tools they need for successful private practice.

Introduction

Historically, medicine and nursing professions have been loathe to employ tools commonly associated with the more mercenary aspects of business, such as decision analysis

and market research. In the modern competitive landscape of health care, however, consumers have many options for care providers. In this marketplace, market segmentation, or the division of the entire market into subgroups allows the identification of target markets and the development of

marketing strategies specific to the interests and needs of these subgroups. Market assessments allow the determination of strategies for nurse practitioners (NPs) to promote their practice in a manner that focuses on the needs and interests of their target market (Nolan et al., 1988) and can provide important information on the decision of whether to proceed with one's business plan or proposed venture (Billingsley, 1986). The purpose of this article was to report the results of a survey conducted to determine the feasibility of NP-managed health centers in north King County, Washington, and to evaluate consumer acceptability of independent NP care. Note that for the purposes of this article, independent NP care refers to NPs providing care in an NP-managed group or solo private practice, without physician oversight or ownership.

Literature review

In the early 1970s, a limited number of researchers began to evaluate the market for what was then a novel healthcare provider, the NP. Initially, researchers examined consumer acceptance of NPs. Seminal NP studies confirmed NP quality of service (Brown & Grimes, 1995; Munding et al., 2000; Office of Technology Assessment, U.S. Congress, 1986; Safriet, 1992; Spitzer et al., 1974); high satisfaction with care among emergency department patients, elders, primary care, and rural populations (Cipher, Hooker, & Sekscenski, 2006; Knudtson, 2000; Larrabee, Ferri, & Hartig, 1997; Rhee & Dermeyer, 1995); and positive clinical outcomes for these providers (Clintron, Bigas, Linares, Aranda, & Hernandez, 1983; Horrocks, Anderson, & Salisbury, 2002; Lenz, Munding, Kane, Hopkins, & Lin, 2004).

Smith and Shamansky (1983) conducted market research using a stratified random telephone survey of 239 Seattle residents to analyze consumer intent to use family NP (FNP) services. They found that few residents knew about NPs; however, 27.3% of the respondents indicated a willingness to use FNP care. In two subsequent studies among New Haven, Connecticut, residents, one with a sample of elders, between 62% and 76% of respondents intended to use NP services (Shamansky & St. Germain, 1987; Shamansky, Schilling, & Holbrook, 1985). Most in the elder sample indicated that they would use NP services despite widespread lack of prior knowledge of NPs (Shamansky & St. Germain).

Several researchers (Enggist & Hatcher, 1983; Shamansky et al., 1985; Smith & Shamansky, 1983) have examined whether perceived differences between MD and NP care, systems factors (such as time spent with the provider, office space, and availability), services used, and cost of NP services would influence patient intention to use NP care. Factors such as younger age, experience with or knowledge

about NPs, relative affluence, relative higher education, dissatisfaction with present care, female gender, and type of symptom have been found to be favorably associated with intent to use NP services. Consumers reported comfort with NPs performing physical examinations, making a diagnosis, and formulating treatment plans (Shamansky & St. Germain, 1987; Shamansky et al.; Smith & Shamansky). In these studies, 27%–62% of respondents indicated that they were likely to use an NP for their care (Shamansky et al.), although there was no study of independent NP care. A search of CINAHL and MEDLINE for the present work revealed no studies addressing patient intention to use or the acceptability of independent NP care.

Methodology

The target market for a proposed NP-managed health center was defined as working families. In consultation with a Rush University statistician and an advisory team, a survey was developed, addressing the purpose questions provided in Table 1. The study was determined to be exempt from Institutional Review Board oversight. Ethical procedures mandated by the nonprofit institution where the employees were located were followed.

The sample

Data for this descriptive study were collected in June 2005 among a convenience sample of the entire population of 1000 employees at a large nonprofit organization in north King County, Washington. The largest city located in King County is Seattle. The population of an entire institution was selected because the employees represented the target demographic for the potential health center, working adults, and because it permitted access to persons from a range of socioeconomic strata, occupations, and educational levels without disclosure of individual e-mail addresses. This organization employs nursing assistants, groundskeepers, janitors, food service workers, social service workers, nurses, administrators, radio personalities,

Table 1 Survey purpose questions

Does the target consumer know what the service provider NP is?
What experience, or direct exposure, have the target consumers had with NPs?
Which primary care services are consumers seeking?
Which aspects of practice are most likely to influence target consumers to choose a place of care?
How are NPs perceived in comparison to MDs?
What kind of consumer chooses an NP?
How many people who currently receive primary care services would be likely to change their care to an independent NP-managed center?

Note: NP, nurse practitioner; MD, medical doctor.