

Running head:

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Pam Banda, Alisha Hill, Carolin Morales, Julie Nelson and Alexis Reyes

Texas Woman's University

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Dr. Patricia Driscoll

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### Introduction

Continuity of care is an essential component and a core principle of healthcare and its delivery. Our research approach seeks to consider continuity of care as a central and important component of primary care. Continuity of Care is both a goal and a process which are known to impact the patient, the health care provider, and the organization. The desired goal is to have a model of care in which the same provider serves as advisor, advocate, and friend to the patient in various stages of medical care. It is a process by which the patient and physician are cooperatively involved in ongoing health care management, toward the goal of high quality, cost effective medical care (American Academy of Family Physicians, 2003).

### Purpose of the Project

The purpose of this project is to provide a meaningful analysis of continuity of care and how it impacts nurse practitioner's job satisfaction. In order to create the survey we grouped the different factors associated with continuity of care as clinical processes, patient care delivery and barriers to continuity of care. They will be observed to demonstrate the correlation between continuity of care and job satisfaction.

### Research Question

Through careful review of continuity of care, we hypothesized that by providing continuity of care to patients a nurse practitioner will be able to establish personal trust and responsibility. This will result in efficient patient care and promotion of job satisfaction.

### Methodology

A twenty two question web-based survey was distributed electronically to nurse practitioners. These nurse practitioners are employed in settings that have a clinic type flow where each patient may or may not see the same provider each visit due to staffing or floating.

### Study Sample

The sample studied was a convenience sample of nurse practitioners in three different health care clinic settings in the North Texas area. Most of the patients in these clinic settings are low income, have no medical insurance or are underinsured. The first location (A) consists of nurse practitioners (n= >10) providing care at a large urban public health care facility. The second location (B) consists of a large group of nurse practitioners (n= 100) managing and operating a privately funded group of clinics. The third location (C) is a small privately owned nurse practitioner (n=5) clinic.

### Factors Associated with Continuity of Care

#### *Quality of Service*

Quality of service and cost to the greatest extent determines where the patients obtain medical treatment. Changes in health services utilization and health plans have complicated the patients' options in their choice of medical providers. Sometimes this is due to insurance plans requiring patients to switch health care providers annually. As a result of these changes, care that was technical and efficient now becomes less intimate and personal (Saultz, 2003).

#### *Cost Effectiveness*

Providers look at Continuity of Care as a way to cut the cost of health care. A study noted by Rosser (2007), reviewed continuity of care and its impact on emergency department use. This study found that the higher provider of continuity of care was associated with lower emergency department use. Being cost effective and implementing cost cautious procedures, directly impacts the health care industry.

#### *Accessibility of Medical Records*

The quality and accessibility of the clinical medical records is also an advantage of continuity of care. Continuity of care makes it easier for providers to access and locate medical records to form an essential part of knowing the patient's medical history. Many health care facilities use different media to document medical care. Some facilities use electronic medical records, handwritten files, and shadow charts. Another difference that can occur within the medical record is inconsistent documentation. These small differences may create problems for the medical professionals when assessing the patient medical record. To have a complete medical record and an established patient rapport diminishes these small differences mentioned (Wilkie, 2003).

#### *Physician/Patient Relationship*

The physician patient relationship is integral in medical care. Interpersonal continuity is considered to be a sustained relationship between the health care provider and the patient characterized by personal trust and responsibility (Clark, 2008). This familiarity can result in improved interpersonal communication, where these relationships are thought to stimulate the experience of personal care. Patients are more likely to trust the physician and therefore trust the treatment provided for their disease (Rosser, 2007).

If the relationship between provider and patient is not successfully established, risk of malpractice may occur. Patient malpractice is defined as improper or negligent treatment of a patient, as by a provider, resulting in injury, damage, or loss (Malpractice, n.d.). Malpractice usually happens when the health care provider has lower levels of job satisfaction and decreased accountability for the care of the patient. Continuity of care impacts both factors by increasing job satisfaction and the well-being of the patient (Schleiter, 2009).

### *Job Satisfaction*

Provider job satisfaction is an essential part of maintaining knowledgeable and experienced staff. A stable staff of practitioners within the organization also leads to a more positive provider-patient relationship (Murray et al., 2001). Provider job satisfaction can be impacted by several different factors including patient relationships, compensation, and administrative burden (Konrad, 1999; Lichtenstein, 1984; Williams, 1999).

