PLACE IN RETURN BOX to remove this checkout from your record.
TO AVOID FINES return on or before date due.
MAY BE RECALLED with earlier due date if requested.

DATE DUE	DATE DUE	DATE DUE

Increasing Consumer Awareness of the Role of the Nurse Practitioner in
Primary Care: A Marketing Plan

Scholarly Project

Michigan State University College of Nursing
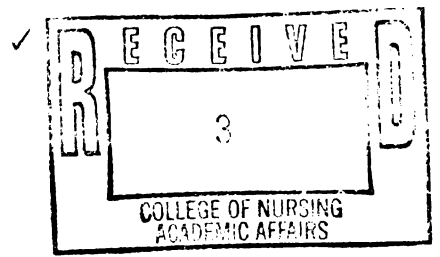
Dianna Drach

RUNNING HEAD: A Marketing Plan

Table of Contents

Abstract

Lack of consumer awareness of the role of the nurse practitioner (NP) is one of the many barriers that decrease the utilization of NP services. The literature indicates that there is a potential market for NP services among health care consumers, however there is an increase reluctance to utilize NP services without prior knowledge of the role or previous experience with the service. The purpose of this project is to increase consumer awareness of the role of the nurse practitioner in primary are as a means of improving access and distribution of health care. The basic theoretical framework was derived from the L. Aday & Anderson (1981) health access model. A comprehensive marketing plan was developed utilizing a combination of transactional and relationship marketing strategies (Gronroos, 1990) aimed at strategic points with in the model. Evaluation of the plan focused on increase in utilization of NP services from clients, referrals from providers, and recognition of role from third party pay sources. Implications for practice included: developing professional relationships, becoming visible in a community, increasing education among clients and nursing education, and continued research in health care marketing.

Introduction:

Nurse Practitioners (NP) have made tremendous contributions to the quality and availability of health services, particularly in the underserved areas (May, 1988). A policy analysis, prepared by the office of Technology assessment of the U.S. Congress, and the fifth report to the President and Congress of the Status of Health Personnel in the United States, prepared by the U.S. Department of Health and Human Services (HHS) in December 1986, attest to the utilization of nurse practitioners and physician assistants in increasing the availability of primary care services and enhancing patient satisfaction with services delivered, as well as increasing practice productivity and cutting the cost of care.

The annual cost savings to the United States if nurse practitioners were utilized to their full potential has been estimated to be between $6.4 billion and $8.4 billion (Nichols, 1992). In spite of these facts, nurse practitioners are not being utilized adequately because of significant barriers to their practice (Pearson, 1993)

Hallman and Westlund (1983) discussed the Nurse Practitioner movement in both Canada and the United States which stemmed from a physician shortage and the recognition that increasing numbers of physicians would not necessarily increase the quality of health care delivery. The issue of optimally utilizing well prepared Nurse Practitioners is complex and involves physician resistance, lack of government initiative, and nurse's attitudes (Hallman & Westlund, 1983).

Pearson (1993) identified that Nurse Practitioners are not being utilized adequately because of significant barriers to their practice in the areas of legal scope of practice, prescriptive authority, and reimbursement. Abner and Hawkins (1992) concluded significant barriers to nursing credibility are in the profession's image is being portrayed in nursing and medical advertisements within the nursing and medical journals. Studies conducted on image of nursing portrayed in advertising demonstrates a poor professional image. The term "midlevel provider" used in legislative proposals to categorize nursing practice at advanced levels (which include CRNA, CNS, NP) is offensive because it endorses an inappropriate concept of a hierarchical health care system.

Physician attitude was described as a significant barrier, (Hogan & Hogan, 1982; Johnson, Freeburn, & McCally, 1985; Holbrook & Shamansky, 1985) confirmed physician attitude as a barrier by limiting access of NP to the consumer. According to Johnson, Freeburn, and McCally, (1985), a subjective estimate of 83% of adult primary care office visits could be safely delegated to Nurse Practitioners however, physician's willingness to delegate visits was actually 52% - 62%.

Hogan and Hogan (1982) identified consumer response to utilization of Nurse Practitioner services could also be a barrier. They found that acceptance of the NP role is contingent on experience with a Nurse Practitioner or knowledge of the Nurse Practitioner role. Role ambiguity and lack of consumer knowledge are significant barrier to NP practice.

Some of the proposals for managed care organizations indicated the power and authority of the physician in determining who will care for the client. No reference in these guidelines have been made to NPs, thus limiting access to patient populations and limiting NP practice. The nonspecificity of the labels applied to advanced practice creates difficulties in conveying clear messages about types of providers that are available and the nature of the services they provide. Multiple barriers to advanced nursing practice have been identified, for the focus of this project it has been identified that individual nurse practitioners have the greatest impact on consumer awareness.

Purpose:

The purpose of this project is to evolve a plan to increase consumer awareness by developing a marketing plan describing the role of the Nurse Practitioner in primary care as a means of improving access and distribution of health care. A plan for implementation and evaluation of the marketing plan will be included.

Key concepts: Marketing, role of nurse practitioner, Primary care, Consumer awareness, Health care access.

Review of Literature

Marketing

The survival and growth of the nursing profession depends upon the extent to which its services meet society's needs. There is a growing body of literature suggesting that NPs provide high quality, cost - effective, acceptable services to clients. (Edmunds, 1978; Fagen, 1982; Sox, 1979;

Nichols. 1992; Pearson, 1993; May, 1988; Holbrook & Shaminsky, 1985). Nurse Practitioners can inform potential consumers about these findings through the use of marketing techniques. Marketing is not only sales or promoting; but, is a deliberate activity directed toward achieving predetermined organizational objectives through the satisfaction of the needs and wants of the consumer. Marketing is a transition between the organization and the potential client; or marketing attempts to strengthen the goodness of fit between the health care services offered and the needs of the population (Denver, 1984). According to McKenna (1991), marketing is "integrating the customer into the design process to guarantee a product that is tailored not only to the customers' needs and desires but also the customers' strategies." (p. 67) Marketing means building relationships with its customers. Marketing is an intangible that the customer must experience to appreciate, it is the process of creating a customer environment of information, assurance, and comfort. (McKenna 1991, p. 69). According to Star (1989), the marketing concept "is supposed to find out what consumers want or need and try to satisfy those needs. (p.149). Lazarus, Petras, and Bradford (1992), defines marketing as that which "involves determination of customer needs and development of programs and services designed to satisfy those needs" (p. 55).

