FOCUS GROUP FINDINGS TO INFORM AN EDUCATIONAL PROGRAM FOR NURSE PRACTITIONER ENTREPRENEURS

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A project submitted to the faculty at the University of North Carolina at Chapel Hill in partial fulfillment of the requirements for the degree of Doctor of Nursing Practice in the School of Nursing.

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ABSTRACT

Virginia B. Ervin: Focus Group Findings to Inform an Educational Program for Nurse Practitioner Entrepreneurs
(Under the direction of SeonAe Yeo)

Background. The Institute of Medicine’s Future of Nursing Report (2010) recommends that nurses should be major players in the redesign of the current health care system and that higher levels of education for nurses should be one of the goals in the process of transformation. If part of the health care system redesign includes opportunities for nurse practitioner entrepreneurship and business ownership, then education that prepares nurse practitioners for this role is a necessity.

Purpose. The purpose of this exploratory project was to gain insight and gather recommendations from nurse practitioners in North Carolina to inform the development of an education program for nurse practitioners interested in owning their own practice.

Participants. Volunteers were recruited for two focus group interviews which resulted in a total of nine participants. Participants were nurse practitioners in North Carolina who have an interest in owning their own practice and were willing to share their ideas regarding the development of an educational program aimed at preparing nurse practitioner entrepreneurs.

Methods. Focus group interviews were conducted using a face-to-face format and an online format. Transcribed data were coded according to three primary themes of the emancipatory learning theory: marginalization/oppression, disorienting dilemma/critical
reflection, and problem-posing. The data were analyzed to answer the questions: (a) how interested are nurse practitioners in business ownership, (b) do nurse practitioners need formal educational programs to teach them how to operate a private practice, and (c) what factors do nurse practitioners consider to be most important in the development of such an educational program?

**Findings.** The data demonstrate that there is an interest in business ownership, there is a need for an educational program for nurse practitioners interested in business ownership and entrepreneurship, and that such a program would most likely be presented as a multiple semesters certificate-type program in the University setting. Preferred courses would include topics such as business planning, marketing, human resources, and management; hands-on learning opportunities should include internships offering a “behind-the-scenes” look at business management.

**Conclusion.** The information gathered serves as a component of the needs assessment process which would be a helpful tool in the development of a functional educational program and/or the development of policies related to educational opportunities to be made available to interested nurse practitioners.
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CHAPTER 1: BACKGROUND AND SIGNIFICANCE

Introduction

“Build your own dreams, or someone else will hire you to build theirs.” (Farrah Gray, 2012). Leadership involves taking action to positively impact, to move forward, to own the responsibility of helping an organization progress. Entrepreneurship, however, necessarily includes venture creation and thus entails a greater personal risk, whether financial or otherwise, while allowing the freedom to focus on goals important to the entrepreneur.

“Entrepreneurship refers to an individual’s ability to turn ideas into action. It includes creativity, innovation, and risk-taking” (Boore & Porter, 2011). Historically, nurses have proven to be creative and innovative. Many have changed the healthcare field for their patients and for other medical practitioners. By recognizing a need, establishing precedence, laying a foundation, and innovatively lobbying for greater efficiency, nurses like Dorothea Dix, Florence Nightingale, E. G. Neill, Clara Barton, and Mary Breckenridge created a legacy by forging a spirit of entrepreneurship.

The distinction between the nurse entrepreneur and the advanced practice nurse (APN) is an important one. The International Council of Nurses (2003) reports that most APNs are not entrepreneurs and most nurse entrepreneurs are not APNs. Thus, the term nurse entrepreneur does not primarily apply to nurses who have opened an independent practice, caring for patients without the direct supervision of an in-house physician.
Nurse entrepreneurs have made themselves known in a wide variety of fields including as specialty nurses, nurse educators, nurse managers, and advanced practice nurses. The focus of this paper is on the entrepreneurship opportunities of nurse practitioners as business owners, which simply means that the nurse practitioner takes on the individual risk of the opportunity during venture development.

Through entrepreneurship, nurse practitioners can do what they do best: follow a practice framework of their choosing and offer high quality care to patients. Current literature review reveals that entrepreneurship for nurses gained a large following in recent years. In North Carolina, the number of nurses who applied for Professional Limited Liability Company registration increased from approximately 52 in 2005 to 338 in 2015 (NCBON email communication, 2016). The increase in nurses applying to own and operate a business reflects recent interest in pursuits of entrepreneurship. This study includes an exploration of the reasons behind the recent interest and the need for education as a basis for successful entrepreneurship ventures.

**Problem Statement**

Due to a variety of factors, including the introduction of millions of previously uninsured patients into the system, the United States health care system lacks an adequate number of primary care providers. This problem may be alleviated by an increase in nurse practitioners as primary care providers. The Institute of Medicine’s *Future of Nursing Report* (2010) recommends that nurses should be major players in the redesign of the current health care system and that higher levels of education for nurses should be one of the goals in the process of transformation. As such, the potential health care system redesign includes opportunities for nurse practitioner entrepreneurship and business ownership. There is a gap in entrepreneurship and business ownership
knowledge and skills for Nurse Practitioners who desire such an opportunity. This requires education to prepare nurse practitioners for this role.

**Purpose**

The purpose of this project is to gain insight and gather recommendations from nurse practitioners in North Carolina regarding interest in and best practice strategies for the development of an education program for nurse practitioners interested in owning their own business.