An important part of the patient relationship is provider autonomy which measures “contentment with one’s freedom to use one’s best clinical or professional judgment in treating patients.” This is an important aspect of job satisfaction because conflicts in this area can lead to increased frustration among providers because they feel that they are unable to do the right thing (Konrad, 1999). As patient complexity and number of patients to see per day increases, the amount of job satisfaction generally declines; due to time constraints and inability of provider to meet all the patients’ needs.

Satisfaction with compensation is another aspect of provider job satisfaction. It can be measured in either direct pay or as a compensation package that is individually tailored to meet the needs of the provider. Changes in compensation in a negative way, often leads to increased dissatisfaction and less control for providers (Isett, 2009).

Furthermore, administrative burden can also impact the amount of satisfaction a provider has with his or her organization. Administrative burden is listed as time spent in charting, documentation, and completion of office tasks (Isett, 2009). Adequate administrative staff can help to decrease this burden.

### Challenges in Continuity of Care

Well established communication within a medical practice is a very important part of giving thorough and consistent quality care. Julie Nelson, RNC, WHCNP-BC (personal communication July 2, 2009) believes that it is an integral part for both the internal and external communication within a practice to help provide consistent care for the patient and providers benefit. At times, this communication becomes a barrier in health care which can lead to patient dissatisfaction.

Dissatisfaction is mostly noted when providers feel they do not have (1) the freedom to make clinical decisions that met their patients' needs, (2) a sufficient level of communication with specialists, (3) enough time with their patients, (4) the ability to provide high-quality patient care, (5) the freedom to make clinical decisions without financial conflicts of interest, or (6) the ability to maintain continuing relationships with their patients (Devoe, 2002). Because of these factors, Evelyn Ting, RNC, WHCNP-BC, nurse administrator for the large private clinic population (personal communication July 2, 2009) acknowledges that the potential for problematic patients will increase. Additionally, she states experienced providers within the medical field find difficult patients to be a challenge. Even though continuity of care is optimal, most providers would prefer to share the burden of these patients with their peers.

Mrs. Ting further states that other drawbacks with continuity of care can come from staffing issues, conflicts in clinic schedule, or the unavailability of primary nurse practitioner. Most importantly, staffing is an ongoing issue with the large group of nurse practitioners we surveyed. Mrs. Ting adds that maintaining continuity of care can remain a challenge by having a rotating staff up to three nurse practitioners per clinic on a routine basis. Scheduling vacations, floating to accommodate absences, and staffing of specialty clinics such as colposcopy further

complicate maintenance of continuity of care. In different clinic settings, many nurse practitioners feel that the ability for a patient to see a different provider periodically, without having to refer the patient to another office, allows for easy consultation.

### Discussion of Results

We performed an observational study to assess the correlation between continuity of care and provider satisfaction. The survey collected data about continuity of care relating to job satisfaction, productivity/clinical processes, and efficiency on the delivery of patient care (See appendix). Response choices to the questions are specified in 5 categories: No Answer, Strongly Agree, Agree, Disagree, and Strongly Disagree. Each of the three group's responses revealed a positive trend towards continuity of care and provider satisfaction. Analysis of the data concluded very similar results among the groups studied.

#### *Interpretation of Provider Satisfaction*

When considering job satisfaction among nurse practitioners, it is important to gauge the overall contentment within the role of the nurse practitioner. Of the initial responses to the question relating to satisfaction in their current role as a nurse practitioner, 50% of respondents are satisfied with their current role, while 13.64% were dissatisfied. We can assume that the majority of the nurse practitioners would not be negatively biased when discussing aspects of the care they give on a daily basis because most of them are satisfied in their current role as providers.

The survey included a question on whether continuity of care contributed to the nurse practitioner's professional growth and development. Forty five percent of respondents agreed that continuity of care contributed to their proficiency in their current role and professional development.

When asked how long the nurse practitioners had been in their current roles, the majority were tenured at less than 5 years (41%) followed by between 5-10 years (32%). The nurse practitioners in this group have varied amounts of experience. This provides the survey with a more broad perspective on which to base its findings. Forty-five percent of the survey participants reported preferring a clinic setting, 23% preferred a private practice, while 28% had no preference.