For the purpose of this project marketing is defined as the process which occurs between the provider of the service and the participant, in order to assure the service provided meets the client need.

Consumer Awareness

As stated earlier, the literature indicates that there is a potential market for NP services among health care consumers, however NPs must continue efforts to inform consumers of their services. Whether health care consumers would utilize NP services has been examined in several studies (Brands, 1983; Chenoy, Spitzer, & Anderson, 1973; Fox & Storms, 1980; Enggist & Hatcher, 1983; Hogan & Hogan. 1982; Pender & Pender, 1980; Shamansky, Schilling, & Holbrook, 1985;Smith, & Shamansky, 1983; Schilling, Shamansky, & Swerz, 1985; Zikmund & Miller, 1979; Kay, 1986; Cox, Bergen, & Norman, 1993; Drury, Greenfield, Stilwell, & Hull, 1988; Greeneich, 1993). Factors found to influence the use of NP services are cost of the services and whether they are covered by health insurance; the age, sex, educational level, and social status of the client, the extent to which the services are seen as consistent with the existing norm; the type of services sought; and the prior knowledge of the NP role. Holbrook & Shamansky (1985), concluded that there is an increase in client reluctance to utilize NP services without prior knowledge of NP role or previous experience with NP services.

It has been suggested that the historical absence of consumer information about price and quality of medical services is the most important difference between medical care and nonhealth goods and services. (Pauly, 1978). Inadequate consumer information has been cited as an important factor contributing to "imperfections in the structure and the conduct of the market for health services." (Langwell & Moore, 1982,

Sloan & Feldman, 1978). One reason for this inadequacy is the historical prohibition of direct advertising promoted by state licensing requirements and professional association codes. These restrictions effectively increased the cost of obtaining information and thus discouraged comparison shopping. Most importantly, medical care is sufficiently complex to preclude many consumers from a level of knowledge sufficient to make informed choices about services. The consumer must rely on the physician to interpret services. It is the physician who subsequently controls the decision-making process about the services to purchase. (Feldstein, 1978).

Consumers have traditionally had less information about medical services than they have had about other goods and services; the literature reveals some disagreement about how extensive consumer ignorance is (Benham, 1972; Cady, 1976,; Pauly, 1978). Pauly (1978), suggests there are certain groups of services about which consumers can become informed. These included services used frequently by most households (routine health exams, dental checkups, and pediatric visits) . Pauly (1978) suggests that 25% of related consumer use decision are well-informed decisions. Traditionally, health consumers acquire knowledge of providers through personal experience or advice from a friend or relative (Booth & Babchuk, 1972).

For purposes of this project Consumer awareness will be defined as the flow of information necessary to form a level of knowledge required of the consumer to make informed choices about health care services.

Role of Nurse Practitioner

The council of Primary Health Care Nurse Practitioner of the American Nurses' Association defines the nurse practitioner as a "registered nurse prepared through a formal, organized educational program that meets guidelines set by the profession." This education prepares the nurse practitioner to prescribe a full range of primary health services. Practitioners engage in independent decision making about health care needs and provide care to individuals, families, and groups across the life span. (American Nurses, Association, 1985, p.3).

According to Riner, (1989), Nurse Practitioners include in their range of activities "physical assessments, health promotion, prevention of disease, and nursing and medical management of disease." (p.226). Utilization of medical protocols facilitates the primary care provider's role by expanding the nurse practitioners' assessment and intervention options through ordering of prescription drugs, and other treatments traditionally viewed as within medical practice.

The ANA defined the nurse practitioner as a "registered nurse who, through study and supervised practice at the graduate level, has become expert in a defined area of knowledge and practice in nursing" (ANA, 1980, p. 23). The role characteristics of the nurse practitioner is multifaceted, with many components. Fourteen role functions exist for the nurse practitioner however, for the purposes of this project five role functions will be discussed.

Clinician role

One who formulates nursing diagnoses and provides direct primary nursing care based on sound theory and advanced clinical judgment to clients and their families in a variety of health care settings to promote self-care abilities, maintain health, prevent complications, cope with health care problems, and manage disabilities (NUR 501 clinical syllabus Michigan State University).

<u>Consultant role</u>

Barron discusses the consultant role of nurse practitioner as important. Caplan (1970) defined consultation as a process of communication between professionals. During consultation, a communication occurs between the consultant, who is a specialist and a consultee. The goals of consultation are to improve the consultee's skill in handling a problem and to enhance the consultee's ability to master future problems of a similar type. This may be accomplished through education, clarification, diagnostic formulation, and additional problem solving strategies.

<u>Educator Role</u>

Expert knowledge and skills in a specialty are utilized by the Nurse Practitioner for patient and family education. Clinical expertise and knowledge enable the Nurse Practitioner to impart cognitive information and to assist the patient with developing judgment.

<u>Researcher Role</u>

Research utilization is defined by Mcguire and Harwood (1989), to include "identification of researchable clinical problems, provision of

consultation in clinical site to researchers, facilitation of collaboration in research activities, and conduction of quality assurance investigations." (Hambric and Spross 1989, p. 173).

<u>Collaborator Role</u>

Collaboration means "to work together, especially in a joint intellectual effort." (Spross, 1989, p. 208).

The role of nurse practitioner for the purpose of this paper is adapted from Stewart's (1990), concept of "provider as partner ". (p. 19). The partner role of the Nurse Practitioner is defined by the frequency with which there is joint exchange of information and joint decision making regarding goals and methods to achieve goals between nurses, clients and their families followed by mutual working to achieve goals and joint evaluation of effectiveness of emotional and physical outcomes. (Stewart, 1990, p.19). it is further demonstrated by the degree to which there is observable and perceived equality in levels of status, control, and responsibility in relationships with others.

<u>Primary Care</u>

Primary care reflects a philosophy of citizen involvement. According to Stewart (1990), components of primary health care include; "self care, mutual aid, public participation, creating of supportive environments, team work, with lay helpers, and community based care." (p. 19). Safriet (1992), defines primary care as a "basic level of health care, usually provided in an outpatient setting, that emphasizes a patient's general health needs." (p. 422). The most frequently emphasized aspects of

primary care focus on "first contact care which is assessable, comprehensive, coordinated, continuous and accountable. (Safriet 1990., pg. 422). "The patient - oriented rather than disease oriented focus on primary care emphasizes preventative measures, such as immunizations, and health assessment, as well as the diagnoses and management of commonly occurring condition such as acute and chronic illness." (Safriet 1990, p. 422).

