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Department Structure and Leadership Functions for Advanced Practice Providers

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This is to certify that the doctoral study by

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Walden University
2018

Abstract

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MSN, Walden University, 2015

ASN, Excelsior College, 2009

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

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Abstract

Department structure and leadership functions have the capacity to influence work climate. At one healthcare system, advanced practice providers (APPs) worked in a decentralized structure with multiple leaders. This structure lacked a single point of contact for communication. Without a dedicated leader, there was limited leader support, a lack of leader-employee interactions, and a lack of employee engagement. This led to a negative work climate defined by low employee satisfaction and high turnover**.** An ad-hoc committee led by the chief medical officer resulted in the creation of the centralized department with a dedicated leader. To understand how the change in organizational structure resulted in an improved work climate for APPs in the large multi campus academic healthcare system, surveys and interviews were used to describe the benefits of the strategies implemented. The project question asked about the impact of change to centralization of leadership for APPs working in an academic healthcare system where employee turnover was high and satisfaction was low. Data were collected from departmental reports, 12 APP interviews, and 2 online surveys with a total of 73 responses. Results showed that centralization improved APP leadership support and communication with other APPs within the system by 11.4%. Feedback from APPs indicated the physicians were now using APPs to the top of their expertise and licensure, thus creating a more supportive work climate and environment, professional growth, and job satisfaction. With the implementation of the centralized department in 2014, the turnover rate dropped significantly from 20.47% in 2013 to 6.1% in 2016 resulting in positive social change for APPs, providers, and patients.

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Dedication

First and foremost, this project is dedicated to my husband Dr. Russell Blaylock. There are no words created to express how much your love and support helped me through this journey of achieving this lifelong goal. No matter the challenges, you always made the statement, “You got this! I believe in you!” I love you with all that I am! You are my earthly king sent to me by my heavenly King and I am eternally grateful for you.

To my five children, I dedicate this degree to you as well. Your understanding when I was not able to attend family gatherings, or your sports events pushed me to stay the course to get it done. I am looking forward to being more present for you now. You all are amazing and I Love You!

Last but definitely not least, I dedicate this degree all mothers returning to school for higher education. Being the example to our children, family, and other women is pivotal to show that you too can do all things through Christ that strengthens you.

Acknowledgments

I want to acknowledge my chair Dr. Janice Long. I thank God for bringing you into my life and educational journey. Your calming nature was just what I needed when I needed it. You are an amazing chair and I cannot thank you enough.

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To my mentor, Dr. Rhonda Hough. Words escape me to describe how amazing you are. Your wisdom and knowledge has been immeasurable. I could not have asked for a better mentor. You were truly sent to me from God to guide me through this educational journey and I thank you from the bottom of my heart. I will cherish the time spent with you and promise to take this knowledge and pass it forward to benefit others in the healthcare community.

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Section 1: Nature of the Project

Introduction

The Southern America Health Center (SAHC), a pseudonym, provides high quality care while striving to maintain efficient access to providers. With regional population growth and economic development, the SAHC implemented a collaborative practice strategy where advanced practice providers (APPs) work collaboratively with physicians to improve patient access to health services. APPs are integral members of the healthcare team as they expanded access to high quality, safe, and effective care (Moote, Kresk, Kleinpell, & Todd, 2011). In the context of the SAHC, the APPs include physician assistants (PAs), nurse practitioners (NPs), certified nurse specialists (CNS), certified nurse midwives (CNMs), and certified registered nurse anesthetists (CRNAs).

Originally, the APPs were incorporated into each individual clinical area, or a decentralized structure. However, as the number of APPs increased the employee satisfaction decreased and the turnover increased. The organization determined the decentralized approach to managing the APPs contributed to this phenomenon. As such, the chief medical officer (CMO) worked with an ad-hoc group to consolidate the APPs into a centralized department with a dedicated leader. With the addition of a dedicated leader, the centralized department structure for APPs was created.

With the new structure, an environmental assessment was completed to evaluate the work climate. This assessment identified several deficiencies, including inadequate management oversight, ineffective communication, and unclear performance

expectations. Overall, the diagnosis suggested the centralized structure was a good strategy to change the climate by promoting communication and interactions with effective leader-member exchanges (Walumbwa, Avolio, Gardner, Wernsing, & Peterson, 2008).

Leaders need to exhibit a pattern of openness and provide clarity in their behavior toward members by sharing information, accepting input from others, and revealing their own values, motives, emotions, and goals in a way that enables the followers to evaluate their own behavior (Cerne, Jaklic, & Skerlavaj, 2013). Within the defined boundaries of a department, a leader can advance positive social change by encouraging members to commit to the work of the team and to work on the relationship building that increases engagement (Ganz, 2008). Positive interactions between leaders and their workers encourages the open communication essential to establishing a commitment to the organization; resulting in a positive work climate (Nelson et al., 2014). The interactions empower workers to be engaged within the context of the department. Through positive interactions, employee performance increases contributing to progressive practice changes within the context of the department, organization, and even the community. At SAHC, there was a shift from a decentralized department structure with multiple leaders to the centralized department with a dedicated leader. The purpose of this project was to understand how the new organizational structure impacted the work climate.

Problem Statement

Local Context for the Problem

The APPs at SAHC worked in a decentralized organizational structure without a dedicated leader. A decentralized structure can contribute to a decrease of meaningful purpose, commitment to team purpose and accountability; manifesting as decreased job satisfaction and higher turnover (Kocolowski, 2010). Longenecker and Longenecker (2014, p. 9) described the problem as "a well-worn axiom of organizational life" where leadership is essential to achieve planned change. Leaders drive positive changes by way of understanding of the processes that support the vision of the organization and effectively communicating these processes in a supportive manner between leaders and members (Gilley, McMillan, & Gilley, 2009). In SAHC, the structure for APPs was decentralized, which was identified by the organization leaders as the key contributor to negative work climate. However, a centralized department structure was believed to be the solution as the dedicated leader would be able to engage in more interactions and communications with employees. With one leader, there can be more consistency in the management of APPs with similar job functions. The key is a defined departmental boundary with one centralized leader.

Significance and Implications for Nursing Practice

A centralized department structure is essential for developing trust and to facilitate interactions with members and communication between leaders and members resulting in an effective work climate (Arora & Marwah, 2014). There is a positive

correlation between effective leadership, including employee engagement and communication, job satisfaction, and turnover (Wang & Hsieh, 2013). The more interactions and increased communications, the more the leader develops connection with the employee; the leader is viewed as an advocate and facilitator (Arora et al, 2014). In the context of the SAHC, increased interactions can assist the APPs develop a better relationship with their centralized leader.

For APPs to have the capacity to provide high quality care across many years, there needs to be a supportive work climate. This type of climate requires effective leader-member exchanges where a prominent level of trust and support is mutually established, and goals are communicated and mutually accepted (Byun, Dai, Lee, Kang, 2017). Within the sphere of advanced nursing practice, a single leader responsible for a well-defined department can improve performance by promoting programs to develop nurses, improving role delineation and performance expectations, and presenting a clear vision for the to achieve department goals (Daly, Jackson, Davidson, & Hutchinson, 2014). Centralized leadership is an essential component for having a supportive climate and assisting the APPs to perform at the top of their expertise, and experience thereby increasing job satisfaction.

Purpose Statement

Gap-in-Practice Defined

Prior to the shift to the centralized departmental structure, APPs had different leaders within the various practice sites of the healthcare system. The lack of a dedicated

leader within a well-defined department can hinder work engagement and decrease job satisfaction (Tims, Bakker, & Xanthopoulou, 2011). Prior to the change, APPs struggled to manage different performance expectations for the same position but located in different areas of the organization. The decentralized organizational structure resulted in a work climate where interactions and communications with employees were limited and APPs were dissatisfied with their role at the site.

The shift from a decentralized to a centralized department structure, with a single leader, enhanced the leader-member exchange. With this improvement, the interactions and communication throughout the department became more consistent, comfortable, and collaborative. This project sought to understand the impact of the structure change on the work climate.

Project Question

For APPs working in an academic health system where employee turnover was high, and satisfaction was low, what will be the impact of shifting from a decentralized department (with multiple leaders) to a centralized department (with a single leader) on the work climate over three years?

