

a VITAL WorkLife article

How To Care For Your Advanced Practice Providers

By Liz Ferron, MSW, LICSW



Coming up in the article:

- A look at the growing importance advanced practice providers carry in providing a holistic approach to healthcare.
- Identifying the issues APPs face in their healthcare organizations.
- Tips on how your organization can help keep APPs fulfilled and emotionally healthy.

Advanced practitioners—physicians assistants and advanced practice registered nurses—are changing American healthcare and are experiencing the kind of stress and burnout often found in physicians.

As Katherine L. Kraines points out on the Yale School of Nursing's website, "Increasing regulation, a plethora of new technologies and information, an aging population, the needs of the disenfranchised, and greater consumer expectations and awareness exert unrelenting demands at every level of care. All of this is further complicated by a shortage of physicians, particularly in primary care. Over the past 50 years, the role of advanced practice registered nurses (APRNs), which includes nurse practitioners (NPs), has evolved to increasingly meet patient needs in both the inpatient and outpatient settings."¹

The physician assistant (PA) profession emerged in the 1960s as a specific response to a shortage of family medicine physicians, especially in rural areas. PAs continue to help with the shortage problem, but their role has expanded from primary care into many subspecialties, as a survey in *MD* magazine noted. Today PAs work in cardiology, oncology, pediatrics, emergency medicine, general surgery, gynecology and other fields.²

For all these reasons, it makes sense to pay close attention to the well being of these crucial advanced practitioners—their job satisfaction, their stress levels and whether they are in danger of burnout or resignation.

¹ Katherine L. Kraines, "Filling Critical Gaps in Primary Healthcare: Advanced Practice Registered Nurses Meeting the Challenge," Yale School of Nursing, May 7, 2018

² Ed Rabinowitz, "Physician Assistants Add Value, Enhance Revenue," MD Magazine, August 21, 2016



APRNs are a valuable part of the healthcare team, for many reasons. Research published in the *Journal of Nursing Management* shows they help keep patients out of the hospital and reduce the cost of healthcare for patients, institutions and taxpayers, while also reducing time and income lost from work.

In one study, for example, nurse practitioner-led care of acute-care inpatients was associated with lower drug costs—mostly due to the practitioners de-escalating and making intravenous-to-oral conversions.³ In some settings where NPs and physicians co-managed the care of elderly patients with multiple morbidities, the NPs provided a high level of home care, decreasing hospitalizations, ER visits and lengths of stay.⁴

Assessing The Whole Patient

The way in which nurse practitioners interact with patients is another major source of their value to the healthcare organization. As Kelsey Meyer, DNP, a nurse practitioner with Prevea Health, puts it, “We bring a unique vision of care for the whole patient. Well being includes mental and emotional health as well as physical health. Even with a relatively acute issue, we may not get the best results unless we look at the person as a whole. A patient might come in with a sinus infection, and we might ask, ‘What led up to that? Are you under stress?’ APRNs are making a big difference in each patient experience by doing that.” The results can be improved patient satisfaction as well as better clinical outcomes, she adds.

“The trust this fosters between patient and provider,” writes Cindy Cook, DNP, in *Managed Healthcare Executive*, “is critical for ensuring patients are engaged in their own healthcare. It also encourages patient adherence to treatment plans and scheduled follow up and wellness visits—appointments that are critical for cost efficiency and healthcare quality.”⁵

³ C. Chen et al., “Evaluation of a Nurse-Practitioner-Led Care Management Model in Reducing Inpatient Drug Utilization and Cost,” *Nursing Economics*, May-June, 2009

⁴ Masha G. Jones, MD et al., “Using Nurse Practitioner Co-Management to Reduce Hospitalizations and Readmissions within a Home-Based Primary Care Program,” *Journal of Healthcare Quality*, September-October, 2017

⁵ Cindy Cook, “Ten Ways NPs Reduce Costs, Improve Quality,” *Managed Healthcare Executive*, August 20, 2015

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Communication Is Key

In *MD Magazine*, Dawn Morton-Rias, EdD, PA-C, president and CEO of the National Commission on Certification of Physician Assistants, underlines the value of PAs. An important reason they work well with physicians is because their training is similar: it’s based on the medical model. And a major part of the training focuses on communication.

“We spend a lot of time obtaining a good patient history,” she says. “Understanding the patient’s perspective, performing a complete and accurate physical examination, ordering and interpreting laboratory studies, and then explaining to the patient what they’re experiencing. That’s the value and the beauty of our profession. We mirror physicians in almost every possible way with the additional added value of a little more emphasis and time for good communication and what we call good assessment skills.”⁶

Shared—and Unique—Stressors

PAs and APRNs work under similar types of stress physicians experience—growing patient loads, the increasing complexity of conditions in an aging population, institutional productivity requirements, the demands of electronic charting and more. The relationship between these stressors and the danger of burnout has been well documented.⁶

APRNs face some unique challenges, too. For Meyer, she noted a source of stress could be due to lack of clarity about the APRN role. “Our role is not well defined,” she says, “at the national level, the state level, or even at some organizational levels, and because of this, there can be variances in nurse practitioner roles and responsibilities.”

Patients may also be uncertain about the role of this non-physician practitioner—what they can and cannot do—which varies from state-to-state and institution-to-institution. At the same time, the lack of definition can also make it unclear to colleagues just how valuable APRNs are to the healthcare team.