**Research Questions**

This study will address the following questions. How interested are nurse practitioners in business ownership? Do nurse practitioners need formal education programs to teach them how to operate a private practice? What factors do nurse practitioners consider to be most important in the development of such an educational program.
CHAPTER 2: REVIEW OF LITERATURE

Literature Review

There is a crisis in America surrounding the lack of availability of primary care providers. The number of patients seeking health care in the United States will increase significantly over the next decade, and millions of previously uninsured patients have had the means to purchase health insurance under the Affordable Care Act (Donelan, 2013). Over half of Americans require coordinated chronic care for diseases such as diabetes and hypertension; some preventive services such as evidence-based screenings for cholesterol, diabetes, and cancers may be covered by more insurance plans (Reinhard & Hassmiller, 2012). As the baby-boomer generation continues to age, the projected elderly population (age 65 and older) will increase. “By 2040, there will be about 82.3 million older persons, over twice their number in 2000.” (U.S. Department of Health and Human Services, 2014). Medicare is already strained, and increases in the aging population will strain the program even more within the next 20 years.

As we experience an increase in the number of patients seeking health care, a change in the need from acute/episodic care to chronic, long-term care, and an ever-aging population, we also recognize opportunities for nurse practitioners to serve as the solution to many of these problems. Nurse Practitioner business owners are one solution to this issue. The Affordable Care Act (ACA) also addresses nurse practitioners as a solution to these issues in a number of ways. Mandates of the ACA include Nurse Managed Health Centers (NMHCs), Patient-Centered Medical Homes (PCMHs) and Accountable Care
organizations (ACOs) which emphasize both the leadership and entrepreneurship skills of
nurse practitioners. Additionally, the ACA mandates educational funding for advanced
practice nurses. Because of the opportunities for NP’s in both the private and public
sector as clinic leaders and entrepreneurs, it is important to train NP’s as business owners.

**Primary Care Physician Shortage**

Petterson et al. (2012) reported an expected shortage of nearly 52,000 additional
primary care physicians by 2025 due to population growth, population aging, and
insurance expansion. However, only about 25% of medical school students choose
primary care practice (Schwartz, 2012). If the shortage of primary health care providers
continues, improved access to affordable health care will be irrelevant. As fewer students
enter primary care practice, the shortage will be compounded by the fact that physicians
leave primary care practice at an alarmingly high rate for a variety of personal and
financial reasons (Shanafelt et. al., 2012). There is potential for nurse practitioners to fill
some of the gaps in the primary care physician shortage. The concept of the nurse
practitioner originally developed as an extension of care provided by a physician, but
current demands in the health care system require new consideration of the role.

**Quality of Care**

Nurse practitioners provide an economical and quality-driven choice for filling
the shortage of available health care providers. Since the 1980s, studies of the quality of
care provided by nurse practitioners have demonstrated evidence of *equivalent* care as
primary care physicians; in many instances, nurse practitioner care was *better* than the
care provided by a physician (Hansen-Turton, McClellan, & Ware, 2010; Newhouse et
al., 2011). A 2014 study found that patient outcomes improved when nurse practitioners
provided care: specific outcomes included lower hospitalization rates in Medicaid and
Medicare beneficiaries and overall improved health outcomes in geographic areas where nurse practitioners practiced to the full scope of their authority (Oliver et. al. 2014).

From a patient care standpoint, nurse practitioners are well-suited as providers in a primary care role. Patients consistently report a preference for the care provided by nurse practitioners; these preferences must be part of the equation to determine the best way to improve patient access to care (Blumenthal, 2013). Compared with primary care physicians, nurses spend, on average, double the amount of time with patients (Manhattan Research, 2013). Much of this time is spent on greater levels of counseling, support, and education, and nurse practitioners are more likely to encourage patient involvement in self-care leading to improved outcomes (Arnold, 2011).

**Cost-Effective Solution**

Effective reform of primary care should incorporate the lowest cost option that still provides a standard of care comparable to that provided by primary care physicians. Studies of primary care provided in nursing homes, hospitals, and worksite health clinics report cost-savings when the care is provided by a nurse practitioner rather than a physician. One study in Tennessee found that costs in nurse-practitioner-managed health centers were approximately 23% lower than similar care provided in other primary care settings (Bauer, 2010). Another study, in 2014, found that Medicaid programs in states where nurse practitioners served as full-scale primary care providers had lower overall costs than in states where primary care was more often provided by other providers (Oliver, Pennington, Revelle, & Rantz, 2014). Quality of care outcomes show that nurse practitioner care may be substituted for physician care without concerns for safety or effectiveness, thus the costs associated with education must be considered. Training
primary care physicians is very expensive. For every primary care physician who graduates, between three and twelve nurse practitioners can be educated for the same price and nurse practitioners may be educated more quickly (Fairman, Rowe, Hassmiller, & Shalala, 2011).

**Affordable Care Act Models**

As nurse practitioners have a documented history of quality of care and cost-effectiveness, the Affordable Care Act recognizes NP’s as a vital component to decreasing costs of and increasing access to care (Vincent & Reed, 2014). Mandates of the ACA include Nurse Managed Health Centers, a cost-savings concept which relies on the leadership and entrepreneurship skills of nurses and nurse practitioners to develop and manage community family health centers (Ladthrop & Hadnickci, 2014). Patient-Centered Medical Homes offer Nurse Practitioners the opportunity to demonstrate their unique skills as self-starters, care coordinators, teachers, holistic preventive providers, while providing cost-effective, yet coordinated primary care to patients. While not recognized as a primary care provider within the Accountable Care Organization model, under the ACA, NP’s are a vital component as coordinators of care and patient education within the organization (Vincent & Reed, 2014). The Institute of Healthcare Improvement’s Triple Aim goals of enhancing patient experience, improving population health, and reducing costs, also coincides with the ACA models as the team environment enhances patient management. Nurse practitioners are well-suited as leaders and innovators within these roles (Vincent & Reed, 2014).
Why Open a Private Practice?