Response to the Gap in Practice

Evidence derived from practice is important to improving organizational outcomes (Stillwell, Fineout-Overholt, Melnyk, & Williamson, 2010). The gap-in-practice identified for this project resulted from the decentralized organizational structure for APPs in a large health system negatively impacting turnover and employee

satisfaction. This project seeks to explain how the organizational structure, including a dedicated leadership, impacted the work climate as measured by employee turnover and satisfaction. Furthermore, this project seeks to understand what changes at the employee level, specific to the department design and leadership attributes, impacted the work climate.

Nature of the Doctoral Project

Sources of Evidence

The sources of evidence utilized for this project include the following: (a) literature review focused on organizational structure, work climate, and leadership attributes; (b) organization documents and reports; (c) structured interviews; and (d) anonymous survey. The literature review provided evidence about the impact of centralized versus decentralized departments on work environment. The organizational documents and reports provided data specific to the employee satisfaction and turnover. The structured interviews provided evidence about the impact of the organizational changes specific to the work climate, including the interactions and communication, from the provider perspective. Finally, the interviews granted me an opportunity to ask employees about the specific changes that were most important in changing the work climate.

Project Method

All APPs employed at SAHC were asked to complete an online survey. After the survey, a purposeful sample of APPs were asked to participate in structured interviews,

so I could gain insights about their work experience prior to and after the changes to the organizational structure. The sample included APPs who were hired prior to the organization change and remained within the organization following the changes. APPs who did not meet these criteria were excluded from the interviews. The questions focused on the perceptions of work climate, leadership engagement, quality of communication, and organizational support.

Project Pathway

My goal with this doctoral project was to evaluate the impact of a centralized department structure with a single leader on the work climate from the perspective of the APPs. Specifically, I sought to explain how the organizational change contributed to improving the work climate, defined as decreased turnover and increased employee satisfaction. The findings from this evaluation will help to explain how organizational structure (centralized versus decentralized) and leadership (centralized versus diffuse) impacts the work climate.

Significance

Stakeholder Analysis

Evaluating the stakeholder readiness and support for organizational changes is vital for success. The evaluation involved the stakeholders in the decision-making process to reach a consensus on the content and scope, plan and implementation, and evaluation of the change (Bryson, 2004). The primary stakeholders for this project include the APPs, the leaders (department), and executive leadership. The patients are

indirectly a stakeholder group due to the impact of work climate on patient outcomes (Omachonu & Einspruch, 2010). By understanding the changes resulting from the organizational restructure, the stakeholder experience can be better understood and additional positive changes can be undertaken.

Contribution to Nursing Practice

This project has the potential to inform nursing leaders about the impact of a centralized department structures for APPs. In addition, the project has the potential to explain the impact of organizational structure and leader attributes on work climate from the perspective of the APP. As the roles and responsibilities of APPs expand (Fairman, Rowe, Hassmiller, & Shalala, 2011) so will the need for capable DNP leaders to understand organizational structures, functions, and outcomes. In this development, nurse leaders need to "think strategically, innovate, and engage stakeholders in meaningful system improvement" (Kendall-Gallagher, & Breslin, 2013, p. 259). This project seeks to explain how structures are important influences on work climate.

Transferability of Knowledge

The knowledge derived from this project has potential implications to inform healthcare systems and hospitals considering the development of APP models. Also, the findings have the potential to guide organizations to consider attributes specific to organization structure and leadership when seeking to address issues with work climate, such as unsatisfactory outcomes.

Implications for Positive Social Change

Organizational structures impact the effectiveness of a leader. With effective leadership, organizations have the potential to achieve excellent outcomes. A dedicated leader can drive positive social change by motivating commitment, risk taking, and imagination (Ganz, 2010) within a well-defined department. The relationships built between leaders and workers contributes to the quality of the work climate. The interactions of leaders with their workers can advance professional and social change within the context of department and the organization. This project contributes to positive social change by identifying how the organizational structure can impact the work climate from the perspective of the APP.

Summary

SAHC has multiple clinical departments in different buildings across campuses, which use APPs to provide high-quality, accessible, and affordable patient care. Increased utilization of APPs has the potential to decrease wait times, improve patient access to health care, and improve health care quality (Fairman et al, 2011). The CMO with an ad-hoc group of APPs recognized that a centralized department might be necessary to increase the impact of a dedicated leader on organizational outcomes. The structure was consolidated with all APPs coming into a single centralized department with a dedicated leader. Following the change, the work climate was reported to improve as measured by employee turnover and satisfaction. This project seeks to explain how the

organizational change contributed to the improvement in work climate. In Section 2, the background and context for this project will be discussed.

Section 2: Background and Context

Introduction

The APPs at SAHC are integral members of the healthcare team as they work with the physicians to provide high-quality, safe and effective, and efficient health services. While APPs are not a substitute for physicians, they collaboratively provide services and support to increased patient volumes (Fairman et al, 2011). With an increased number of APPs within SAHC, the rapidly increasing patient volumes were effectively managed to maintain stability in positive providing patient access to care. With the lack of leadership support experienced by the APPs, the employee turnover was high and the satisfaction low. A centralized departmental structure with a dedicated leader was identified as the solution to improve employee work engagement and job satisfaction (Tims, 2011). Without a dedicated leader, the environment is not ideal for growth and improved development (Kocolowski, 2010). A centralized department with a dedicated leader contributes to transparent communication and elicits more feelings of trust among employees (Wong & Cummings, 2009). Providing a dedicated leader for the APPs brings the relevance of leadership to increased job satisfaction and improved retention. In an analysis of 60 studies, Gimartin and D'Aun (2007) reported job satisfaction and turnover was significantly associated with effective leadership. While physicians and APPs worked collaboratively to increase patient access to care, the APPs lacked the leadership desired for support of their role. Creating a centralized department with a dedicated leader became essential to improving the work climate.

The purpose of this project is to explain how a centralized department with a dedicated leader led to a positive change in the work climate, as measured by employee turnover and satisfaction. A descriptive approach was used to gain insights into how the work climate changed at a large academic healthcare system in the southern United State over a three-year period. Furthermore, the project results provide an explanation on how the department level changes impacted the work climate from the perspective of the APPs.

This project has the potential to improve the organizational knowledge of the doctoral prepared nurse by providing an enhanced perspective of the linkages between organizational structures, processes, and outcomes; specifically, about the effectiveness of leaders and the measurement of work climate. Leaders have the capabilities for strategic thinking, creating innovative change, and engaging stakeholders in meaningful improvement (Kendall-Gallagher et al., 2013). However, the success of a leader depends on the delineation of responsibility and the span of control as defined by organizational structures.

Theories, Models, and Concepts

Rogers' Diffusion of Innovation

Rogers' diffusion of innovation (DOI) is defined as "the process in which an innovation is communicated through certain channels over time among members of a social system" (Rogers, 2003, p.5). The DOI served as the theory to guide the evaluation for the project. As defined by Rogers (2003), diffusion is the communication process for

an innovation to be implemented in an organization. Rogers explained an innovation is an idea that might be beneficial to an organization, often brought to employees by leaders, but is perceived as new or different from the norm. Despite the innovation being perceived by the leaders to be beneficial to the organization, the other stakeholders might not perceive the innovation as personally beneficial. The difference between the perspective of the leaders and the various stakeholders about the benefit of an innovation leads to conflict. The DOI, therefore, explains the process for communicating an innovation to the organization in a manner where the stakeholders are receptive. This process aids in the adoption of innovative ideas or practices to support change.

Rogers (1983, as cited in Sanson-Fisher, 2004, pp. 55-56) identified five key components that are essential to the adoption or acceptance of a proposed change:

- Relative Advantage: The degree to which an innovation is perceived better than the idea it supersedes.
- Compatibility: A measure of the degree to which an intervention is perceived as being compatible with existing values, past experiences, and the needs of potential adopters.
- Complexity: A measure of the degree to which an innovation is perceived as difficult to understand and use.
- Trialability: The degree to which the innovation may be trialed and modified.
- Observability: The degree to which the results of the innovation are visible to others.

