Nurse Practitioner Work Environment in US States With Different Scope of Practice Regulations

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**Purpose:**
Between 2007 and 2019, the Nurse Practitioner (NP) workforce in the United States (U.S.) has more than doubled. By 2025, NPs will comprise 27% of all primary care providers in the U.S. Yet, scope of practice (SOP) regulations governing NP practice vary across the 50 U.S. states and are categorized as either full, reduced, or restricted SOP. Full NP practice means NPs practice independently without involvement of other clinicians. Reduced practice states require NPs to collaborate with a physician. Restricted practice requires physician oversight for NP delivered care. Only 22 U.S. states allow NP full practice despite research showing that full SOP practice is related to better patient care and outcomes while reduced and restricted SOP practices limit patients’ access to timely, high quality care. State policies limiting NP practice might also affect NP practice and work environment within healthcare organizations. However, little research exists about this topic. The purpose of this study was to examine the relationship between SOP regulations and NP work environment in primary care practices.

**Methods:**
Cross-sectional survey methodology was used to collect data from primary care NPs from 2018-2019 in 6 states- two from each of the three SOP categories- across different regions of the U.S. We identified NPs in SK&A OneKey database— which contains information about all ambulatory care providers in the U.S. Data was collected through mail and online surveys. NPs received three mailings, which contained the online link to survey, two postcard and phone call reminders. Survey contained a validated measure of NP work environment, the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ) which asked NPs to rate on a 4-point scale (“strongly disagree” (1) to “strongly agree”(4)) if certain work characteristics are present in their organizations. NP-PCOCQ includes 4 subscales measuring important domains of NP work environment: NP-Administration Relations (NP-AR), NP-Physician Relations (NP-PR), Independent Practice and Support (IPS), and Professional Visibility (PV). We calculated mean scores on each NP-PCOCQ subscale—the outcome variables of the study. We coded NP SOP regulation in each state as a binary predictor (0= combined restricted and reduced SOP categories; 1= full SOP). To examine the relationship between SOP category and NP-PCOCQ subscale scores, t-tests were used. Data analysis was performed using Stata 14.0.

**Results:**
Overall, 1,244 NPs participated (Full SOP n=323, Reduced SOP n= 396, and Restricted SOP n=525). The sample was predominantly White (80%), female (87%), and held a master’s degree (84%). Full SOP regulation was associated with significantly higher mean scores for PV (Full=3.25; Reduced/Restricted=3.14; p<0.05), NP-AR (Full=2.99; Reduced/Restricted =2.87; p<0.01), and IPS (Full=3.54; Reduced/Restricted=3.45; p<0.01) than reduced/restricted SOP category. There was no significant difference in mean scores for NP-PR (Full= 3.33; Reduced/Restricted= 3.30; p=40).

Conclusion:
This study findings show that full SOP regulations are associated with favorable NP work environments in primary care practices. Policymakers should take actions to remove unnecessary SOP restrictions to improve NP work environments to enable NPs to deliver safe, high quality care to patients and promote patient outcomes. Further research is warranted within U.S. and internationally.

Title:
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Keywords:
nurse practitioners, organizational climate and scope of practice

Abstract Summary:
Through this abstract, participants will learn about the the relationship between scope of practice regulations and nurse practitioner work environment within primary care practices in six states within the United States.

References:


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