For the purpose of this project primary care will be defined as holistic services based on prevention, utilizing assessment, planning, intervention and evaluation techniques.

Access

Access has been termed "the availability of resources necessary for an individual to enter the system, the process of gaining entry, and the actual need of medical care." (Aday 1976 p. 215). Aday (1976), states the indicators of potential access to the health care system are a regular source of medical care, and the perceived need for health care. (p. 372). The criterion is operational in terms of minimum service, the identification of "pockets" of observed morbidity, or measures of fit between observed need and obtained services. According to Anderson and Aday (1978), access has been defined as :

1. availability of health facilities and personnel (i.e., physicians to population ratios); 2. the various costs of using these facilities and personnel (i.e., out of pocket cost to the consumer, travel time to a regular source of care, waiting time in the physician's office); 3. the

actual use of the service (i.e., the proportion of people who see a

doctor in a given period, the number of visits per person in a given

time period); and 4. the use of health services relative to some

measurement of apparent need of the population for these services

(i.e., physician visits relative to symptoms perceived, disability

experienced or judged severity of illness conditions). p. 534.

For the purpose of this project access is defined as the actual utilization of
the target service.

Conceptual Framework:

Aday's & Anderson (1981), Health Care Access model provides the

basic framework for this project. Aday's model is utilized to relate the

concepts of role, health care access and consumer awareness. Potential

access of the consumer is related to the actual awareness of services

provided and realized access is related somewhat to provider

characteristics or role.

Health Care Access Model
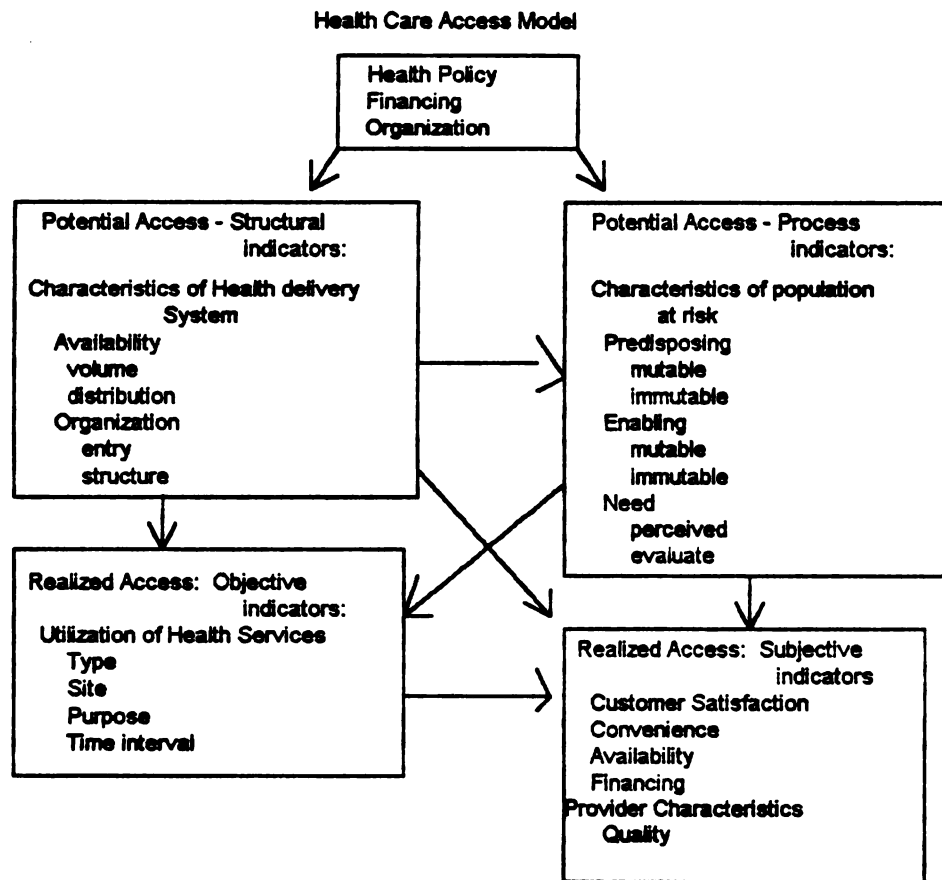
Aday, L. & Anderson, R.(1981), Health care Access Model (Medical Care, December 1981) - Figure 1

Gronroos' (1990), marketing strategies will be utilized at different points of service within the Aday & Anderson (1981) access model to relate the concepts of marketing, consumer awareness, role, nurse practitioner and health care access.

Health care access model

Aday & Anderson (1981), cites diversity of definitions of access in the literature. "Researchers have emphasized the overall availability (supply) of services, characteristic of the people who may potentially avail themselves of these services; considering factors such as their income levels, and insurance coverage" (p.g 5). Recent literature focuses on defining access as intermediate outcome measures, such as the roles or how satisfactory customers perceive their care (Greeneich, 1993). Aday (1981), integrated these diverse definitions into "these dimensions which describe the potential and actual entry of a given population group to the health care delivery system" (p. 5). Potential access is divided into structural (availability and organizational) and process indicators (predisposing factors, enabling factors, and need). Realized or actual access is divided into subjective (customer satisfaction) and objective indicators (utilization of services).

Structural indicators of potential access are the characteristics of the health care delivery system which includes; Availability of services, the volume and distribution of services, and organization of the structure's accessibility. Process indicators for potential access are the characteristics of the population at risk which includes; predisposing risk factors,

(behavior, environmental, heredity, age), enabling factors, and perceived need. The objective indicators of actual access include customer satisfaction, (convenience, availability, financing, provider characteristics, and perceived quality).