At the individual level, for the adoption of change, DOI occurs in five stages of the adoption process: (a) knowledge, (b) persuasion, (c) decision, (d) implementation, and (e) confirmation (Doyle, Garrett, & Currie, 2014; Sahin, 2006). At the organizational level, the DOI or change process involves three phases: initiation, decision, and implementation (Doyle et al, 2014). In the initiation phase, the need for innovation or change is identified (Doyle et al 2014). The decision phase occurs at the end of the initiation phase when a decision is made. The implementation phase occurs when the change agent(s) redefine, clarify, and routinize the change (Doyle et al. 2014). Sahin (2006) identified that open channels of communication are essential to creating an understanding and adoption of innovation or change. Therefore, this project sought to identify that centralized structure and dedicated leadership contributed to the relative advantage, compatibility, complexity, trialability, and observability that facilitated positive changes in process and practices in the work climate.

Leader-Member Exchange Theory

This project evaluated the change in department structure with a dedicated leader from the perspective of the APPs. The organization's executive leaders believe that the dedicated leader has increased the interactions, or exchanges, between the leader and the APPs. As such, the leader-member exchange (LMX) theory, developed in the early 1970s (Graen & Uhl-Bien, 1995), was incorporated into reviewing the interview data. The LMX theory focuses on the type, quality, and quantity of the interactions in the dyadic

relationships, leader and member, as well as to cultivate the relationship over time (Graen et al, 1995). The relationships are developed in three phases:

1. Organizational Stage: Where a person rises from a group for assorted reasons.
2. Role Development: Here, tasks define the type of roles.
3. Leader-Led Relationship: The relationship between the leader and the staff (Li & Liao, 2014).

LMX theory explains that by developing high-quality relationships between the leader and the members will result in increased commitment, better performance, and improved job satisfaction (Graen & Uhl-Bien, 1995. LMX creates a positive work climate which supports innovative work practices (Graen & Uhi-Bien, 1995). The perception of a positive, encouraging work climate enhances employee creativity and creative work involvement (Volmer, Spurk, & Niessen, 2011). For this project, the interactions between the leader and the member are believed to have contributed to the improved work climate, as measured by employee turnover and satisfaction. An LMX questionnaire is included in this project to understand the current level and quality of leader-member interactions.

Theory of Structural Empowerment

The theory of structural empowerment is a fundamental consideration for how organizations perform well and develop over time. Kanter (1976) posited organizational structures can "either impede or promote employee performance regardless of employees' personal tendencies" (as cited in Poghosyan, Shang, Liu, Poghosyan, &

Berkowitz, 2015, p. 3). In this context, the department structure in a health system directly impacts employee performance (Kanter, 1976) and job satisfaction (Laschinger, Finegan, Shamian, & Wilk, 2004). Kanter (1993) argued that workplace structures are important in shaping organizational behaviors and relationships. When the structural conditions are favorable for empowerment, leaders are able to engage employees to improve organizational performance by shared decision-making (Laschinger, Wilk, Cho, & Greco, 2009). As such the departmental structure in a health system influences organizational behaviors, relationships, and interactions. Grounded in the theory of structural empowerment, the Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ) is psychometrically validated to measure the advance practice environment (Poghosyan et al., 2013b). This questionnaire is included in this project to understand the current work climate.

Project Relevance to Nursing Practice

Search Strategy

A literature review focused on the project question was completed. The databases used in the search included CINAHL, EBSCO, Google Scholar, ScienceDirect, Medline, PubMed. The key terms used in the database search included: *leadership, effective leadership styles, ineffective leadership, authenticity, authentic leadership, transformational leadership, transparency, transparent communication, leadership styles, employee retention, employee satisfaction, high turnover in healthcare organizations, work culture and environment,* and *case studies.* Using these keywords

with Boolean connectors, a title and abstract review led to the narrowing of the literature to 17.

General Literature

Through decentralized organizational structures, there can be ineffective leadership with a lack of authenticity and transparency that results in an atmosphere of mistrust and feelings of not being valued or appreciated can be created (Cerne et al., 2013). Delmatoff and Lazarus (2014) reported that leaders have the responsibility of realizing the value and importance of delivering an emotionally and behaviorally intelligent style of leadership. Using effective leadership with transparent communication followers will feel empowered and supported (Cerne et al, 2013). However, these attributes are not supported within a decentralized organizational structure.

Specific Literature

Effective leadership influences, empowers, and encourages followers all the while maintaining open communication (Choudhary et al., 2013). Honest and transparent communication from the leaders creates loyalty and organizational satisfaction. Effective leadership can be defined by the following characteristics: (a) the ability to give clear direction, (b) the ability to handle organizational challenges, (c) a genuine commitment to high-quality services, (d) the demonstration that employees are important to the company's success, and (e) the ability to inspire confidence in their employees (Wiley, 2010).

Communication provides the foundation for effective leadership. Communication plays a vital role in the retention and inspiration of employees. It also improves work relationships and job satisfaction while decreasing conflicts and gives employees a sense of partnership (Muhammad, Kashif, Nadeem, & Asad, 2012). Additional evidence shows that effective leadership and communication encourages teamwork and increases retention rates (Nelsey et al., 2012). The development of specific programs for APPs such as mentoring and onboarding orientation, coupled with communication skills, has been shown to have a positive effect on employee retention (Brom, Melnyk, Szalacha, & Graham, 2016). Combining effective communication skills with relationship building, creates change and has a positive effect on the organizational work climate (Yukl, 2012). Transparent communication in leadership promotes a positive relationship between leader and member.

Authentic leaders demonstrate a pattern of transparency and ethical behaviors, which supports employees to have control and professional autonomy (Regan et al., 2016). This leadership style has a positive effect on job satisfaction and performance. These leaders have high self-awareness and ethical standards. Followers of this leader will have a perception of workplace empowerment, which improves job satisfaction (Wong, Cummings, & Ducharme, 2013). Authentic leadership also has its foundation in transparent communication and influences the organization's internal communication system (Men & Stacks, 2014). Trust is generated which leads to healthy work climates (Wong et al., 2009).

Transformational leadership is inspirational and motivational (Choudhary, 2013). Transformational leaders focus on change and building up their employees. It energizes followers to realize the organization's vision and goals (Grimm, 2010). Transformational leadership is a charismatic form of leadership and is individualized, considering each of their followers (Pradeep & Prabhu, 2011). These behaviors transform the values of the employee to motivate them to work beyond their expectations by boosting their optimism enhancing their engagement in work (Tims et al., 2011). Transformational leaders fully engage their followers recognizing their potential for growth (Giltinane, 2013; McClesky, 2014).

Situational leadership is built on a relationship being developed between leaders and followers. These leaders will use many different leadership styles to address the day-to-day challenges of the organization (Grimm, 2010). These leaders will adapt their styles as the situation changes (Giltinane, 2013). They understand that situations have appropriate responses (McClesky, 2014).

Evidence to Address the Gap in Practice

With the absence of a dedicated leader, the APPs were managed by their respective department leaders. The organization found these leaders had minimal awareness and a lack of knowledge about the APP role, competencies, scope of practice, and practice regulations. This situation contributed to ill-defined roles and responsibilities, including limitations in practice, lack of resources, and inadequate

employee support. This situation is symptomatic of ineffective leadership (Metzger & Rivers., 2014; Bryant-Lukosius et al., 2004).

Terms

Authentic leadership: An approach where leaders are themselves, in a true and unbiased manner, within a leadership role (Leroy. Anseel, Gardner, & Sels, 2015).

Centralized department: A defined department where specific staff members report to a singular individual to receive direction, guidance, and oversight (Curlee, 2008).

Centralized leadership: The degree to which leadership over group activities in concentrated in one group member (Berdahl, & Anderson, 2005).

Decentralized department: A diffuse department where staff members report to a corporate group for direction, guidance, and oversight (Curlee, 2008).

Decentralized leader: Leadership that is shared among various members with poorly defined boundaries (Berdahl, & Anderson, 2005).

Employee retention: The result of the strategies implemented by an organization to attract and to retain employees (Terera, & Ngirande, 2014).

Employee turnover: The measurement of the number of employees leaving an organization in a defined period of time (Herman, Huanbg, & Lam, 2013).

Job satisfaction: A positive evaluative judgement on one's work situation (Hulsheger, Alberts, Feinholdt, & Lang, 2013).