While nurse practitioners serve important roles within the ACA public care models, some nurse practitioners express a desire to open private practices for a variety of reasons. Many nurse practitioners hope to provide more patient-focused care of a higher quality. Patients appreciate technological advances, but patient-centered care remains of the highest value to the consumer (American Nurses Association, 2010). The nursing model of care offers a focus on holistic treatment in the context of total well-being, which is often lost in the physician model of care, whose focus tends to be on the medical model of diagnosis and treatment of disease in isolation (ANA, 2010). Nurses emphasize preventive medicine. These differences may seem insignificant, but the application of these differences in daily practice is often of great consequence to nurse practitioners. One option available to nurses wishing to focus on these differences lies in the potential to pursue and effectively operate an independent practice (Hansen-Turton et al., 2010).

Some nurse practitioners pursue independent practice to improve family/work life balance, flexibility, to have higher income potential, or to express an innovative or entrepreneurial spirit. The ability to have more time with the family is an important motivator, but the first years of independent practice are often extremely time consuming (Roggenkamp & White, 1998). Many nurse practitioners want to earn higher incomes while offering improved outcomes for patients. Pursuit of an entrepreneurial interest allows nurse practitioners to make decisions that directly affect the bottom line from many perspectives (Boore & Porter, 2011).
Barriers to Independent Nurse Practitioner Practice

Nurse practitioner roles are expected to change over the next decade in order to improve accessibility of care. The allowance of full, unrestricted practice of nurse practitioners is an ultimate goal in the redesign of health care to meet current demands (Conover & Richards, 2015; Safreit, 2011). Although there have been many positive expansions of nurse practitioners’ role in our system, barriers to the achievement of the Triple Aim of better, more accessible care, better health and more affordable care currently exist (Hain & Fleck, 2014).

Legal Restrictions

Nurse practitioners demonstrate both effectiveness in care and an increasing level of interest in opening independent practices, but questions continue to arise regarding the appropriate level of independence for nurse practitioners. Legislative barriers are widespread and can be confusing as states vary in the scope of practice laws and requirements for nurse practitioners (Safreit, 2011). Past federal level provisions led to an increased availability of nurse practitioners as primary care providers, originally in response to underserved, rural locations and later in response to the growing need for additional Medicare providers without regard to geographic distinctions (Hansen-Turton et al., 2010). However, most decisions related to the independence level of nurse practitioners are currently made at the state level, which leads to a fractious set of rules for nurse practitioners in our country (Iglehart, 2013; Safreit, 2011).

Unfortunately, many state-level decisions result from political agendas and pressure rather than nurse practitioners’ competence or safety concerns related to the care provided (Iglehart, 2013). The lack of continuity across state lines leads to confusion which perpetuates the cycle of decision-making upholding the status quo. The variation
of state-level requirements includes: 22 states (including D.C.) that allow for autonomous practice, 8 states that allow for autonomous practice other than prescribing medication, and 21 states that require a collaborative practice agreement for diagnosis, treatment, and for prescribing medication (Conover & Richards, 2015). Due to current concerns related to availability of providers, the provision of funding for provider education, and the consideration of consumer protection, the federal government should have a “compelling interest in the regulatory environment for health care professions,…especially that of Advanced Practice Nurses” (Iglehart, 2013). The Federal Trade Commission (2014) discussed the “vigorous promot[ion] of competition in the health care industry through enforcement, study, and advocacy” (p. 1). Moreover, the authors of this paper proposed policy change as a critical strategy for advancing and expanding the roles of nurse practitioners. The federal government’s interest is a positive advancement toward full authority, role identification, and reduction of legal restrictions for APNs, but much work is needed before these goals can be achieved.

**Medical Associations**

Medical association barriers are an overwhelming obstacle for nurse practitioners whose entrepreneurial goals have sparked a sense of threat and competition to physicians (Iglehart, 2013). The American Medical Association “completely opposes” independent practice by nurse practitioners, and assists state medical societies in “lobbying against laws that allow advanced practice nurses to provide medical care without the supervision of a physician” (Hansen-Turton et al, 2010). The American Academy of Family Physicians supports direct supervision unless an approved collaborative practice arrangement is made between the nurse practitioner and a physician (American Academy
of Family Physicians, 2013). The common theme among the literature in regard to opposition by medical associations is that “physicians’ longer, more intensive training means that nurse practitioners cannot deliver primary care services that are as of high quality and safety as the care provided by physicians” (Fairman et al., 2011). The medical association response to the best use of nurse practitioners in an innovative manner is in a physician-led team based on the historic hierarchical structure of the past (Iglehart, 2011). These ongoing responses permeate the medical field despite evidence to support the contrary.

**Lack of Educational Programs**

While nursing as a whole, with advocates and lobbyists, is working on the first two barriers, we are not necessarily addressing the third barrier as it relates to education for business ownership. It is the most easily addressed barrier from the nursing perspective, but does not appear to be adequately addressed at this time. Many nurse practitioner programs do not offer education in business development and management (Survey of graduate program websites, UNC system, 2015). Of the top five nurse practitioner programs offered in North Carolina, none offer a course or curriculum component designed to specifically educate nurse practitioners on how to start, manage, or operate an independent practice (Survey of graduate program websites, UNC system, 2015). As nurses become partners and even leaders in the redesign of the health care system, business development and management education for nurse practitioners is necessary and must be met by nursing education programs. This education could supplement the Doctor of Nursing Practice program, which produces a significant number of potential nurse leaders into the health care system (Hain & Fleck, 2014).
CHAPTER 3: THEORY

Theoretical Framework

It is important to differentiate between past *empowerment* of nurse practitioners and the *emancipation* of nurse practitioners that would lead to significant changes in the health care environment. *Empowerment* creates a different culture, but it does not question or challenge the current structure or hierarchy. *Empowerment* does not involve those with less power making significant political or social changes; it is simply the route through which those in power help the less powerful to find ways to “rationally choose to commit themselves to the values, goals, policies and objectives of the organization as a rational means of improving their life chances” (Inglis, 1997).