Marketing Strategies

The principles of Gronroos' (1990), marketing orientation utilize a combination of transactional and relationship marketing.
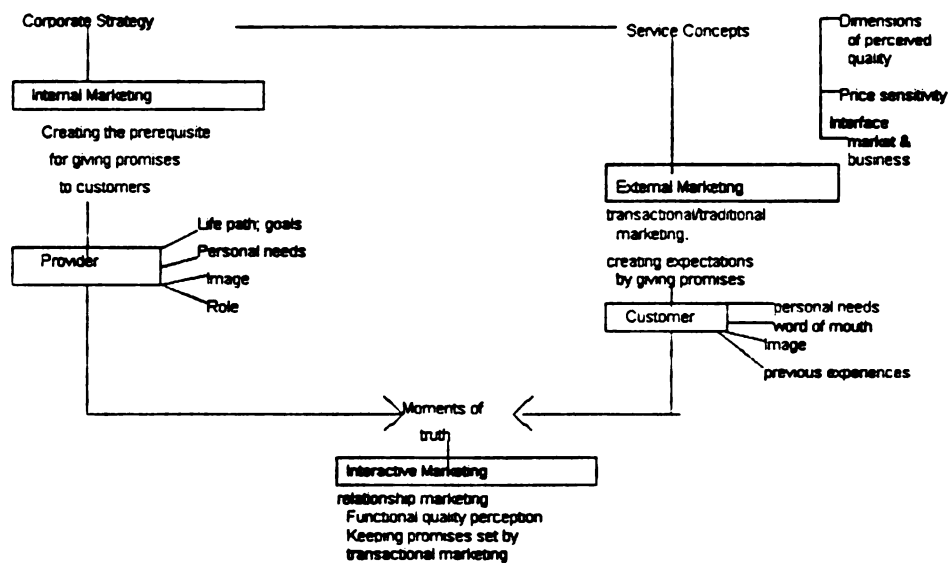
Gronroos, Christian (1990), An Overview of a Market-Oriented Strategy Service Management and Marketing. - Figure 2

The center of the process is the "moments of truth" of the buyer - seller interactions (Gronroos, 1990). In the moments of truth the value to the customer is created. If the customer are not taken care of properly, the "perceived service quality, service quality as perceived by the customer, is damaged and the service provider loses return business. According to Gronroos (1990), The main focus in service competition is the management of the moments of truth, and the creation of adequate support from managers, and supporting functions as well as from investments in technology and operation and administrative systems. (p. 257). Customer's experiences of the moments of truth are dependent on certain expectations, which are created by the service provider. External marketing function, involving traditional marketing efforts such as market research, personal selling, advertising, direct mail, sales promotion, pricing, and public relations, the organization gives promises, which hopefully correspond with the personal needs and wishes of the target group of customers.

These promises are enhanced or counteracted in the minds of the customer by word-of-mouth communication and by the customers conception of the image of the service provider. Image is a significant concept involved in marketing communication. A favorable and well-known image is an asset because image has an impact on customer perceptions of the service. Image communicates expectations. A positive image makes it easier for the organization to communicate effectively and makes customers more perceptive to favorable word-of-mouth. A negative image

has the opposite effect. A neutral or unknown image may not cause any damage but does not communicate effectively the service quality. Image also acts as a "filter" which influences the perception of the organization. Technical quality (the product) and functional quality (how the product is presented or delivered to the customer), are seen through this filter. If the image is good for example the filter shelters the organization. In other words if the buyer seller interactions are positive some "flaws in technical quality are over looked. An unfavorable image makes customers feel more unsatisfied with bad service than they otherwise would be. A neutral image does not cause harm however, does not shelter. Image is a function of the experiences as well as of the expectations of the customer. When customers develop expectations and experience reality in the form of a technical and functional quality of the service, the resulting perceived service quality changes the image. If the perceived service quality meets the image or exceeds it, image is reinforced and improved. If the organization performs below image, the effect will be opposite. If the image is not clear it is developed and given distinct features by the customer experiences. Image has an internal impact as well. The less clear the image the more this may reflect employee attitudes toward the organization, which in turn may negatively influence employee customer relationships.

Gronroos (1990), makes a point to explain that negative image and or experiences are communicated faster via the word-of-mouth communication cycle than positive experiences

Employees' abilities and motivation to meet the expectations of customers are backed up by internal marketing efforts. The organization prepares the employee to deal effectively with the moments of truth by creating and maintaining a service culture. According to Gronroos (1990), internal marketing is the responsibility of every manager. Personal needs of jobs and managers' encouragement of employees, as well as their life path and their image of their employer, also have an impact on the employee performance in the moments of truth of the buyer seller interaction. Employees are influenced by role ambiguity, related to what they perceive customers and the organization expect them to do.

What actually happens in the moments of truth determines whether the experience of the customers meet their expectations. If experiences equal or are higher than expectations, the perceived service quality is good. Good quality is a strong basis for a long-term customer relationship and positive word-of-mouth. According to Gronroos (1990), "It is five times easier to obtain repeat business from an existing consumer than it is to get new business from a new customer" (p.56).

Fulfilling promises in the moments of truth interactions is one of the major aspects of the interactive marketing function. The material support of support personnel and functions, as well as management support, are critical to the service orientation of the contact persons and systems of the visible part of the service production process. The experiences of the moments of truth are influenced by the image of the service provider in the minds of the customers. The price level and possible price offerings have

an impact on how satisfied customers are with the moments of truth, if the moments of truth are poor no mater how much a customer can save with a decrease in cost, future sales are lost.

<u>Marketing Strategies utilized within the Aday & Anderson model</u>

The principles of marketing orientation strategy utilize a combination of transactional and relationship marketing at different point of entry in the Aday access model, educating consumers of the role of nurse practitioners in primary care and impacting health care access. The structural aspects of potential access defines the characteristics of the health delivery system (primary care). Marketing would be accomplished with mass marketing, or distribution of brochures, literature and information that defines the holistic philosophy of nurse practitioners in a primary care setting. Transactional marketing would also be utilized initially in the process indicators of potential access in defining target populations to market nurse practitioner services, defining populations at risk, and how nurse practitioners can impact the process. According to David Hewitt, marketing executive at Gerber Memorial Health Services,"It is important to identify key people within a populations who will positively influence word-of-mouth communication". He also stated to strengthen the image of an unknown service (or provider) it is imperative to collaboratively market with providers with an established positive image (D. Hewitt, personal communication, June 1994). According to Professor L. Delene Western Michigan University, image communication is a significant concept with marketing a service few people are familiar. (L. Delene, personal communication

December 1993). Stated earlier in the literature review clients who have utilized nurse practitioner services have been satisfied with the services, however clients who have had no experience with the services are reluctant.