Leadership: The behavior of an individual when directing the activities of a group toward achieving a shared goal (Hemphill & Coons, 1957).

Leadership style: The manner and approach of providing direction, implementing plans, and motivating people. It is considered the total pattern of explicit and implicit actions performed by their leader (Newstrom & Davis, 1993).

Situational leadership: A leadership style where the leader treats individuals according to the dynamics of the situation (Thompson & Glaso, 2015).

Transparent leadership: The extent that a leader exhibits openness and clarity in their behavior toward the followers by sharing information, accepting others' perspectives and disclosing their values, motives, and sentiments (Norman, Avolio, & Luthans, 2010).

Work climate: The characteristics of a local work environment perceived by the individuals who work within the environment that influences their motivation and behavior and impacts their productivity and commitment to the organization. (Moran & Volkwein, 1992).

Work culture: The working, organizational conditions and the work processes of an organization (Andre, Sjovold, Rannestad, & Ringdal, 2013).

Local Background and Context

Evidence to Justify the Problem

Within the SAHC healthcare system, the APPs were growing in number. As the numbers grew, the lack of a dedicated leadership impacted the APPs work environment

resulting in low morale and dissatisfaction with work. The APPs were managed by leaders across departments with different expectations about the APP role. The lack of a dedicated leader, with departmental boundaries resulted in decreased employee satisfaction and increased employee turnover. Effective leadership behaviors positively impact work climate, including job satisfaction and retention (Duffield, Roche, Blay, & Stasa, 2010; Tsai, 2011). These behaviors include task-oriented, relations-oriented, change-oriented, and external-oriented behaviors (Yukl, 2012). The behavior of an effective leader supports and develops employees and provides inspirational motivation for employees to envision change and to encourage innovation. This topic is relevant to the health system as ineffective leadership results in decreased job satisfaction and increased turnover. To understand the impact leadership behaviors had on the department structure for APPs, employee interviews were completed.

Institutional Context

In the current system, the APPs in this large academic healthcare system work along with the physicians in many areas providing high-quality care to a vast community and the surrounding metropolitan area, also those that travel from around the world. As the number of APPs grew, the lack of a centralized department and dedicated leader to provide support and guidance seemed to contribute to low employee satisfaction and high turnover. However, the health system leadership team identified this problem and acted to centralize the APPs into a department with a dedicated leader.

State and Federal Context

SAHC is a large academic healthcare system in the southern United States and a constituent of other state institutions. Innovations that prove successful at one institution can be shared among leaders at the constituent institutions. The impact of the department structure and leadership attributes on the work climate, including the retention rates, can benefit other organizations seeking to organize APPs.

Improving the retention rate may result in decreased expenses associated with recruiting and orienting new providers. This anticipated decrease could potentially lessen the financial footprint on the institution and state budget, thereby potentially saving millions annually.

Local Terms and Definitions

Advanced practice providers: A distinct category of advanced practice nurses (including nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and certified nurse midwives) and physician assistants (Carper, & Haas, 2006).

Community: An interacting group of various individuals in a common location (Stroud, Bush, Ladd, Nowicki, Shantz, & Sweatman, 2015).

Metropolitan area: A pattern of human activity carried out in a structured system composed of housing, roads, and lines of communication (Adams, VanDrasek, & Phillips, 1999).

Role of the DNP Student

Professional Relationship to the Project

As a DNP student, I conducted a descriptive project to evaluate the change in organization leadership and to analyze the effects of a centralized organizational structure for APPs. As an outside observer, not employed by the institution, I observed the impact of the organizational changes from the perspective of the APPs as well as through the evaluation of the departmental data.

Professional Role in the Project

I interviewed various stakeholders, including APPs, to identify the impact of the centralized structure and dedicated leader. I analyzed and interpreted the survey and interview data to explain the relationship between the organizational structure and APP perceptions of the work environment and flow.

Motivation for Completing the Project

Having observed the consequence of ineffective leadership skills on job satisfaction, performance and retention, I observed first-hand and studied effective, specific leadership. During my observations as a doctoral student completing my clinical practicum at the site, I noted open communication and the responses of the APPs. Upon seeing the effect of leadership styles that supported the APPs, I sought to further examine the benefits of the change in leadership structure through the surveys and interviews conducted in this project.

Potential Bias

Recall bias can occur when studies include retrospective components that are elicited from respondents (Raphael, 1987). Another is response bias. This "is a systematic difference between the answers provided by the survey respondents and their actual experiences" (Sedgwick, 2014, p. 1). As DNP student, bias was minimal due to the limited familiarity and experience at the institution or department where the project was conducted. Experiences with APPs were limited to CNMs and CRNAs that are employed in the department at my work facility. I sought to observe the work culture and environment, leadership styles and communication that potentially affected job satisfaction and turnover in the department.

Summary

I reviewed organizational structures and effective leadership styles to understand the impact of department structure and leadership characteristics on work climate. Many different studies, across nursing, health services, and other industries, reported department structure directly impacts leadership effectiveness. Importantly, ineffective leadership can lead to an atmosphere of mistrust and unhappy employees. But, the communication resulting from effective leadership can influence, encourage, and create feelings of empowerment and satisfaction.

I used a survey and interview approach to identify the relationship between a centralized department with a dedicated department leader and the work climate. Through departmental documents and reports, structured interviews, and an anonymous survey,

the data were collected and analyzed. The next section will describe the methods that were used this project.

Section 3: Collection and Analysis of Evidence

Introduction

Within a health system, structures, processes, and outcomes are equally important to achieve high quality employee, patient, and organization outcomes (Donabedian, 1988). A well-defined department, a qualified and capable leader, and APPs committed to achieving organization goals are essential attributes to provide high quality health services. The delineation of the department is an important structure to shape organizational processes, procedures, and practices that define the work climate (Gilley et al, 2009). By defining the local norms and influencing employee behavior, effective leader-member exchanges also collectively contribute to the work climate. For example, Gilley et al (2009) reported a positive correlation between leaders supporting employees and high job satisfaction. The impact of defined department boundaries and the collective exchanges between the leader and the APPs is an important area for exploration.

Practice Focused Question

This project sought to understand the relationship between a centralized department, with a dedicated leader, and the work climate for APPs. The practice-focused question was: For APPs working in an academic health system where employee satisfaction was low, and turnover was high, what was the impact of establishing a department for APPs with a dedicated leader on the work climate over 3 years? In addition, the project approach explained what contributed to the change in work climate from the employee perspective. This was an important question as the executive leaders

of the organization felt the decentralized department structure with multiple leaders contributed to poor communication, resulting in inadequate leader-employee interactions, and hindered employee support. The resulting work climate was reasoned to be the root cause for the decreased employee satisfaction and increased turnover rate of APPs within the system. After creating a centralized department for the APPs, with a dedicated leader, the employee satisfaction increased and the turnover gradually improved. The project sought to understand the reason for the improvement in satisfaction and turnover as well as explain the resulting change in work climate.

Project Purpose and Method Alignment

The overarching purpose of this project was to understand how the centralization of the APPs into a single department, spanning multiple sites and areas, with one leader contributed to an improved work climate as measured by turnover and satisfaction. This project was undertaken to identify the APP perception about the work climate prior to and after the change to the centralized department, to assess the leadership attributes perceived to be beneficial and detrimental to the work climate, and to understand what changed for the APPs in the context of the larger system.

I used surveys and interviews (see Gerring, 2004, 2009) to describe the impact of the organizational change and the associated outcomes (Hartley, 1994). The project method "excels at bringing us to an understanding of a complex issue and can add strength to what is already known through previous research (Dooley, 2002, p. 335). In this project, the data collected described how the organizational strategies to manage

employee dissatisfaction and turnover impacted the department climate over time (Baxter, & Jack, 2008). The project approach, as described by Yin (1984, 2014), required six steps: (a) Determine and define the research question(s); (b) Select the case(s) and determine data gathering and analysis techniques; (c) Prepare to collect the data; (d) Collect data in the field; (e) Evaluate and analyze the data; (f) Report the data as findings. In this project, the design facilitated an exploration about the potential cause and effect relationships (Gerring, 2004) between the department structure, leadership attributes, and the work climate.