6. Rikinkumar S. Patel et al., “Factors Related to Physician Burnout and Its Consequences,” *Behavioral Sciences*, October 25, 2018



APRNs and the Factor of Time

And time, of course, is a critical factor. While it's rare to find a physician who doesn't feel pressed for time, the ticking clock is also significant for APRNs, since they take pride in spending more time with patients and appreciate the satisfaction this creates in those they care for.

Teresa Judge-Ellis, DNP, and Thad R. Wilson, PhD, underline the issue in an article in the *Journal of Nurse Practitioners*. "NPs take time because they practice nursing, which is more than identifying a problem and suggesting a solution; it is a quest to work collaboratively with patients, families, and others toward patient-centered goals. Outcomes that are patient-centered require a supportive relationship, and relating takes time."⁷

After taking this time with patients, documentation and other paperwork required to complete the visit is time that is often not built into the providers' schedules.

⁷ Teresa Judge-Ellis, DNP, and Thad R. Wilson, "Time and NP Practice: Naming, Claiming, and Explaining the Role of Nurse Practitioners," *Journal of Nurse Practitioners*, 2017



What APRNs Need

So how can organizations help keep their APRNs fulfilled and emotionally healthy? Meyer set out five areas that require special attention.

- **On-boarding:** “Given the problem of the ill-defined nature of our work,” she says, “a good orientation process is really important.”
- **Job description:** Crucial for orientation is a clear statement of what the organization expects of the practitioner. “Of course, this will differ from department to department, but making sure expectations are clear will go a long way toward reducing the stress of trying to figure out what we should be doing at any given moment,” she says.
- **Time:** Scheduling APRNs the time needed to do what they do best—building relationships while delivering quality care—will lower their stress and boost their job satisfaction.
- **Access to training:** APRNs are typically eager to advance in their profession, Meyer points out, and giving them plenty of access and funding additional training to gain new skill sets will be well received.
- **Mentorship:** “Having a mentor you trust can reduce your stress level, ease your worries and help build you up,” says Meyer. Mentorship can supply important moral support during a stress-filled day and valuable guidance in career development, she notes.

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LIZ FERRON, MSW, LICSW

As our Physician Practice Lead, Liz Ferron manages Physician Well Being Resources for VITAL WorkLife, as well as oversees all solutions of our healthcare clients. Liz provides training, consultation, counseling and coaching to healthcare

administrators and individual practitioners in many areas, including stress management, change management and conflict resolution. Liz is a Licensed Independent Clinical Social Worker and received her MSW degree in clinical social work from the University of Minnesota. She was also a consultant for the Earl E. Bakken Center for Spirituality & Healing at the University of Minnesota. She has served three terms as President of the Minnesota Employee Assistance Program Administrators and Counselors (MEAPAC) and is a former adjunct faculty member at the College of St. Benedict.

What PAs Need

In the journal *Family Practice Management*, Victoria S. Kaprielian, MD and her colleagues paint a similar picture of what PAs need, especially from the physicians with whom they will be working closely:⁸

- **A clear definition of their roles:** “Defining this role before you bring a PA or NP on board is important not only for the working relationship but also for patients and for billing purposes,” they write. Just as important is conveying to patients what the PA will be doing. “Provide the same information to patients that you would if you were introducing a new physician,” the authors recommend.
- **Training and mentorship:** “Whether your PA or NP is a veteran or newly certified, he or she will need orientation to your practice style and clinical preferences....It is important to discuss everything from individual style preferences to recommended specialists or community resources for referrals.”
- **Negotiation:** Bringing a PA on board can create opportunities to expand a physician’s practice, ease his or her call burden, and more. (“A PA’s capabilities should not be viewed as competition but as an opportunity to expand access and improve care,” the authors write.) But make sure all such measures are negotiated up front.

Advanced practitioners are not just filling the gaps in American healthcare—as important as this is—they’re providing a quality of care patients appreciate and institutional culture needs.

For more on how your organization can take a proactive approach in ensuring your advanced practitioners are well equipped to fulfill their roles effectively, contact us at VITALWorkLife.com or at 877.731.3949.

Sources:

1. Katherine L. Kraines, “Filling Critical Gaps in Primary Healthcare: Advanced Practice Registered Nurses Meeting the Challenge,” Yale School of Nursing, May 7, 2018
2. Ed Rabinowitz, “Physician Assistants Add Value, Enhance Revenue,” MD Magazine, August 21, 2016
3. C. Chen et al., “Evaluation of a Nurse-Practitioner-Led Care Management Model in Reducing Inpatient Drug Utilization and Cost,” Nursing Economics, May-June, 2009
4. Masha G. Jones, MD et al., “Using Nurse Practitioner Co-Management to Reduce Hospitalizations and Readmissions within a Home-Based Primary Care Program,” Journal of Healthcare Quality, September-October, 2017
5. Cindy Cook, “Ten Ways NPs Reduce Costs, Improve Quality,” Managed Healthcare Executive, August 20, 2015
6. Rikinkumar S. Patel et al., “Factors Related to Physician Burnout and Its Consequences,” Behavioral Sciences, October 25, 2018
7. Teresa Judge-Ellis, DNP, and Thad R. Wilson, “Time and NP Practice: Naming, Claiming, and Explaining the Role of Nurse Practitioners,” Journal of Nurse Practitioners, 2017
8. Victoria S. Kaprielian, MD, FAAP et al., “What Can a PA or NP Do for Your Practice?” Family Practice Management, March-April 2017