Transactional marketing will be utilized to" create expectations by giving promises." The actual process of interacting with the population (i.e. identifying predisposing, enabling factors, and perceived need), is based on relationship or interactive marketing and maintaining these relationships. Relationship marketing with the goal of total communication and image marketing is significant in increasing consumer awareness regarding objective indicators of realized access. The customer is "in" the system, now communication and image, managing the moments of truth are utilized in actual utilization of services. Keeping the promises established by transactional marketing strategy is the goal. Living up to the expectations set leads to positive experiences, improve or reinforced image and positive word-of-mouth communication.

The subjective indicators of realized access or amount of customer satisfaction, are maintained or enhanced with relationship marketing, total communication and image marketing, and managing the moments of truth. The customer's perception of technical and especially functional quality of the service provided is imperative for expectations to be achieved and maintenance of the relationship. Increased customer satisfaction and awareness leads to greater potential of utilization of services in the future thus increasing access. The diagram which follows depicts the

incorporation of the marketing strategies discussed, within the health access model increasing consumer awareness of the role of the nurse practitioner in primary care and facilitating health care access.
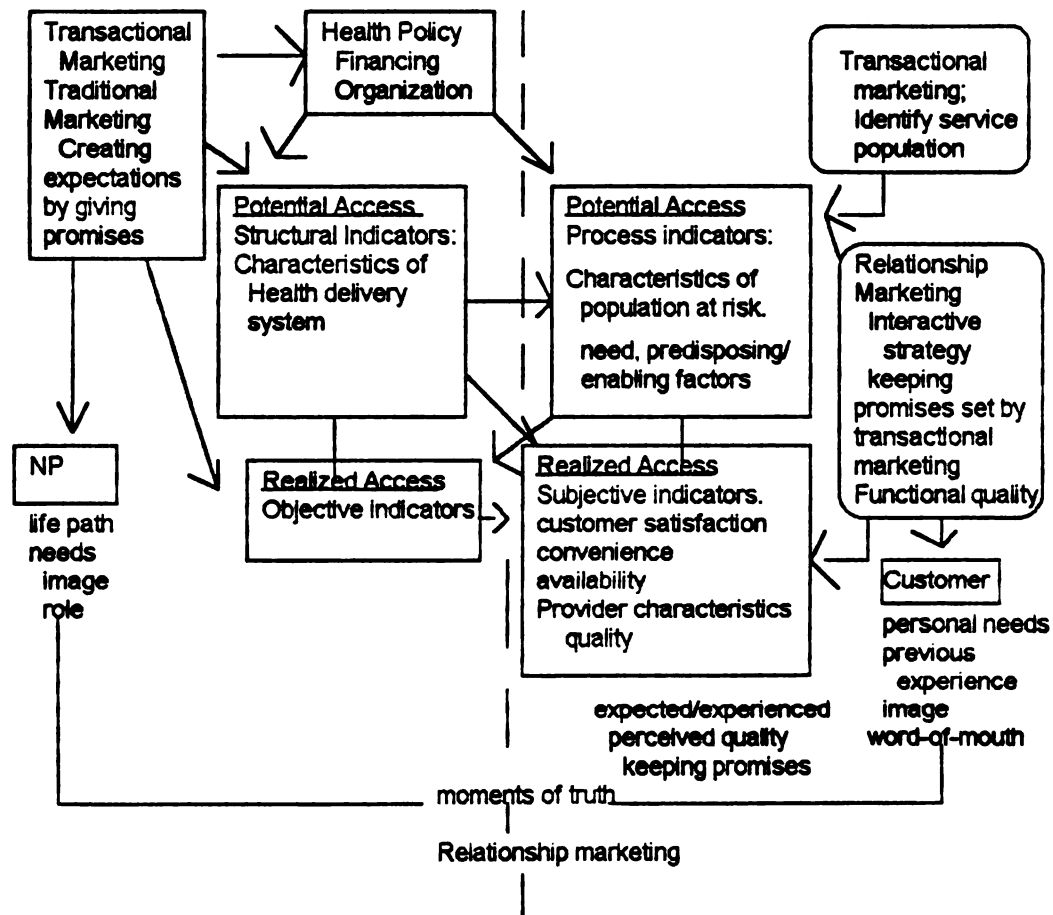
Gronroos' (1990) Marketing continuum depicting different strategies at different points of access of Aday's & Anderson (1981) Health Access Model. - Figure 3.

The diagram above is divided demonstrating the use of transactional or traditional marketing strategies on the left of the hashed line. The left side of the model defines structural aspects i.e. Characteristics of the health care delivery system, types of service, purpose, availability, and organizational aspects. It is here where the expectations are created by transactional marketing. (i.e. brochures, mass distributions, radio advertising, etc.) The right side of the model represents the relationships and interactions of the provider and the customer. It is here where the promises set by transactional marketing are kept. Experienced quality needs to equal or exceed expected quality in order to improve the image of the provider in the eyes of the customer. Relationship or interactive marketing strategies are utilized at points of actual access on the right of the model to enhance word of mouth communication and increase consumer awareness of the role of the nurse practitioner.

Methodology

The current health care environment continues to revolve around the "illness model" and fee for service provided. The literature states that consumers of health care services are dissatisfied with the increasing cost of health care and the inaccessibility of health care services (Pearson, 1993). Hogan & Hogan (1982) identified that the acceptance of the NP role is contingent on experience with a nurse practitioner or knowledge of the nurse practitioner role. Role ambiguity and lack of consumer knowledge are significant to NP practice. As stated earlier, the literature indicates that there is a potential market for NP services among health care

consumers, however NPs must continue efforts to inform consumers of their services.

Traditionally, health consumers acquire knowledge of providers through personal experience or advice from a friend or relative (Booth & Babchuk, 1972). The absence of consumer information about price and quality of medical services is the most important difference between medical care and nonhealth goods and services. (Pauly, 1978). Inadequate consumer information has been cited as an important factor contributing to "imperfections in the structure and the conduct of the market for health services." (Langwell & Moore, 1982, Sloan & Feldman, 1978).

The development of a marketing plan needs to address the limitations discussed in the literature of previous methods of communication to consumers. The goals of market strategy will be to provide information about the role and service provided by the NP and to enhance word of mouth communication with positive provider/customer interactions therefore increasing consumer awareness.