Sources of Evidence

In addition to the previously described literature review, the sources of evidence included (a) organizational data, primarily from administrative coordinator; (b) structured interviews with APPs; and (c) two survey instruments. Structured interviews were conducted with APPs who were hired prior to the change in the organizational structure as well as those hired after the change. The survey instruments were comprised of 26-items with two parts, including the modified NP-PCOCQ, with 19-items using a four-point Likert scale, and the LMX 7 questionnaire with seven items using a five-point Likert scale.

The NP-PCOCQ questionnaire is a nurse practitioner specific survey that was "developed to measure organizational climate in primary care settings" (Poghosyan, Nannini, Finkelstein, Mason, & Shaffer, 2013, p. 325). This instrument was used by Poghosyan, Liu, Shang, and D'Aunno (2016) and was found to be reliable with a

Cronbach's alpha of 0.95. Construct validity was reported for the instrument use by the authors of the study.

The LMX 7 was developed to examine the characteristics of the working relationship between the leader and member in relation to professional capabilities and behaviors (Graen & Uhl-Bien, 1995). This instrument was used by Crump (2015) and was found to document a strong feeling of pride in completing daily tasks, and a commitment to organizational goals. Positive attitudes were confirmed in the survey responses (Crump, 2015). The surveys provided insight regarding the work climate prior to and after the change in leadership structure.

Evidence Generated for the Doctoral Project

The generated evidence provided subjective and objective data specific to the department structures, the leader and employee interactions, and the work climate for APPs working at SAHC. The descriptive project is the most appropriate method to address the practice-focused question for this project. With this approach using interviews and a survey (Patton, 2002), I examined the organizational change and perceived outcomes stimulated by defining the department with a dedicated leader. With a descriptive project for an organizational change, qualitative and quantitative data were used to describe a change in situation or phenomenon and then to explain the rational (Russ-Eft & Preskill, 2001).

Description of Data Collection

For this project, data were collected from three sources: (a) organizational reports; (b) structured interviews; and (c) two anonymous surveys. Upon Institutional Review Board (IRB) approval, an email was sent to the Department of Advance Practice Providers and Human Resources confirming the approval.

An email was sent from the Office of Advanced Practice Providers to the actively employed APPs introducing the DNP student, position, purpose of the email, and informing them that a follow-up email will be sent from the DNP student. I created and sent out the IRB-approved email via the Office of Advanced Practice Providers to the APPs at SAHC with an introduction, reason for the email, and a request for participation in the project through structured interviews and surveys. A privacy disclaimer was included in this email to assure the participants of anonymity during this process.

Once I received responses from individuals agreeing to participate in the structured interview process, a follow-up email was then sent to the participant to establish an appointment time through Outlook and secure a location on the SAHC campus to conduct the interview. The interview was conducted, with the participant's permission, and coded to ensure accuracy of the information that was gathered and analyzed for the project. The structured interviews were held over a 1-week time period.

Participants

Participants who fit the inclusion criteria included APPs who were hired prior to the organization change and remained within the organization following the changes.

APPs who did not meet these criteria were excluded from this project. These criteria excluded APPs hired after the change to a centralized leadership structure in August 2014.

Procedures

Week 1: An email, which included the link to the NP-PCOCQ questionnaire, was sent to APPs that met the inclusion criteria to participate in the survey.

Week 2: An email was sent to APPs that met the inclusion criteria to participate in the structured interviews. The structured interviews required a representative number of APPs who were employed prior to the changes and remain employed after the change.

Week 3: An email which included the link to the LMX 7 questionnaire was sent to APPs that met the inclusion criteria to participate. These APPs provided data about the work climate prior to and after the organizational changes.

These surveys were completed with the APPs to understand their assessment of the current work climate at SAHC in relationship to leader-member exchange and employee engagement. An adequate number of surveys was determined by a simple power analysis. Following the qualitative analysis of the interviews and survey data, there was sufficient information to compare the work climate before and after the changes of the leadership structure.

The framework used to complete the online surveys was SurveyMonkey®, a convenient and secure interface to administer the survey. The survey was conducted and data de-identified to ensure that all possible identifying information including the IP

addresses were anonymous. The interviews were performed in a secure location of the APPs choosing on the SAHC campus. The interviews consisted of a mixture of open and closed-ended questions designed to elicit free-flowing conversation (See Appendix C).

Protections of Human Subjects

For the protection and privacy of the participants and institution, the primary IRB approval was obtained from SAHC and then forwarded to the Walden University IRB for secondary approval. No data collection began prior to being granted both IRB approvals. During the project, participants were informed that they could discontinue their participation at any time and without any obligation. Participants were informed that no names and/or personal information would be disclosed.

The participant identity remained anonymous by assigning a code number to all associated documents. The biographical data were requested in ranges to prevent the isolation of a specific participant identity. All physical documents were stored in a double locked environment while all electronic documents were stored on a password protected computer. The purpose of the code number was to track documents and to cite data in the project evaluation. As each document had a code number without any personal information, there was minimal risk for a breach in privacy. The Walden IRB approval number for this study is 05-17-18-0457361.

Analysis and Synthesis

Data Systems and Procedures

QDA Miner Lite® a qualitative analysis software, was used for recording interview data, organizing, and aiding with analysis of the data collected from the APP interviews. The purpose of the system was to assist with coding. The online survey data collection was completed within SurveyMonkey®. The program had a data archive and analytics area as well as it provided the ability to download the deidentified dataset to an Excel spreadsheet. The organizational departmental turnover rates were requested from the Office of Advanced Practice Providers.

Data Integrity

To ensure the integrity of the evidence, the interviews were transcribed and deidentified prior to data entry into the QDA Miner Lite® software. In addition, the Survey Monkey® software for electronic surveys provided responses in a deidentified manner. The use of validated software packages supported the security of the participant data. The data were deidentified as well as stored in a private and secured office within a password protected laptop.

Data Analysis

To address the practice-focused question, a process of qualitative and quantitative analysis was utilized. Data collected from the structured interviews was coded and analyzed with the QDA Miner Lite ® software package. The software assisted in identifying the relationships between the APP perceptions about the work climate before

and after the organizational change. Data gathered from job retention ratings is subject to quantitative analysis to identify if there is a relationship between the two.

A thematic analysis was used to summarize the results of the interview data. The online surveys consisted of two instruments: The Leader Member Exchange 7 (LMX 7); and the Questionnaire Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ). A total of 73 APPs participated in the surveys from a total 139 eligible participates. Forty-nine responded to the NP-PCOCQ, and twenty-four to the LMX 7. This was a 35% and 27.9% response rate, which is consistent with the response rate reported in the literature for online surveys (Guo, Kopec, Cibere, Li, & Goldsmith, 2016). The data were entered IBM SPSS Statistics 21® software for inferential analysis. This provided an inference from a smaller sample size relating to the characteristics of the work climate and the likelihood of employee satisfaction and retention.

The turnover data provided information on how moving to a centralized leadership structure positively impacted the work climate, increased job satisfaction, and decreased APP turnover.

Summary

One of the overall goals of SAHC is to provide efficient patient access to providers. APPs were added to work along with physicians to provide high-quality care and increase efficient patient access. With the growing number of APPs at this large academic healthcare system, the APPs worked in different departments with multiple leaders unable to support and address the concerns of the providers. However, the CMO

and an ad-hoc group of APPs completed an organizational change to create a single department for the APPs with a dedicated leader. Research revealed that improvements in the interactions and communications with the APPs can contribute to an improved work climate, including improved employee satisfaction and reduced turnover. This project sought to determine how a centralized department for APPs with a dedicated leader impacted the work climate. The findings from this project was summarized and reported in additional project chapters.

Section 4: Findings and Recommendations

Introduction

This DNP project sought to discover the impact of the work climate on APPs job satisfaction and turnover at a large academic healthcare system. The healthcare system lacked a centralized leadership structure. The decentralized model of leadership resulted in APPs working in different departments with multiple leaders who were not fully knowledgeable of the APPs full scope of practice. This decentralization created the perception of ineffective organizational support; manifesting as decreased commitment to team performance, a lack of meaningful purpose among APPs, and struggles between the various leaders (Kocolowski, 2010). Additionally, decentralization left APPs with little support, and concerns were not adequately addressed. In response, the CMO and an ad hoc group of APPs addressed the gap in practice by completing a change to create a centralized department for the APPs with a dedicated leader. As a result, the change established increased representation, communication, and oversight that impacted the work climate.