*Emancipation* is an overall resistance and ongoing challenge to the status quo of those in power, which is not only control and subordination, but an “ongoing permanent disposition to general approaches and ways of achieving and doing things” (Inglis, 1997). This describes the current power structure of health care in North Carolina. It is through emancipatory learning that nurse practitioners might question the power balance, the reasons that the current balance continues to exist, and the direction in which they continue to be nudged. Education is necessary to reorganize this system.

Based on the works of Jurgen Habermas, Joyce Fontana, and Paulo Friere, emancipatory learning is a critical philosophy from a critical social perspective. This perspective holds that social problems, injustices, or inequities arise from circumstances
that are both created by humans and responsive to change by humans. Social order or historical hierarchy leads to individuals and groups who inherently accept the way things are. People consider these beliefs to be unchangeable; they are engrained into belief systems over generations (Butts, Bandhauer, & Rich, 2013).

Paulo Friere (1993) addressed the importance of recognizing oppression and marginalization. Friere (1921-1997) was interested in class-based society. As he witnessed starvation among peers at a very young age, he developed a critical eye regarding the lifestyles of those who have and those who have-not. Friere (1993) wrote about improving the education and literacy of sugar cane workers who were required to prove literacy in order to vote. He believed that an improved quality of life, including liberation from oppression, begins with education, leading to an ability to act to change the world around you. Qualities of an oppressor include that he is powerful, is a part of a unified group, does not recognize others as human, has high levels of self-interest, uses manipulation, defines reality for all, and exploits without apology. The oppressed, on the other hand, experiences a lack of unity, is prevented from making autonomous decisions for her life, lives by the norms of the dominant group, practices self-denial, and fails to recognize her own exploitation. Friere asserted that those in power often use small acts of generosity to manipulate the oppressed, so the oppressed have an ever-increasing sense of gratitude, appreciation, and even guilt regarding the oppressor (Butts et al., 2013).

While Freire’s primary focus was on the recognition of a situation in need of change, Mezirow (1995) developed a terminology and framework to help define the next steps needed for action. Disorienting dilemma and critical reflection are specific terms used to describe the process of recognizing opportunities for change. The process of
critical reflection involves re-establishing opinions, schemas, and categories of thinking, to fit new ideas, based on reflection of what has previously been learned. The disorienting dilemma refers to the process of forming a new opinion, idea, or construct which does not fit with a pre-existing idea or construct. This process forces people into a stage of critical reflection. Problem-posing uses real-life situations and scenarios as a problem set for students, to help the student apply existing knowledge to real or hypothetical problems (Taylor, 2008).

Nurse practitioners, using the emancipatory learning process, must recognize that barriers must be overcome in order to effect change. Many barriers exist as agents within the system. Emancipatory learning theory specifically addresses one critical and manageable barrier: the lack of a necessary, effective education. Though nurse practitioners are willing to innovate, initiate, act, and adventure into opportunity without necessary education (explicit and tacit knowledge), their actions will not be effective and may lead to ineffective attempts that appear to be the best nurse practitioners have to offer. The researcher for the present study used emancipatory learning theory to guide the development of focus group questions regarding feasibility of and best practices for making necessary and effective changes to the status quo in nursing education.
CHAPTER 4: METHODOLOGY

Design

This project is an exploratory study using focus group interviews to inform an educational program for nurse practitioner entrepreneurs. A qualitative design exploring themes including oppression and marginalization of nurse practitioners as a basis for changing traditional nursing educational models was warranted because this phenomenon is not sufficiently informed by current theories (Merriam, 2009). Focus groups allow the researcher to assess shades of meaning and subtleties in differences of opinion when approached as a structured eavesdropping method (Barbour, 2013). The intentional search for nuance is particularly important in emancipatory learning theory. One goal of the project was to determine perceived opportunities and barriers to education related to oppression and reluctance. The use of focus groups allows the observer to gather data related to the process of opinion formation (Nagle & Williams, 2013), which leads to important discoveries regarding baseline perceptions of participants and thoughts related to a newly exposed opportunity. Focus group interviews offer the occasion to discover why not?; data could lead to the conclusion that education is not actually needed (Barbour, 2013).

Initially, the focus group interviews were to be face-to-face interviews only. There was an insufficient number of working nurse practitioners who could attend a face-to-face focus group meeting. Wilson et al. (2012) suggested that the use of the Secret
Group function within Facebook allows the opportunity for focus group style interviewing and interaction. The researcher amended the Institutional Review Board application to pursue the opportunity to hold a focus group in such an online setting. Again, after addition of the online focus group component, the Office of Human Research Ethics at the University of North Carolina at Chapel Hill approved this study through the Institutional Review Board.

Sample

Eleven eligible people were recruited. Of them, two dropped out due to schedule conflict. Three persons attended the first focus group, which met in person, and six persons attended the second focus group, which was conducted online. Eligibility criteria were: (a) nurse practitioners practicing in North Carolina; and (b) willing to share their ideas about the planning needs for an educational program related to entrepreneurship. All participants had completed at least a Master’s level nursing educational program.

The principal researcher texted and emailed nurse practitioners who had personally expressed interest in business ownership, entrepreneurship, and/or participation in the focus group interviews. The personal contacts referred other nurse practitioners to participate in the interviews as well. Each participant received a formal invitation with details regarding the focus group interview (see Appendix A). After addition of the online focus group, the researcher sent participants a link via Facebook that allowed them to elect to opt-in to the Secret Group for the focus group interview.

Setting

The first focus group interview was held face-to-face (FTF), in May 2016, in the conference room at a local nurse practitioner’s office. Time limits for the session were 60
minutes total for questioning, and approximately 15 minutes before and 15 minutes after the session for networking and follow-up conversations. The second focus group interview was held online (O) in a Secret Group space within the Facebook social media application. Only the invited participants could view and make comments within this group.