Plan

Transactional marketing strategies will be utilized to identify the service or target population which can be accomplished by the following strategies:

1. Utilizing community market research either independently or existing research which identifies community demographics, morbidity, mortality, predisposing factors, enabling factors, and behavioral

characteristics of the population at risk. This type of research will provide information concerning the type of cliental which make up the largest population and of greatest need of services, which creates the target population.

2. A community needs assessment could also be completed identifying the availability of services, type of services, purpose of services, referrals needed, volume, distribution and organization of services. A community assessment will also obtain information of services needed. This research can be conducted by the NP, obtained results from existing community research, or conducted in collaboration with a marketing consultant.

It is important to understand the needs of a community prior to marketing a service because it will be more difficult to convince the community that your service is superior to the service currently being provided. The act of convincing the customer that a new service is superior could also be viewed by existing providers as competition, decreasing the possibility of professional relationships with other providers. The new service being marketing needs to complement existing services or provide needed service to the community to be viewed as a benefit.

The target population of the community is the population assessed as being the most frequent users of the service or the population of greatest need for the service. It is important that market strategies are congruent with the needs of the target population for the strategies to succeed.

Relationship marketing or interactive strategies will also be utilized in obtaining information specific to the community. Focus groups may be utilized to obtain subjective information. This strategy will be utilized to obtain the communities perception of the services in existence, services needed, and past experiences with different types of providers. The community perception of provider image is important in marketing because if provider image is unknown there is reluctance to utilize the service until there is a positive image established.

Transactional marketing is then utilized by creating expectations of the customers by giving promises. These promises are made based on the information obtained from community assessment and needs of the target population. The consumer is then informed by distribution of brochures, newspaper advertisements, radio announcements, and mass distribution of information via postal service.

The use of relationship marketing strategies for information distribution is based on the interactions with potential consumer groups. This is accomplished by the individual nurse practitioner, the practice manager, or in collaboration with a marketing consultant

1. Presentations at community group events communicating role of provider and service. (i.e. PTA, Women's groups, Church groups, Chamber of commerce groups)

2. Communication booth at community health or business expos.

3. Community focus groups based on information distribution

4. Utilization of an affiliation with an established service provider.

5. Establish relationship with area Nurse Practitioners to communicate role of provider and service

6. Utilize community liaison or established community relationships to educate the role of provider, this adds credibility.

7. Develop professional relationships with health care providers with the emphasis of cooperation, collaboration and increase in accessibility of health care services.

Relationship marketing strategies are utilized further in the actual interactions between provider and client. Subjective indicators of realized access such as patient satisfaction and quality are addressed. The goal of relationship marketing is to keep the promises set by transactional marketing. If the relationships are positive image is improved, creating a positive word - of - mouth communication within the community and enhancing marketing.

Practice Setting

Once in the practice setting the Nurse Practitioner utilizes relationship marketing and direct communication with the client to enhance positive image by:

- maintain "moments of truth" keep the promises established by transactional marketing.

-ensure expected and experienced quality balance

-enhance word of mouth communications

The measurement of satisfaction and quality can be accomplished by:

1. Patient satisfaction survey identifying criteria of quality, cost, convenience, provider characteristics, and availability of service.

2. Follow up community focus groups obtaining information of consumer perception of functional and technical quality of service. Also to elicit information if marketing strategies increased consumer awareness of the service. Evaluation of marketing strategies is also obtained to determine the expected and the experienced quality of the interactions. This information may also be obtained through questionnaires or community focus groups.

Process for implementation

Implementation of the marketing plan begins with the assessment of the community. The assessment determines what is the communities knowledge of the NP role, what services are currently provided, what services are lacking, what is the community perception of health care, what are the community demographics, and who are the population at risk? This data obtained from the community assessment is the basis for the development and implementation of the plan as this assists the provider to market the service to the target population. Once the target population has been established, focus groups with randomly selected members of the target population are held to determine image of provider, knowledge of different providers, perceptions of existing services, and perceptions of needed services.

Information is distributed by transactional marketing strategies, thus creating the consumer expectations. This is accomplished by the following

types of communication:

1. Personal Communication. This type of communication is not part of the actual production or consumption of the service. This type would involve the regulatory boards description of the NP role. The NPs working in the field need to become more active in the Professions lobby to reform legislation; mainly prescriptive authority, reimbursement, and legal scope of practice, for standardization of independent scope of practice, prescriptive authority, and reimbursement before the consumer will view the profession as creditable and competent. Care needs to be taken to ensure that what the profession promises can be delivered to the customer to reduce possibility of a gap in expected and experienced quality.

2. Mass Communication This type of communication is impersonal but can reach a large population. Advertising brochures and mass distribution of information defining the NP role, supported by study results describing technical quality, are distributed to raise knowledge and awareness of the NP role. Physician practices employing NPs could distribute brochures describing their collaborative practice with NPs and advocating physician support of the NP role.

3. Direct Communication This type of communication is personalized communications directed toward potential customers. Target populations are identified by research of potential users of the service, and advertising campaigns and brochures directed toward the target population. Care is taken to delineate the role and the type of service is consistent with

identified societal need, that service providers are of same or reduced cost as existing service, and the service is consistent with existing norms.

4. Interactive communication. Types of interactive communication would involve focus groups within the community to educate the community's perception of the NP role and gather information via customer feed back loop to identify further area for potential education. Relationship marketing strategies utilizing interactive communication, to ensure expected/experienced quality balance. The goal of relationship marketing is to keep the promises set by transactional marketing. If the relationships are positive, image is improved, and creates a positive word - of - mouth communication within the community that enhances marketing.

Practice Setting -

Once in the practice setting the Nurse Practitioner utilizes relationship marketing and direct communication with the client to enhance positive image by:

- maintain "moments of truth" keep the promises established by transactional marketing.

-ensure expected and experienced quality balance

-enhance word of mouth communications.

Process for evaluation

Evaluation of the marketing plan involves obtaining information from the consumer to determine the effectiveness of marketing strategies. This process involves the development of a questionnaire to obtain information of how consumer was informed of the service. To further evaluate the

service satisfaction and quality information can be obtained utilizing a satisfaction survey to determine expected and experienced quality of service. The measurement of satisfaction and quality can be accomplished by:

1. Patient satisfaction survey identifying criteria of quality, cost, convenience, provider characteristics, and availability of service. These surveys are distributed to consumers who have utilized the service.