The findings from this project will be summarized from data gathered from individual structured interviews and two surveys: The NP-PCOCQ and the LMX 7 to answer the practice-focused question: For APPs working in an academic health system where employee turnover was high and satisfaction was low, what is the impact of changing from a decentralized (with multiple leaders) to a centralized department (with a single leader) have on the work climate over 3years?

The structured interview questions were developed and guided by the review to understand the relationship between department structure, leadership attributes, and the work climate (see Appendix C).

Sources of Evidence and Analytical Strategies

Sources of evidence for this project came from a literature review using online databases focused on organizational structure, providing evidence regarding the impact of centralized versus decentralized departments on work climate. The online databases utilized included CINAHL Plus with Full Text, MEDLINE with Full Text, Google Scholar, EBSCO with Full Text, and the Walden University Library. Additional sources of evidence included structured interviews with APPs who met the inclusion criteria. The structured interview data were coded using the QDA Miner Lite® software package. A thematic qualitive analysis of the data were completed and interpretation of the results reviewed.

Participants

Seventeen APPs initially responded to an email volunteering to participate in the structured interviews. All respondents met the inclusion criteria. Implied consent was determined by responding affirmatively to the email invitation. Five of the 17 APP respondents sent a response to decline participation. The number of participants for the interviews was 12 APPS. This represented approximately 10% of the eligible APPs who were mailed invitations to participate initially.

The interviews were conducted in a closed secure area of each participant's choosing. Each participant was given 15 minutes to complete the interview. Ten structured interview questions were asked of each participant. Responses were written on a notepad and read back for confirmation. Following the interview, the data was typed into a word document, coded, and entered into QDA Miner Lite. Saturation was reached when the participant responses were noted to be similar and consistent. A thematic style analysis was then performed with the coded responses from the structured interviews. The results were presented based on feedback concerning the decentralized and centralized structure.

Findings and Implications

Through the effective use of various leadership styles by the centralized leaders, individuals were supported in their practice. Departments recognized the positive contributions to healthcare that APPs can provide and will begin to use them to the full extent of their licensure (Hollis & McMenamin, 2014). The qualitative analysis of the structured one-on-one interviews revealed findings that supported centralized leadership. Respondents indicated that centralized leadership yielded an improved work culture leading to improved job satisfaction and retention of APPs. Themes that were identified from the analysis of the 12 respondent's structured interviews included leader, environment, job satisfaction, and communication.

Decentralized Structure

Lack of Leadership and Impact on Environment.

Prior to the development and implementation of the centralized leadership structure, 75% of respondents cited leadership as "disorganized and compartmentalized"; Seventeen percent had no knowledge of who their leader was, and 33% cited prior to centralization a feeling of isolation from their colleagues. P12 stated there was no structure, or standardization for the role in the department. Two participants stated, "There was no advocate or support for my position." Further analysis of the interview data revealed that the lack of centralized leadership appeared to have an impact on the respondent's satisfaction.

Participants in this project indicated that an absence of leadership in an organizational structure led the APPs to perceive leadership as not responsive and resulted in APPs who became dissatisfied with the work environment. Metzger et al. (2014) supported this feeling that when there is an absence of leadership for APPs in an organizational structure it leads to unfitting supervision by those who are unfamiliar with APPs scope of practice causing many to be dissatisfied with the work environment.

The qualitative data is supported by the quantitative data from the NP-PCOCQ questionnaire where 65.3% of respondents reported that the APP role was well understood. Eighty-five- point seven percent of respondents felt that physicians and APPs worked together as a team. Forty-six-point nine percent of respondents identified that APPs are represented on important committees.

Lack of Job Satisfaction and Inadequate Communication.

Job satisfaction was low due to the lack of communication, cohesion, and support as evidenced by the "lack of clarity and understanding of the APP role by my physician", and "not practicing at my level of education, expertise, or competency" (P5). Communication was noted to be absent or minimal between physician leadership and the APPs. Information was not effectively disseminated between APPs in different departments. There was no central individual to go to for information or issue resolution.

APPs place reliance on their leaders to provide job skills and competency information, accessible resources within the organization and community, continued professional development and education, and connections within the overall organizational system (Metzger et al, 2014). A major concern is the lack of appropriate leadership of APPs. This is supported in the literature as the role status is diminished by non-APP leadership because of their deficient understanding, appropriate supervision and a lack of support (Metzger et al, 2014).

The qualitative data is supported by the quantitative data from the NP-PCOCQ questionnaire where 81.6% of respondents reported that APPs are an integral part of the organization. Eighty-seven-point eight percent of respondents felt that physicians supported the APPs patient care decisions. Eighty-five-point seven percent of respondents identified that APPs and physicians collaborate to provide patient care.

Centralized structure

Leadership and Impact on Environment.

Following the creation of the centralized leadership structure, support systems were developed, which enhanced promotion of professional development, and a feeling of now having a voice in the healthcare system was felt. It created a service line for the APPs and a sense of community within a large organizational system. As described by Metzger et al (2014), it enhanced communication with networking and gave the APPs representation at the executive level and a liaison with physicians. .

The qualitative data is supported by the quantitative data from the NP-PCOCQ questionnaire where 83.3% of respondents reported that the APP role was well understood. One hundred percent of respondents felt that physicians and APPs worked together as a team. One hundred percent of respondents identified that APPs are represented on important committees.

Job Satisfaction and Communication.

Eleven percent of the respondents identified a significant impact of change with the centralized department. Eighty percent stated having a voice (fellow APP) at the executive level is crucial and provided the support that was desired. Ninety-two percent stated that effective communication as the most common characteristic of centralized leadership. Respondents clarified the importance of having a dedicated leader. This change led to the appreciation of feeling connected with a clear purpose, therefore increasing trust and support of the APPs. The centralized leader is a valuable resource throughout the credentialing process. It reassures that the proper privileges are obtained to practice at the top of licensure (Metzger et al, 2014). The credentialing process became

more streamlined as referenced by P8. Professional opportunities increased with "committees, mentorships, and lecture series" stated by P9. Respondents identified an increase in availability of CME opportunities as well as growth within the system and profession due to the creation of the clinical ladder.

Interview participants stated following centralization that there was an increase with physician understanding of APP scope of practice, and role, thereby increasing an understanding of the expectations and benefits of using the APP within the practice. This finding illustrates the ability to practice at the level of the APP expertise and experience (Brom et al 2016). The level of respect from coworkers and other colleagues increased for the APP role and became clearly understood and defined. Communication with the centralized leadership became consistent and reliable with an identifiable individual to speak to in person when issues arose. Table 1 illustrates a thematic analysis of responses from the structured interviews when speaking about the two leadership structures.

The qualitative data is supported by the quantitative data from the NP-PCOCQ questionnaire where 100.0% of respondents reported that APPs are an integral part of the organization. One hundred percent of respondents felt that physicians supported the APPs patient care decisions. One hundred percent of respondents identified that APPs and physicians collaborate to provide patient care.

Table 1
Leadership Structures

Theme	Decentralized Leadership Structure	Centralized Leadership Structure
Leader	• "I did not know who my leader was." P6 • "Physicians did not have a clear understanding of my role as an APP." P10 • There was no clear leader, leaving them with no resource to turn to for support or advocacy when concerns were raised.	• "Have clarity on reporting structure." P5 • "We now have a voice to educate physicians on the APP scope of practice." P6 • A good communicator that is knowledgeable, approachable and empowering.
Environment	• The environment felt "fragmented and confusing." P5 • Disorganized and compartmentalized with a feeling of being isolated from the organization and other APPs for networking opportunities. • "There was no structure. Everyone did things differently." P12	• More connected with increased networking. • "Now practicing at the highest level." P3 • "A more defined process/system in place." P6
Job Satisfaction	• Job satisfaction was minimally affected by the change in leadership structure. • Role undefined. • Not practicing to the full scope of practice.	• "Role defined and grew. • Commitment and trust developed with the centralization of APPs." P3 • "Even more satisfied with the creation of the centralized department." P2
Opportunities	• No opportunities for development or growth in the organization.	• "Opportunities for growth with physicians is awesome." P4 • "Monthly lectures on education." P12 • Clinical Ladder created for potential advancement.
Communication	• "There was no leader for communication." P5 • "Verbally as needed, monthly." P3 • Emails	• Monthly Newsletters • Emails • Quarterly APP meetings • In person
Impact of Change		• "Now have an advocate for us to work at the top of our licensure." P12 • "Increased interaction with other APPs." P1 • A leader that is an APP as representation at the executive level.