### *Efficiency of Clinical Processes*

We posed the question whether continuity of care can increase the efficiency of clinical processes. Clinical processes include all the activities related to providing patient care to the way the staff executes their daily operational activities. Of those surveyed, 85% agreed that continuity of care increased productivity in the clinic. The majority also agreed that continuity of care also facilitated clinic flow as well. In addition, 82% of respondents said continuity of care positively impacted staff morale in the practice.

The majority of the respondents, 73% felt that it was possible to provide coordinated continuity of care in a clinic setting with multiple providers. Of these respondents, 81% also felt that the patient should have most of their health care provided by one main provider. However, despite the cooperation between providers on providing continuity of care to patients, 77% of those surveyed felt there is still need for the patients to see the same provider.

### *Delivery of Patient Care*

Respondents gave positive feedback regarding the effects of continuity of care on the delivery of patient care. The majority of the respondents, 95%, felt that by employing continuity of care, patients are more likely to comply with their treatment and follow up regimens. Nurse



practitioners strongly agreed that by employing continuity of care, it decreases the frequency of the patient's no-show rate for appointments.

Utilizing continuity of care also had a positive effect on the providers. Continuity of care improved staff communication between patients and providers. Half of the respondents agreed that patients should have most of their health services provided by a single provider for each patient.

### *Barriers to Continuity of Care*

Despite the positive outcomes we have received based on the surveys, the participants have also identified barriers to continuity of care. Time constraints, staffing shortages, and difficult patients are some of the obstacles identified according to the nurse practitioners. All three groups report similar barriers to continuity of care as shown on Fig. 1.

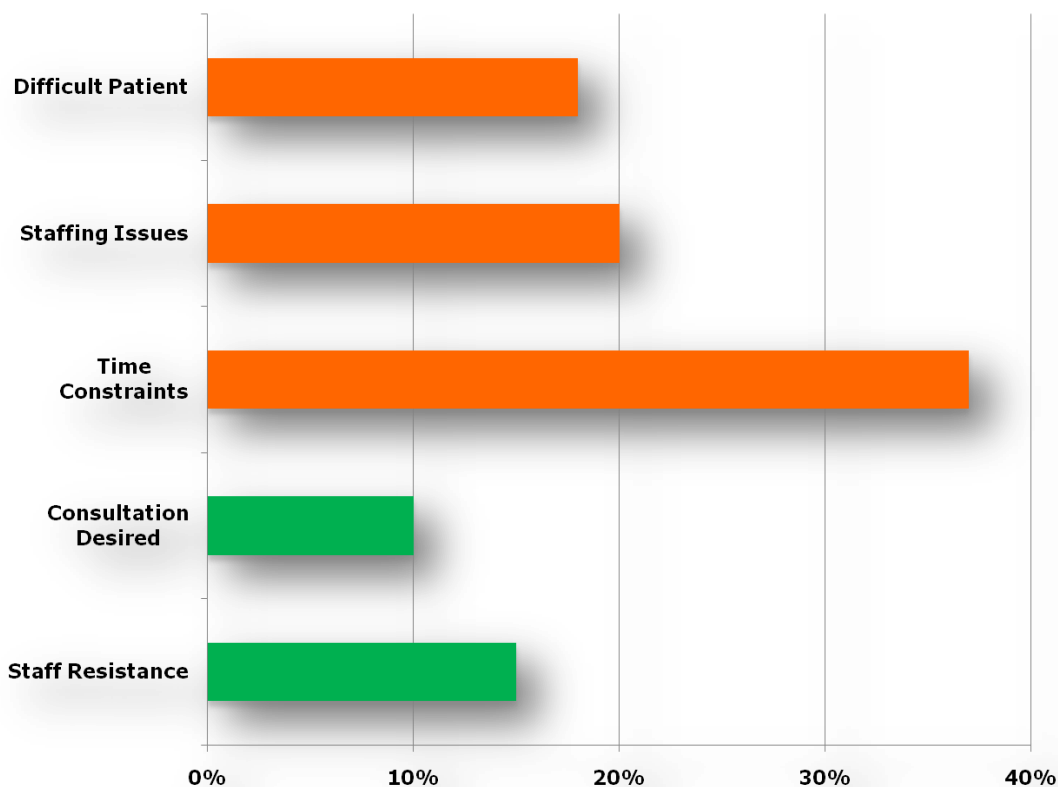


Figure 1: Barriers to Continuity of Care

When these responses are plotted against a scatter gram (Fig. 2), it can be seen that most responses fall under the top-left quadrant which means that the Provider is Satisfied (+) while/during Continuity of Care (+) is implemented.