2. Follow up community focus groups obtaining information of consumer perception of functional and technical quality of service.

3. Distribution of questionnaires to the community focusing on obtaining data of the consumers knowledge of NP service after marketing strategies have taken place. Did the strategies work? What information does the community have now?

4. Evaluation of marketing strategies focuses on the impact the strategies had on increasing utilization of the NP services. This utilization can be measured by:

- tracking the number of new clients into the practice

- tracking the number of referrals received into the practice by other health care providers.

- Tracking the number of clients in the caseload in 6 months, 12 months, 18 months.

- Tracking the number of return client visits.

- Tracking the number of services reimbursed directly under the NP provider number.

<u>Implications for Advanced Nursing Practice</u>

Consumer awareness of the role of the nurse practitioner has been shown to be a significant barrier to NP practice. Individual nurse practitioners emphasis on informing consumers of the health care role that NPs can provide is crucial to break down this barrier.

This can be accomplished by:

1. Nurse practitioners can have an impact on barriers to their practice by becoming involved within the community. Involvement increases the provider visibility and provides consumers with information.

- Conducting presentations at community group events communicating role of provider and service. (i.e. PTA, Women's groups, church groups, Chamber of commerce groups).

- The NP can utilize communication booth at community health or business expos.

- The NP can conduct community focus groups based on information distribution.

- Develop and distribute brochures to introduce the NP role by direct and mass distribution.

- Utilize a community liaison or a previously established community relationship to assist in accessing community events. (i.e. schools, parent association, community education group, sports league.) An

established relationship will add personal credibility even if there is limited knowledge of the service.

2. Develop professional relationships with health care providers with the emphasis of cooperation, collaboration and increase in accessibility of health services. Working in a collaborative relationship with other health care providers also establishes credibility of the NP and supports a positive image of the role. Development of a professional relationship includes:

- Obtaining privileges at local health care facilities (i.e. hospitals, extended care facilities, rehab facilities).

- Attend medical staff or committee meetings of those facilities.

- Volunteer for committee or task force membership for joint practice issues.

- Establish a peer review group

- Obtaining a preferred provider number for direct billing and reimbursement purposes.

3. Utilize an affiliation with an established service provider to communicate the NP role as in a collaborative practice agreement.

- Send letters to the clients in the practice introducing them to the NP service.

- Develop and distribute brochure describing the role of the NP and the service provided.

- Send letters to area providers the NP may utilize as a consultant along with client referrals.

- Acknowledge referrals from other health care professionals with a letter thanking them for the referral.

4. Establish relationship with area NPs to communicate role of the provider and service provided. It is also important to network with other NPs to communicate the same message to the community to reduce role ambiguity.

- Develop peer support group with area NPs.

- Attend local and national continuing education conferences

- Professional networking within the NP professional organization Professional networking within professional organizations is important to ensure consistency of the professional message that is being sent to the consumer. Involvement in the professional lobby remains key to delineate the national role of the nurse practitioner there by reducing role ambiguity. Involvement within the professional lobby to reform practice issues such as reimbursement and prescriptive authority remains important to add credibility to the NP role.

Increasing consumer awareness of the role of the NP would have a positive impact on legislative reform as it is the consumer who will be deciding what type of care they want. If the consumer is satisfied with the quality of NP services this will be communicated to legislators to reform reimbursement, prescriptive authority, and legal scope of practice barriers.

Recommendations for education

Recommendations for education continue with the NP responsibility to inform clients and other health care providers of the role of the NP.

Utilization of this comprehensive marketing plan increases the flow of information necessary to assist the consumer to form a level of knowledge required to make informed choices about health care services. Increasing consumer awareness of the role of the NP in primary care allows the consumer additional choices in health care there by improving access and distribution of health care.

Nurse Practitioners can continue to affiliate with colleges and universities and remain active in nursing education. By presenting actual experiences, the NP can educate nursing students in the importance of developing marketing strategies to communicate to the co9mmunity the role of nursing.

Recommendations for research

The literature on health care marketing mainly focuses on the structural aspects of marketing. There is limited research on the process or relationship marketing as it relates to consumer awareness. Inadequate consumer information has been cited as an important factor contributing to "imperfections in the structure and the conduct of the market for health services" (Langwell & Moore, 1982, Sloan & Feldman, 1978). Recommendations for further research are suggested in quantitative studies focusing on the relationship between increasing awareness of services and consumer access and studies focusing on communication, positive word of mouth, and image in relationship to utilization of services.

References

Abner, J. & Hawkins, L. (1992). Portrayal of nurses in advertisements in medical and nursing journals. Image: Journal of Nursing Scholarship

Aday L. A. (1976). The impact of health policy on access to medical care. MMFQ/ Health and Society, Spring 1097, p. 215 - 232

Aday L., & Anderson. R. (1981). Equity of access to medical care: A conceptual and empirical overview. Medical Care, (19), 12, p. 4 - 27.

American Nurses' Association, Congress for Nursing Practice, Nursing: A social policy statement. Kansas City, American Nurses' Association, 1980.

Anderson, R., & Aday, L. (1978). Insurance coverage and access: Implications for health policy. Health Services Research, Winter 1978, p. 369 - 377.

Barron A. (1989). The CNS as consultant. The Clinical Nurse Specialist in Theory and Practice, Hambric A. B. & Spross J. A. (1989). W. B. Saunders Company. Philadelphia, p. 83 - 107

Brands, R. (1983). Acceptance of nurses as primary-care providers by retired people. Advances in Nursing Science, (5), p. 37 - 49.

Benham, L. (1972). The effects of advertising on the price of eyeglasses. Journal of Law and Economics, 15, p. 337 - 352.

Berkowitz, E. N. (1981). Marketing ambulatory care centers: Planning considerations and demand analysis. Journal of Ambulatory Care Management, 4(3), p. 15 - 26.

Booth, A. & Babchuck, N. (1972). Seeking care from new resources. Journal of Health and Social Behavior, 13, p. 90 - 99.

Cady, J. F. (1976). Restricted advertising and competition: The case of retail drugs. Washington DC: American Enterprise Institute.

Caplan, G. (1970). The Theory and Practice of Mental Health Consultation. New York, Basic Books.