**Procedures**

The protocol of the focus group was developed following guidelines suggested by Krueger (2002), Eliot and Associates (2005), Nagle and Williams (2013), and Mack, Woodsong, MacQueen, Guest, & Namey (2005). Tracking tools for monitoring processes and procedures included focus group timelines, the tracking of invitations and responses, a focus group moderator guide and script, field notes, a shorthand note collecting form, debriefing form, and a thematic concept map (see Appendices C, D, E, and F).

The researcher developed a moderator’s guide and script that included eight questions influenced by emancipatory learning theory. The moderator’s question guide listed the most pressing questions at the beginning and questions of lesser importance at the end. The moderator asked open-ended questions written to avoid why modifiers, asked participants to *think back* to increase involvement, and included a variety of experiential questions to personalize the participants’ contribution to the process (Krueger & Casey, 2009). (See Appendix C).

The sample course content outline was developed using personal experience gained from the development of the principal researcher’s business. Reference sources used during the development of the researcher’s business include Buppert (2005), Buppert (2006), and Zaumeyer (2003). The course content outline served as a concrete reference for discussion with participants (see Appendix B). After discussing business
ownership and entrepreneurship, participants answered more detailed level questions regarding education. The theoretical course outline was a relatable starting point for suggestions in developing a real educational program.

The researcher followed the moderator’s guide as a script read aloud to the participants in the face-to-face focus group. The researcher also kept handwritten notes regarding comments and body language during the discussion, and recorded the focus group conversation, including all questions and answers, on a voice recorder. The recording was sent to TranscribeMe© for transcription.

Using the moderator’s guide and script outline, the researcher added questions to the online focus group interview, and offered participants the opportunity to answer, offer replies, and discuss others’ answers. Documents needed to answer specific questions, such as the course content outline, were added to the Facebook group only when asking a specifically related question to avoid distraction. Participants responded within several hours or up to one day to each question. The entire focus group session remained online for one week in the Secret Group space to allow further comments and discussion. This asynchronous format allowed the participants to process the discussion further and then come back to the space to make additional comments. Several respondents came back to the group site to expand on initial responses or to respond to the ideas or suggestions of other group members.

Confidentiality of participants is crucial during the focus group interview process. All face-to-face participants received a code letter and number for all future reference and the researcher used no real names nor identifying information during the group session recording nor during data analysis (Eliot & Associates, 2005). The online group did use
the participant’s online name during the group session; however, for all data recording, transcription, and coding, each participant was assigned a code letter and number to maintain confidentiality.

**Thematic Analysis**

The face-to-face discussions of the feasibility of an educational program for nurse practitioner entrepreneurs were audio-taped and transcribed. The online conversations were saved into transcripts. The transcripts were thematically analyzed to identify factors related to the participants’ desire to own a business, desire for education related to entrepreneurship and the characteristics of such an education. The data were coded according to their reflection of features of three selected themes of the emancipatory learning theory: marginalization/oppression, critical reflection/disorienting dilemma and problem-posing (Friere, 1993, Mezirow 1995). The principal researcher coded two transcripts using Atlas ti software version 7.5. Coding was discussed with the principal researcher’s adviser during write-up.

**Results**

All participants agreed that education aimed at nurse practitioner business ownership would be beneficial in order to own and operate a private practice, and most agreed that an effective education program would be a multiple-semesters certificate-type program offered at the university level. The responses to each of the clinical questions will be broken down in the remaining sections. Table 1 summarizes the results for each question.
Table 1

<table>
<thead>
<tr>
<th>How interested are nurse practitioners in business ownership?</th>
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<tbody>
<tr>
<td>4 of 9 (2 FTF, 2 O) determined= yes</td>
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<tr>
<td>2 of 9 (1 FTF, 1 O) varied throughout</td>
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<tr>
<td>3 of 9 (3 O) initially yes but after interview no</td>
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<table>
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<tr>
<th>Marginalization/Oppression Comments:</th>
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<tbody>
<tr>
<td>• “it’s just the way it is”</td>
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<td>• “how it needs to be”</td>
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<td>• “they say what you can do”</td>
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<td>• “they’re using us to make more money”</td>
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<th>Disorienting Dilemma/Critical Reflection:</th>
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<tr>
<td>• Opportunity to fill a gap in local healthcare needs</td>
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<table>
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<th>Do nurse practitioners need formal education programs to teach them how to operate a private practice?</th>
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<tbody>
<tr>
<td>• Previous courses in finance or business, including one participant with Masters in Nursing HCMA</td>
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<tr>
<td>• Skill sets for managing unit budget or staffing</td>
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<tr>
<td>• Skills would not apply to NP owned and managed practice or “practice-specific things”</td>
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<th>Disorienting dilemma/critical reflection:</th>
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<tr>
<td>• Several participants wanted to own a business but felt ill-prepared</td>
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<tr>
<td>• “I felt very unprepared when the opportunity came my way”</td>
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<tr>
<td>• “I don’t even know where to start, so that’s why I work for other people.”</td>
</tr>
<tr>
<td>• “I would love to own my own practice, but it scares me because I have no idea what all I need to do.”</td>
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<th>What factors do nurse practitioners consider to be most important in the development of such an educational program?</th>
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<tr>
<td>• Most agreed (3FTF, 5O) that week long CE would be minimum for determining level of interest</td>
</tr>
<tr>
<td>• Most agreed that a certificate type program of three or four courses offered at the University level in the DNP program would be ideal</td>
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<tr>
<td>• “I can see it being more effective as a post-Master’s education.”</td>
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<tr>
<td>• “Could they incorporate it into your Doctorate?”</td>
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<tr>
<td>• Preferred Face-to-Face format</td>
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<tr>
<td>• Internships critical</td>
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<tr>
<td>• Not every DNP student would want this, but it should be an optional DNP track</td>
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</table>
How interested are nurse practitioners in business ownership?