Results from Surveys

Participants also provided feedback in the two surveys NP-PCOCQ and LMX 7 administered via email through SurveyMonkey ®. Further results, as they relate to the themes identified, are provided in this section.

With the NP-PCOCQ questionnaire, 83% of the respondents support the findings that the APP role is well understood (Q1), and 66% now feel valued by the organization (Q2). Seventy-five percent feel the APP concerns are taken seriously (Q16).

With the LMX 7, participants were asked to respond based on centralized leadership and structure. According the responses, when question two was asked, "How well does your leader understand your job problems and needs," 66% supported the findings of improved leadership understanding of the APP role. Eighty-seven percent responded to question four stating leadership was moderately to fully supportive with solving problems in the workplace, and 66% agreed or strongly agreed that they had confidence in leadership to defend and justify decisions when they were not present to do so (Question 6).

Impact of change.

Organizational change which focuses on structure, culture, processes, and service has a cascading effect throughout departmental levels (Gilley et al, 2009). Among the participants interviewed, 83% cited a crucial change with the implementation of a centralized department, thus creating a vast impact for the APPs within the organization. There was no longer a feeling of being isolated. There was now increased interaction

with other APPs within the organization and a sense of cohesion across the board. Seventy-five percent stated the most considerable positive change was communication. Having a resource to go to for support with professional growth and development was pivotal to the APPs within the organization. Creation of the APP newsletter, quarterly meetings, journal clubs, were some of the systems that were implemented. Seventy-five percent stated by having an advocate and voice at the executive level provided comfort as now being a respected group within the organization. Sixty percent cited an increased clarity and understanding of the APP role with physicians, enabling them to practice to the top of licensure. Table 2 illustrates the number of participants who noted changes following centralization.

Table 2
Impact of Change

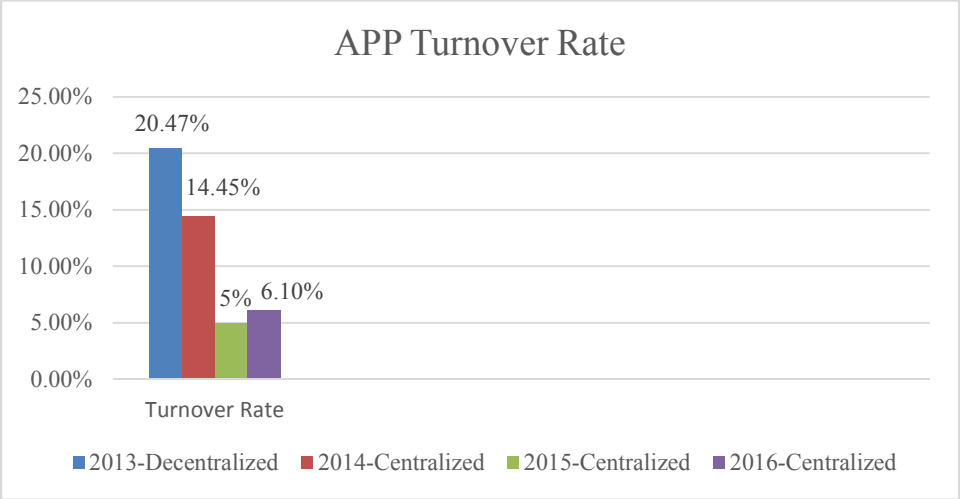
	Number of participants who cited no change	Number of participants who cited a change
Impact of Change on department	2	10
Increased communication	3	9
Role clarity and understanding	4	8
Voice at the executive level that is an APP	3	9

Implications.

Wang et al. (2013) reports that there is a positive correlation between effective leadership, employee engagement, communication, job satisfaction, and turnover.

Organizational documents, reports, and data specific to employee turnover appear to support the correlation. Prior to centralization, in 2013, the turnover rate was 20.47%. In the years following centralization, the turnover rates dropped significantly. In 2014 the turnover rate was 14.45%; 2015 – 5%; 2016 – 6.1% (See Table 3).

Table 3:
APP Turnover Rate



Leadership structure was identified as a primary theme among respondents as being important to the APPs. Structured interview question three asked, "Prior to the centralized department, how did your area leader communicate relevant organization news and support your work? How did this change after the centralization?"

The centralized leadership structure with the use of transformational and servant leadership empowers and encourages followers, focusing on increasing communication throughout all levels (Choudhary et al, 2013). Authentic leadership skills combine the best traits of transformational, servant, and situational leadership styles and promotes

clear communication and has a definite impact on job satisfaction and retention (Wong et al, 2012).

Environmental factors impacting the APPs were discussed in the structured interviews as evidence by question one which asked, “In general, how did you perceive the work environment prior to the centralization of the department?” The decentralized leadership structure resulted in a lack of employee engagement. The environment is affected by the lack of centralized leadership. The environment created by the centralized leadership structure will improve employee engagement and job satisfaction (Tims et al, 2011).

Job satisfaction was mentioned regularly by respondents as being a concern due to the lack of clarity and understanding of the APP role by physicians when asked question four which states, “Prior to the centralized department, how well did your leader understand your level of education, expertise, and competency? How did this change after the centralization?” Correlations have been made between effective leadership and job satisfaction (Wang et al, 2013). The lack of a single leader within a department can hinder work engagement and has been shown to decrease job satisfaction (Tims et al, 2011).

Respondents cited that the creation of opportunities such as participation in committees, mentorships, and the clinical ladder, had a positive effect on feeling more connected to other APPs in other departments as a resource and support. Metzger et al.

(2014) confirms the respondents' perceptions that increased professional opportunities have a positive effect on job satisfaction.

Communication between centralized leadership and APPs established trust through the development of increased leader-member exchange. Open transparent communication in face-to-face meetings, quarterly APP meetings, and the APP newsletter are examples of the improvements made. This data were gathered in answer to question six which asked, "Are there improvements in terms of communication, trust, team work, and commitment to the organization with the centralized department? How does a leader impact these attributed? Interactions between leaders and workers encourages open communication which is essential to establishing a commitment resulting in a positive work environment (Nelson et al, 2014). As communication increases, the leader becomes viewed as an advocate and facilitator (Arora et al, 2014).

Executive leadership identified various gaps-in-practice which led to the creation of centralized leadership at the large academic healthcare system. As a result, a change from a decentralized structure of leadership to a centralized structure was created with the onboarding of a dedicated leader for the APPs. The change increased and improved communication between APPs and physicians; and the change helped to improve the practice environment. The interactions with other APPs in the organization, engagement with committees and meetings, provided a feeling of support that had far reaching implications on the climate and job satisfaction. As the APP perceptions changed, they felt more of a "commitment to the organization". The enhancement in communication

and increased knowledge of the APPs roles and licensure improved the physician providers knowledge of the APP role and capabilities. It also increased the APPs positive perception of the environment. The APPs level of involvement with committees and programs increased as well as their respect and perceived voice (Metzger et al, 2014).

Implications for Positive Social Change

As leadership trends move towards more authentic and situational leadership styles, the potential for positive social change appears unlimited. Characteristics of an authentic leader can impact social change by "motivating communication, risk taking, and imagination by cultivating the experience of shared values, articulated as building relationships, and mobilizing resources" (Ganz, 2008, p. 19). The characteristics of an authentic leader such as transparency, understanding, and open communication forms with discussions and is the foundation for influencing positive social change. Developing authentic, transparent relationships between leader and worker will drive change professionally and socially within the context of society.

The aspects of interprofessional communication and education provided by the authentic leader will also serve to improve the perception of the APP within the healthcare system and the public at large. Society will begin to realize the capabilities of the APP and will be willing to seek them out for the provision of access to healthcare.