These results fortify our hypothesis but it also reveals unforeseen effects: not only does continuity of care give perceived job satisfaction to providers, but it also gives job satisfaction to staff through increased productivity and better staff morale. Furthermore, it affects patients through improved compliance to treatment and decreased ‘no-shows’ in appointments.

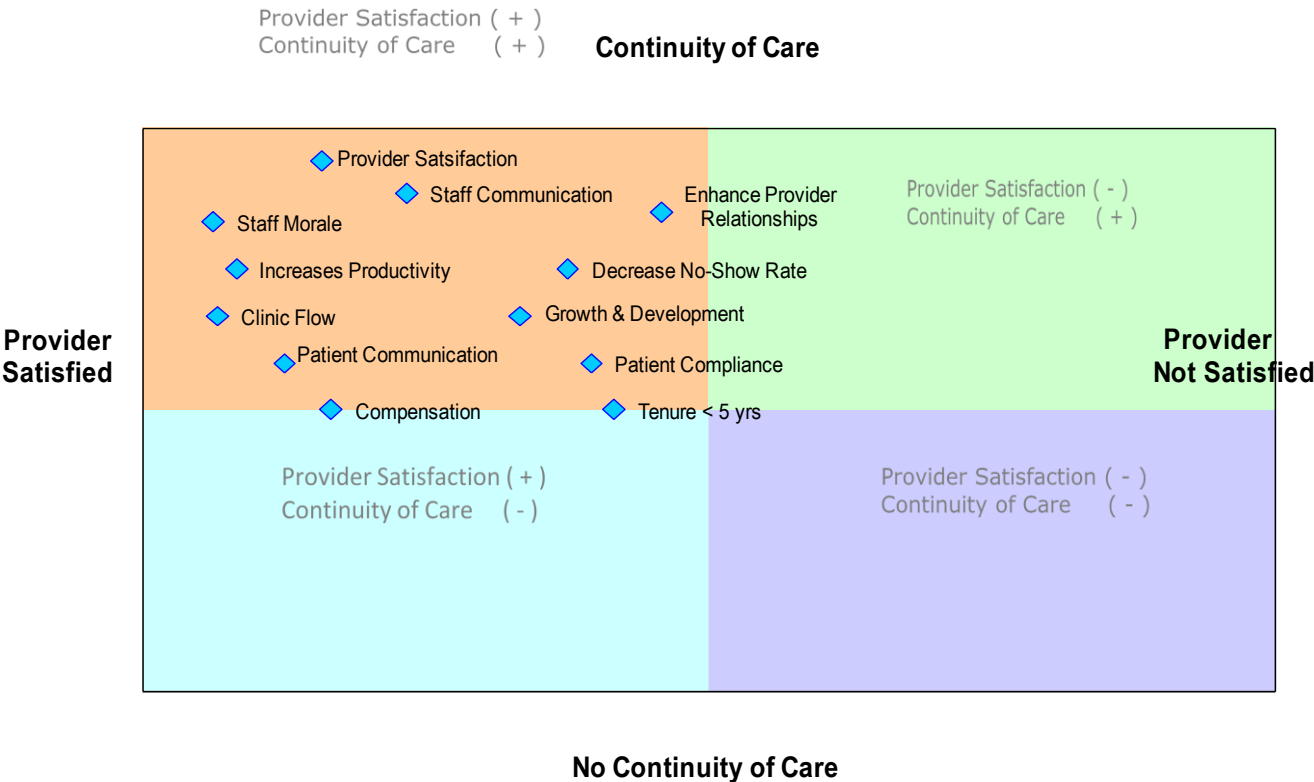


Figure 2: Correlation of Continuity of Care and Provider Satisfaction

## Conclusion

As with many aspects of health care, job satisfaction is an individual aspect of professional life. There are also things that are important in a working situation that can increase productivity, increase communication, facilitate clinic flow, and enhance relationships between staff and patients. As discussed in our findings, continuity of care is an effective way for both patients and nurses to foster a good practice environment.

According to the data, it seems that the utilization of continuity of care can evoke various positive outcomes. It can be deduced that by implementing continuity of care, communication between staff, providers, and patients is improved. Clinical processes can be improved by way of continuity of care having a positive effect on the staff's morale, thereby increasing productivity.