Participants in the study expressed an interest in business ownership and private practice. Four of the nine participants (2 FTF, 2 O), who were determined about the idea at first, remained determined about the idea throughout the focus group interview. Two others (1FTF, 1O), who may have interest, fluctuated regarding their interest level throughout the interview. Three participants (3O) stated that they did not believe they wanted to open their own business due to factors discussed during the interview, including fear of the unknown, fear of working longer hours, and lack of preparation for the role.

Marginalization/oppression. Several participants commented about perceived low-ranked standing in their current employment. Most noted that current work positions satisfy them in terms of providing job and financial security, but there is a loss of satisfaction because the participant’s opinions about how the practice would be best managed or how to improve practice performance are often overlooked. Many participants desired more autonomy or more respect. Some participants directly related these desires to a sense of marginalization or oppression, stating “it’s just the way it is,” (FTF) “how it needs to be,” (FTF) “we don’t really have that autonomy,” (FTF) and “they say what you can do (FTF).” A notable reflection that resonated with most participants was that private practices make a great deal of money through the NPs efforts, but employers do not share the rewards. The participants do not like the belief, “they’re using us to make more money” (FTF). Participants explored alternatives, stating “I think it would be a really good opportunity,” (FTF) and “it’s a very good idea to own your own [practice] (O).”
**Disorienting dilemma/critical reflection.** Participants reflected on owning a business to fill a gap in local healthcare needs. One discussion regarding interest in entrepreneurship took a turn to the discussion of a local shortage of primary care providers. Participants realized the disorienting dilemma of owning a private practice, and one participant stated,

> Everywhere across the board, it’s such a huge shortage, and this (business ownership) is going to be the way of the future, I believe, as far as NP’s having more of an independent role. Hopefully, removing the supervision requirement too, hopefully, will help that in the near future. And we meet the need of the community that we serve (FTF).

**Do nurse practitioners need education programs to teach them how to operate a private practice?**

Participants expressed a need for an educational program aimed at owning and operating a private practice. Some participants had taken business or finance courses that helped them with “big picture” thinking, but did not define necessary steps for private practice ownership. One nurse practitioner who worked as a manager on a surgical unit in the hospital discussed prior management and finance courses. She believed she had a good skill set for managing people and unit budgets, but that these skills would not apply to a nurse practitioner-managed private practice (FTF). Another participant who held a Master’s degree in Nursing Healthcare Management and Administration stated that she found her program’s courses helpful for general management in healthcare, but not for “practice-specific things (FTF)” faced as a nurse practitioner. She said that hospital management and private practice management were very different worlds; for example, she would expect that outpatient billing and coding, insurance contracting, state and
federal workplace laws, and collections from patients would require different skills (FTF).

**Disorienting dilemma/critical reflection.** Participants often posed statements regarding their thoughts and feelings as questions. Their prior educational experiences provided no courses in nurse practitioner entrepreneurship. Several participants wanted to own a business, but felt ill-prepared for business ownership. Comments reflecting this included: “I felt very unprepared when the opportunity came my way (FTF),” and “I don’t even know where to start, so that’s why I work for other people (FTF).” Overall, the feelings of participants mirrored one participant’s statement: “I would love to own my own practice, but it scares me because I have no idea what all I need to do (O).”

What factors do nurse practitioners consider to be most important in the development of such an educational program?

**Problem-posing.** The course content outline offered a problem-posing format for participants to discuss business education needs. Most participants (3FTF, 5 O) agreed that an introductory course offered during a week-long continuing education program would be the minimum necessary coursework to help nurse practitioners determine interest in owning a private practice. Most participants agreed that a certificate type program of three or four courses offered at the university level in the DNP program would be ideal. Participants stated: “I can see it being more effective as post-master's education(FTF)” and “Could they incorporate it into your doctorate(O)?” Only one participant (O), who stated she was not really interested in business ownership, suggested that a weekend course would probably be enough.

Participants preferred the face-to-face format of an educational program over an online format, stating “I need to be in a classroom with people and a power point. Online
is not going to do me any good (FTF)” and “I have lots of questions. I need to be there to ask questions (O).” Participants agreed that internships would be critical in this type of educational program. There are “different ways to run a practice so it might be two internships for shorter periods of time (O).” “I think spending time with an NP owner would probably be the most helpful of the things you listed (FTF).” It should be “after hours how she sits down and looks at the books (FTF).”

Problem-posing discussion generated conversations regarding the fact that not every student within a Doctor of Nursing Practice program will want this education, but that there is strong interest among some and that the education should be made available as an option. “Not everybody in NP school is going to have an interest in this…it shouldn’t be required to have this to graduate, but if you had an interest, I can see it being more effective as post-Master’s education…as a nine-hour certificate (FTF).

Discussion

This study found that participants were interested in business ownership, but they believed education programs are beneficial prior to pursuing the opportunity. Viewed through the lens of marginalization and oppression, participants felt underappreciated and taken advantage of, especially in terms of financial rewards they create for their employer versus their compensation. This and other motivators, including freedom of choice in practice management, increased decision-making opportunities, and fulfillment of personal dreams/expectations emerged through focus group interviews as reasons for contemplation of business ownership.

Though all participants initially expressed some interest in the business ownership concept, the interview identified a disorienting dilemma of taking the concept from idea to reality. One interesting finding is that some participants were so disoriented by the gap
in knowledge and skills that they discovered they really were not genuinely interested after all. It was clear that, regardless of intent to pursue the education, participants agreed that education would be necessary to achieve success as a business owner and that the appropriate location of this education within the curriculum is in the Doctor of Nursing Practice program.