Chenoy, N. C., Spitzer, W. O., & Anderson, G. D. (1973). Nurse practitioners in primary care II: Prior attitudes of a rural population. Canada Medical Journal, (8), p. 998 - 1003.

Cox, K, Bergen, A, & Norman, I. J. (1993). Exploring consumer views of care provided by the Macmillan nurse using the critical incident technique. Journal of Advanced Nursing, (18), p. 408 - 415.

Denver, G. E. A. (1984). Epidemiology in Health Services Management. Rockville, MD: Aspen.

Drury, M., Greenfield, S., Stilwell, B., & Hull, F. M. (1988). The nurse practitioner in general practice: patient perceptions and expectations. Journal of the Royal College of General Practitioners, 38, p. 503 - 505.

Edmunds, M. W. (1978). Evaluation of nurse practitioner effectiveness: An overview of the literature. Evaluation and the Health Professions, (1), p. 69 - 82.

Enggist, R, E., & Hatcher, M. E. (1983). Factors influencing consumer receptivity to the nurse practitioner. Journal of Medical Systems, (7), p. 495 - 512.

Fagen, C. M. (1982). Nursing as an alternative to high - cost care. American Journal of Nursing, (82), p. 56 - 60.

Feldman, R., & Begun, J. W. (1978). The effects of advertising restrictions: Lessons from optometry. Journal of Human Resources, 13, p. 247 - 263.

Feldstein, M. S. (1973). The welfare loss of excess health insurance. Journal of Political Economy, 81, p. 251 - 280.

Fox, J. G., & Storms, D. M., (1980). New health professionals and older persons. Journal of Community Health, (5), p. 254 - 260.

Greeneich, D. (1993). The link between new and return business and quality of care: Patient satisfaction. Advanced Nursing Science, 16(1), p. 62 - 72.

Gronroos, C. (1990). Service Management and Marketing: Managing the Moments of Truth in Service Competition. Lexington Books, Lexington Massachusetts.

Hallman E. C., and Westlund D., (1983), Canadian nurse practitioners battle underutilization. Nurse Practitioner; 8 (6); p. 45 -46.

Hambric A. B. & Spross J. A. (1989). The Clinical Nurse Specialist in Theory and Practice, W. B. Saunders Company.

Hogan K A., and Hogan R A.. (1982), Assessment of the consumer's potential response to the nurse practitioner model. Journal of Nursing Education, (21), 9, p. 4-12.

Holbrook T L., and Shamansky S L., (1985), The market for nurse practitioner services among women 18 to 40 years of age. Health care for Women International, (6), 5 p. 309-24.

Johnson R E., Freeborn D K., & McCally M., (1985), Delegation of office visits in primary care to PAs and NPs: The physicians' view. Physician Assistant, (9), 1 p. 159 -169.

Kay, B. J. (1988). The market for health care information: an exploration of the use of available information by consumers. Journal of Ambulatory Care Management, 9(3), p. 72 - 85.

Langwell. k. M., & Moore, S. F. (1982). A synthesis of research on competition in the financing and delivery of health services. (DHHS Pub. No. PHS 83-3327). Washington , DC: U.S. Government Printing Office.

Lazarus, I. R., Petras, G. J., & Bradford, C. (1992). Marketing management enhances customer relations. Healthcare Financial Management, October 1992, p. 55 - 60.

May, M. L., (1988), It's a fact: PAs and NPs help ensure cost-conscious quality. Provider, (14), April 1988. p. 42.

McGuire D. B. & Harwood K. V. (1989). The CNS as researcher. The Clinical Nurse Specialist in Theory and Practice, Hambric A. B. & Spross J. A. (1989). W. B. Saunders Company. Philadelphia, p. 169 - 205.

Mckenna R. (1991). Marketing is Everything. Harvard Business Review, Jan/Feb. 1992, p. 65 - 79.

Nichols, L, M, (1992). Estimating the cost of underusing advanced practice nurses. Nursing Economics, September/October, (10), 5. p. 343-51.

Pauly, M. V. (1978). Is medical care different? Competition in the Health Care Sector, Rockville, MD: Aspen. p. 11-35.

Pearson L J., (1993). 1992-93 update: How each state stands on Legislative issues affecting advanced nursing practice. The Nurse Practitioner, (18), 1 p. 23-26.

Pender, N. J., & Pender, A. R. (1980). Illness prevention and health promotion services provided by nurse practitioners: Predicting potential consumers. American Journal of Public Health, (8), p. 798 - 803.

Riner, M. B., (1989), Expanding services: The role of the community health nurse and the advanced nurse practitioner. Journal of Community Health Nursing, 6(4), p. 223 - 230.

Safriet, B. J. (1992). Health care dollars and regulatory sense: The role of advanced practice nursing. The Yale Journal on Regulation, (9)407, p. 417 - 477.

Schilling, L. S., Shamansky, S. L., & Swerz, M. B. (1985). Profiles of the consumer and non-consumer of PNP services: New Haven, Ct. Journal of Community Health Nursing, (2), p. 79 - 92.

Shamansky, S. L., Schilling, L. S., & Holbrook, T. L. (1985). Determining the market for nurse practitioner services: The New Haven Experience. Nursing Research, (34), p. 242 - 247.

Sloan, F. A., & Feldman, R. (1978). Competition among physicians. Competition in the Health Care Sector, Rockville MD: Aspen. p. 45 - 102.

Smith, D. W., & Shamansky, S. L., (1983). Determining the market for nurse practitioner services: The Seattle experience. Nursing Research, (32), p. 301 - 305.

Spross, J. (1989). The CNS as collaborator. The Clinical Nurse Specialist in Theory and Practice. Hambric A. B. & Spross J. A. (1989) W. B. Saunders Company. Philadelphia, p. 205 - 227.

Star S. H. (1989). Marketing and its discontents. Harvard Business Review, Nov/Dec 1989. p. 148 - 154.

Stewart, M. J., (1990). From provider to partner: A conceptual framework for nursing education based on primary health care premises. Advances in Nursing Science, 12 (2), p. 9 - 23.

Sox, H. C. (1979). Quality of nurse practitioners and physicians assistants: A ten year perspective. Annals of Internal Medicine, (91), p. 459 - 468.

Zikmund, W. G., & Miller, S. J., (1979). A factor analysis of attitudes of rural health care consumers toward nurse practitioners. Research in Nursing and Health, (2), p. 85 - 90.