Another positive effect continuity of care has shown is through the delivery of patient care. Survey results show that patients are more likely to comply with their treatment programs if continuity of care is implemented. In addition, continuity of care may be able to decrease the frequency of a patient's no-show rate for appointments. Although individual evidence was not measured for each nurse practitioner, the results showed that providers, patients, and clinical staff, all benefit from the employment of continuity of care. This eventually leads to improved nurse practitioner job satisfaction.

## Recommendations

Based on the survey results, it is recommended that continuity of care be employed. Not only did results show continuity of care can result in increased staff morale and productivity, but it also enhances practice environment which contributes to nurse practitioners' professional growth and development. Each clinic due to its size and documentation employed, has their own

group of challenges when implementing continuity of care. Continuing education, better time management, and improved staff allocation may help alleviate the barriers facing the proper implementation of continuity of care. We can only assume that since there are no formal protocols to follow in each of the facilities, executing continuity of care by creating a facility-wide program will help its adoption.

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## Nurse Practitioner Survey

The following survey is intended to assess job satisfaction of Nurse Practitioners delivering health services. Particularly, *does the continuity of care increase Nurse Practitioner provider job satisfaction in an outpatient clinic setting?*

Continuity of care means a continuous relationship between a patient and an identified health-care professional who is the sole source of care and information for the patient.

Please tell us about your views and experiences with continuity of care in your current day-to-day practice by answering the following questions:

1: Do you feel satisfied with your current role as a nurse practitioner?

Please choose \*only one\* of the following:

- strongly agree
- agree
- disagree
- strongly disagree

---

2: Do you feel you are properly compensated for your services as a provider? Please choose \*only one\* of the following:

- strongly agree
- agree
- disagree
- strongly disagree

---

3: It is possible to provide coordinated continuity of care in a clinic setting with multiple providers?

Please choose \*only one\* of the following:

- strongly agree
- agree
- disagree
- strongly disagree

---

4: Does continuity of care increase productivity? Please choose \*only one\* of the following:

- strongly agree
- agree

- disagree
  - strongly disagree
- 

5: Does continuity of care facilitate clinic flow?

Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

6: Do you believe that patients should have most of their health services provided by one main provider? Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

7: If the quality of documentation is thorough, then patients do not need to be seen by the same provider? Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

8: Do practices need to offer an option of scheduling with the same provider for each visit?

Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

9: Does seeing the same patients over time contribute to your professional growth and development?

Please choose \*only one\* of the following:

- strongly agree
- agree



- no impact
  - disagree
  - strongly disagree
- 

10: Does seeing the same patients over time enhance communication and relationships with a main provider?

Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

11: Does patient compliance to treatment and follow-up increase with seeing the same provider over time?

Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

12: Does continuity of care improve communication among the clinic staff?

Please choose \*only one\* of the following:

- strongly agree
  - agree
  - disagree
  - strongly disagree
- 

13: How does continuity of care affect staff morale within the clinic?

Please choose \*only one\* of the following:

- positively
  - no impact
  - negatively
- 

14: If different health professionals work together to provide coordinated and consistent care, is there still a need for a patient to see the same provider

Please choose \*only one\* of the following:

- strongly agree

- agree
- disagree
- strongly disagree

15: Does continuity of care decrease the patient no-show rate for appointments?

Please choose \*only one\* of the following:

- strongly agree
- agree
- disagree
- strongly disagree

16: What are the barriers to continuity of care?

(Not a barrier 1 2 3 4 5 always a barrier) Please choose the appropriate response for each item:

- |                           |                          |   |                          |   |                          |   |                          |   |                          |   |
|---------------------------|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|---|
| staff resistance          | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| consultation desired      | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| Time constraints          | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| staffing issues           | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |
| Difficult/complex patient | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 4 | <input type="checkbox"/> | 5 |

17: How old are you?

Give your age in years. Please write your answer here:

18: List your gender.

Please choose \*only one\* of the following:

- Female
- Male

19: Do you work? Please choose \*only one\* of the following:

- part-time
- full-time
- not currently working

20: How many patients do you see per week? Please write your answer here:

---

21: How long have you been a provider in your current setting?

Please choose \*only one\* of the following:

- less than 5 years
- between 5-10 years
- between 10-15 years
- over 15 years

---

22: Do you prefer a private practice or a clinic practice setting? Please choose \*only one\* of the following:

- private practice
- clinic practice
- no preference