Any education program situated within the Doctor of Nursing Practice program would necessarily be influenced by the American Association of Colleges of Nursing’s (AACN) Doctor of Nursing Practice (DNP) Essentials. These essential program criteria were developed to guide the creation of DNP programs across Universities in the United States (2006). One goal of any program offering the DNP degree should be to educate nurses to provide care and leadership in the areas of primary care and prevention (AACN, 2006), which coincides with the roles and mandates for Nurse Practitioners as outlined in the Affordable Care Act (Lathrop & Hodnicki, 2014). Of the eight Doctor of Nursing Practice Essentials outlined by the AACN at least three would be addressed with content and competencies gained through this paper’s proposed educational offering.

Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking calls for DNP prepared nurses to not only provide direct care, but to also be “distinguished by their abilities to conceptualize new care delivery models that are based on contemporary nursing science and that are feasible within current organizational, political, cultural, and economic perspectives (AACN, 2006).” Specifically, education aimed at preparing nurse practitioner entrepreneurs as business owners would address the required “political skills, systems thinking, and the business financial acumen needed for the analysis of practice quality and costs (AACN 2006).”
order to meet the needs of an ever changing population of participants in the health care system, nurse practitioners must be trained to hold themselves and others accountable, to use knowledge to develop and implement plans for high-quality care, and to analyze the cost-effectiveness of interventions and outcomes, all while demonstrating sensitivity to diverse cultures and populations, including patients and providers (AACN 2006).

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice requires that DNP graduates apply the “scholarship of application through its position where sciences, human caring, and human needs meet and new understandings emerge (AACN 2006).” Essential III is important as nurses must learn to be confident in their unique, holistic models of care as opposed to medical model of care provided by physicians. Such a distinction is an important and identifiable type of health care that is both desired by patients and proven to be effective in health care systems. Rather than being looked at in the more historic manner of a ‘lesser but important’ accessory to the medical model of health care (American Academy of Family Physicians, 2012), nurse practitioners, when educated to make a case and lobby for themselves, will make the case that nurse practitioner science is critical to the future health of our nation. As nurse practitioner owned and managed practices are studied and reported, we may further substantiate the assertion that DNP graduates are extremely well-prepared to offer an improved practice environment through innovative systems and organizational changes and improvements (Lathrop & Hodnicki, 2014).

Essential V: Health Care Policy for Advocacy in Health Care may be the most important Essential for consideration by nurse educators in the initial days of the proposed educational program. Understanding the processes and frameworks which
guide practice management and bottom lines will lead to a more actively engaged nurse practitioner who advocates for acknowledgement of her personal contribution to the health care system. Equally important, a knowledgeable provider-entrepreneur is also prepared to influence decision-makers with a strong background in addressing health care policy issues affecting social justice and equity in healthcare (AACN 2006). As educated leaders with a strong foundation in health care policy, DNP graduates may provide a foundation needed to fully implement healthcare reform (Lathrop & Hodnicki, 2014).

What would such an educational program look like? Through problem-posing, the proposed course content outline was used as a tool to solicit specific suggestions from the participants regarding development of the educational program. The group agreed that the most helpful program would incorporate several components for filling the gap in knowledge and skills related to business ownership. The program would be offered within the DNP program, offered as an elective track, in a university setting, with semester-long courses presented in a face-to-face format. Face-to-face contact offers the opportunity for nurse practitioners to ask questions as they arise, as participants expressed that experiential learning is necessary as an addition to textbook learning. Internships were a popular concept, with specific requests including opportunities to spend time outside of practice hours with an experienced nurse practitioner business owner, in order to understand her ways of thinking.

One suggestion was to create an introductory course, which could be offered as an elective course in fulfillment of the DNP degree or as a continuing education offering for those considering a DNP program. A potential introductory course may be designed to aid students in understanding their level of interest and personal traits which may support
or hinder success as a business owner. Such a course may include the development of a business plan. At the end of such a course, the student may be more comfortable deciding whether to pursue additional courses addressing topics such as business finance, legal concerns, marketing assessment and application, human resource management, and insurance company contracting.

The findings support a proposed education model which would also prepare nurse practitioners in methods consistent with the models of nurse practitioner leadership in the Affordable Care Act. The ongoing success of the Nurse Managed Health Center (NMHC) and the Patient Centered Medical Home (PCMH) depends on many factors, but competent leadership is critical to achieve the purpose and goals defined by these Affordable Care Act mandated programs. Nurse practitioners who are additionally trained as entrepreneurs to set business goals, hire and manage employees effectively, appropriate financial resources in a responsible manner, and market to the target population may enhance the leadership roles of nurse practitioners who have been trained in a clinical or general leadership environment only.

Limitations

With two groups and a total of nine participants, the sample size may be insufficient. Sample selection bias may have occurred if saturation was not reached. An additional group may have provided the data to confirm or contradict the existence of saturation at the conclusion of the current focus group sessions. An additional limitation of the study was the lack of inter-coder reliability as I was the only coder of the data, coding in highly subjective terms. A repeat of this focus group study with more time committed, more dates/locations for focus group sessions, and the recruitment of a
second coder may improve the quantity and quality of data. Many potential participants who could not attend specific meeting dates requested that I simply email the questions for response and return. I realized that a survey may be useful in a future study. A future study could use two surveys: one as a substitute for participation in the focus group and one for use as a pre-focus group thinking tool to be distributed and returned prior to the focus group session. It would also be beneficial to discuss individually with nurse practitioners who are interested in business ownership, in one-on-one interviews. Future investigations should consider including a moderator question regarding the culture of education in nursing as it relates to participants’ thoughts about the limitations to innovative thinking and exploration. Finally, focus groups with nursing educators would be helpful in the determination of appropriate education models and programs.