Recommendations

As healthcare systems increase their APP staff, there is the potential to have a significant gap-in-practice where a fragmented, decentralized department structure is

utilized. Based on the findings of this project, it is recommended that the APP departments across the healthcare spectrum adopt a centralized leadership structure.

With this formation, the perception of the APPs by their peers will increase leading to more autonomy, representation, and practice capabilities within the individual departments. APPs will be more visible within the organizational structure through the increased participation in committees, mentorships, etc. Centralization also yielded increased job satisfaction and retention of APPs which has a significant impact on the fiscal footprint of the department, and the healthcare system.

Strengths and Limitations of the Project

Strengths

A strength of this qualitative project was the ability for the doctoral student to use two survey questionnaires the NP-PCOCQ and the LMX 7) using SurveyMonkey® and specific structured questions and appropriate follow-up questions to obtain the data, thus reaching a saturation point of data gathered from a small sample size. I was fortunately provided this occasion to obtain the APPs self-perception of the work climate prior to and after centralization. This project allowed me to develop an understanding of the various theories of leadership styles and to observe it in daily practice. As a developing leader, it has provided valuable insight to the skills necessary to become an effective leader.

Limitations

A limitation of the project was the relatively small sample size with the structured interviews. Though the responses reached the point of saturation, a larger sample may

have yielded additional impressions. Another limitation was the time frame for data collection. Participation may have increased with both surveys and interviews with a greater time frame to receive responses. Another would be volunteer bias. In this instance, those who volunteered to participate in the project interview may have chosen to do so to provide responses that would show the centralized leadership in a positive or negative light.

Recommendations

It is recommended that future study of this topic be undertaken with an increased sample size, utilizing APPs from different organizations who may have a decentralized leadership structure or who may have moved away from said structure. This would provide more generalization into the healthcare population at large. Incorporating a quantitative component to the study to yield greater generalization of results, and participation amongst APPs in the organization.

Summary

Data for this DNP project was gathered through structured one-on-one structured interviews with a sample size of 12 participants, the NP-PCOCQ, and LMX 7 questionnaire online surveys utilizing SurveyMonkey®. A thematic analysis was completed with the saturation of responses that were received. Prior to the development and implementation of the centralized leadership structure, 75% of respondents cited leadership as “disorganized and compartmentalized”, while 17% did not know who their department leader was. With the development of the centralized department, 11.4% of the

respondents identified a significant impact of change with support and communication with other APPs. After centralization, respondents stated it was then clear knowledge who the leader was to provide leader support, creating trust between the APPs and the centralized leadership. The environment was now connected, supportive, and clarity for the physicians with understanding the APP role.

This qualitative analysis, supported by the quantitative data suggests that healthcare systems with a decentralized leadership structure for APPs who work in various departments, will benefit by advancing toward a centralized leadership structure, and is more supportive of the work climate and environment for the APPs in their professional growth and improved their job satisfaction.

The following section will discuss the rationale and process for disseminating the information culled from this project. An analysis of self will be discussed outlining the journey and the concepts learned during the completion of this doctoral project.

Section 5: Dissemination Plan

Introduction

The information contained within this project identifies an underlying problem within multiple levels of administration, leadership. Trends have been identified where APPs were found to be dissatisfied due to a lack of leadership and support. The findings and recommendations contained within this project has the potential to improve understanding of the APP role, job satisfaction, and retention throughout the workplace. Through dissemination by potential publication of the DNP project, administrators, leaders, and physicians, it is anticipated that job satisfaction and retention will impact the fiscal footprint of the healthcare organization.

Dissemination Products

The information and recommendations culled from this project will be disseminated through potential publication of the DNP project in peer-reviewed journals that maintain a focus on management, leadership, and administration. The practice problem impacts APPs and leadership on all levels. Using peer-reviewed journals, access to the recommendations and findings will be available nationwide. It is important that managers, leaders, and administrators become aware of leadership trends and practice that will improve the work climate, culture, and ultimately improve job satisfaction and retention of APPs.

Analysis of Self

As I traveled the path to become a Doctor of Nursing Practice, I identified many areas that are available for improvement within my personal and professional life. As a nurse practicing for over 30 years in various settings, I realized my desire to lead and manage. This journey has impressed upon me the need to become an effective leader and communicator. The skills and technique studied have been put into practice and I have seen a positive change within my peers.

The greatest challenge encountered throughout this journey has been honing my writing skills. Developing the capability to articulate my thoughts clearly and concisely on paper required additional reflection and attention to detail. As those skills developed, it became evident that I would need to use those in an effort to publish this study and have the potential to submit additional publications.

The journey through this project has been an eye-opening experience and has brought forth many teachable moments. Those experiences, although painful at times, have impressed upon me my heightened desire to become a leader through becoming a member of the educational community. I have enjoyed the growth and development scholastically, professionally, and personally that this project and journey has provided.

Summary

This project has the potential to expand the knowledge base of managers, leaders, and administrators throughout the leadership continuum. These recommendations are not limited to just healthcare. Using the principles presented in this project, leaders at all

levels will be able to realize a positive change in the workplace and improve overall job satisfaction and retention of quality employees. While there is a great deal of literature regarding leadership styles, leadership, relationship with those led, this provides real-world applications and provides an attempt to consolidate those characteristics enabling the audience to have a ready resource impacting their workplace.

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Appendix A: NP-PCOCQ

Nurse Practitioner Primary Care Organizational Climate Questionnaire (NP-PCOCQ)

For each item, please indicate the extent to which you agree that the following items are presented in your practice site. Indicate your degree of agreement by selecting ONE option that best applies to you.

#	Question	Strongly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1
1.	In my organization, the advanced practice provider (APP) role is well understood.				
2.	I feel valued by my organization.				
3.	Physicians support my patient care decisions.				
4.	APPs are represented on important committees in my organization.				
5.	APPs are an integral part of the organization.				
6.	Physicians ask APPs for suggestions.				
7.	In my practice setting, staff members have a good understanding about the APP role in the organization.				
8.	In my organization, there is a system in place to evaluate my care.				
9.	I feel valued by my physician colleagues.				
10.	In my organization, APPs and physicians collaborate to provide patient care.				
11.	In my organization, physicians and APPs practice as a team.				
12.	I regularly get feedback about my performance from my organization.				
13.	Physicians in my practice setting trust my patient care decisions.				
14.	Physicians may ask APPs for their advice to provide patient care.				
15.	Administration is open to APPs ideas to improve patient care.				
16.	Administration takes APPs concerns seriously.				
17.	Physicians seek APPs' input when providing patient care.				
18.	I do not have to discuss every patient care detail with a physician.				
19.	Administration shares information equally with APPs and physicians.				

Appendix B: LMX 7

Leader Member Exchange 7 (LMX 7)

Instructions: This questionnaire contains items that ask you to describe your relationship with either your leader. For each of the items, indicate the degree to which you think the item is true for you by circling one of the responses that appear below the item.

1.	Do you know where you stand with your leader . . . [and] do you usually know how satisfied your leader (follower) is with what you do?				
	Rarely 1	Occasionally 2	Sometimes 3	Fairly often 4	Very often 5
2.	How well does your leader understand your job problems and needs?				
	Not a bit 1	A little 2	A fair amount 3	Quite a bit 4	A great deal 5
3.	How well does your leader recognize your potential?				
	Not at all 1	A little 2	Moderately 3	Mostly 4	Fully 5
4.	Regardless of how much formal authority your leader has built into his or her position, what are the chances that your leader would use his or her power to help you solve problems in your work?				
	Not at all 1	A little 2	Moderately 3	Mostly 4	Fully 5
5.	Again, regardless of the amount of formal authority your leader has, what are the chances that he or she would "bail you out" at his or her expense?				
	None 1	Small 2	Moderate 3	High 4	Very high 5
6.	I have enough confidence in my leader that I would defend and justify his or her decision if he or she were not present to do so.				
	Strongly disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly agree 5
7.	Again, regardless of the amount of formal authority your leader has, what are the chances that he or she would "bail you out" at his or her expense?				
	Extremely ineffective 1	Worse than average 2	Average 3	Better than average 4	Extremely effective 5