**Implications**

Health care in the United States is a fluid environment in which providers face both obstacles and opportunities. As nurse practitioners accept the challenge of increased involvement and responsibility, those who desire to forge a new opportunity through business ownership and entrepreneurship will require an educational background necessary to help them achieve positive results. This study serves as an initial step in the process of needs assessment for the development of an effective educational program. Educators, university administrators, and policy-makers may use the findings from this study as an introduction to this need and a theoretical approach to best proceed in providing such an education to nursing students. Furthermore, these leaders may consider the needs of the end-user consumer, the patient in need of a primary care provider, in consideration of the development of such an education program.
While online trainers and books may assist in the process of starting a business from the ground up, most nurse practitioners fear taking the leap without a hands-on education to increase their comfort level owning and operating a private practice. Similar to the educational certificate, participants in this study believed this education should be an option to them during the Doctor of Nursing Practice Program.

It is my belief that an educational offering at a university setting for nurse practitioner entrepreneurs is ideal, but until such an offering becomes a feasible opportunity, an alternative solution is to offer the concepts as outlines throughout the DNP curriculum. As the Essentials are presently identified throughout the DNP courses, a focus on meeting those Essentials while emphasizing entrepreneurial skills may be easily implemented.

**Conclusion**

Through focus group interviews, the need for business ownership education is identified. Opportunities for business ownership for nurse practitioners may not be delivered by state legislators or by medical associations. Future opportunities for nurse practitioner entrepreneurs rely on the nursing educational system. The findings of this study suggest that there is a desire for recognition of, and action based on, this need by the educational system.
APPENDICES

APPENDIX A

Email Script for Focus Group Invitation to Participants

Greetings Fellow Nurse Practitioner,

My name is Ginger Ervin. I am in the final stages of the Doctor of Nursing Practice program at the University of North Carolina at Chapel Hill. As a nurse practitioner business owner, I have a strong interest in the education of nurse practitioners who are considering practice ownership as well as in understanding current perceptions of nurse practitioners who are considering the opportunity of owning his/her own practice.

I will be conducting a focus group about these topics during the month of April. At least one of the groups will be held in a conference room in Carrington Hall at UNC-Chapel Hill and other groups may be formed if interest and feasibility allow. I am looking to recruit participants for the focus groups. Requirements for participation are:

1) participants are currently practicing as nurse practitioners in North Carolina and

2) participants are willing to share their ideas about the planning needs for such a program.

So basically, if you have ever considered the opportunity to own your own practice or are interested in the idea and you are willing to answer some general questions about it, you are needed! If you meet these requirements, please consider volunteering for the focus groups!

- The time frame for a focus group is 1 hour. This time limit will be strictly adhered to, so don’t worry that you will be “stuck” if you help me out.
- Snacks and drinks will be offered before, during, and after the focus group session, so come hungry and thirsty!

Are you interested?? I hope so! Please email me at gervin@unc.edu to express your interest as soon as possible. I will contact you within 24 hours with details and inquiry regarding your preferred date and site of focus group.

Thank you so much for your consideration.

Ginger Ervin, MSN, FNP-BC

DNP Student, UNC at Chapel Hill
APPENDIX B

Virginia Ervin - Course Content Outline – An Educational Program for Nurse Practitioner Entrepreneurs

1. Introduction
   a. Background/History of NP’s as entrepreneurs

2. Temperament assessments and Personal Life Influences on Entrepreneurship
   a. Within module will address perceived desires for and perceived barriers to entrepreneurship
   b. Personal goals for owning your own practice

3. Development of a Business Plan
   a. Steps to create a business plan will be explored and available resources for understanding and writing a business plan outside of this course will be reviewed.

4. Financial Resources
   a. This module will focus on the assessment of current personal financial resources, opportunities for obtaining financial resources and general bookkeeping requirements.

5. Legal Steps to Becoming a Business Owner
   a. Legal requirements including registration through the NC Board of Nursing, applying for a Federal Tax ID number, and applying for state and local tax ID Numbers will be clarified, among many other legal issues.

6. Collaborating MD Topics
a. To include the legal requirements for supervision, contracting with a supervising MD, paying for a supervising MD.

7. Location: Where will I practice?
   a. Needs assessment, geographic resources, where can you afford to practice?

8. Employees
   a. How to hire, how to manage, how many employees do you need?
   How willing are you to perform the duties or roles of others you have considered to be necessary employees in your current practice?

9. Insurance Companies
   a. Contracting, payments, billing

10. Marketing
   a. How to market your business, how to attract clients, networking
APPENDIX C
Virginia Ervin – Focus Groups: Education for Nurse Practitioners as Entrepreneurs

Moderator’s Question Guide Session #1

Welcome

“Hello. My name is Ginger Ervin. I am a family nurse practitioner and current Doctor Of Nursing Practice Student at UNC-Chapel Hill. I appreciate your participation in this focus group this afternoon. I would like to have a conversation with you about education for nurse practitioners interested in owning their own practice. The two purposes of the group are to 1) explore your current beliefs and perceptions regarding business education for nurse practitioners and 2) gather recommendations regarding educational program development. Are there any questions at this point?”

Ground Rules

“The ground rules are pretty simple. Please turn off all cell phones to minimize interruptions. If you must take a call during the focus group, please quietly take the call in the hallway and return to the group as soon as you can. We will speak one at a time today. Please allow others to complete their thoughts by not interrupting. I would like to remind you that everything said today will be kept confidential. All notes and transcripts will refer to you by the anonymous reference number as seen on the name tent in front of you. Please remember that my role is to moderate the discussion and, as such, it is my responsibility to encourage discussion from all participants and to intervene when the purposes of the focus group are not being met.”

Introductions

“Before we begin recording, let’s take a moment to introduce ourselves to each other. Please feel free to share as little or as much detail about yourself as you would like. If
you prefer to introduce yourself only as the anonymous number as listed on your name tent, please do so. For example, as you see with my name tent, I am R2-D2 and will, throughout the note-taking process be referred to as R2-D2 or Moderator. A3, it is good to have you here, please introduce yourself to the group.” (Call on participants in a random order so that no one feels they must only interact during the focus group in sequential order. When all participants have been called on and introduced themselves, move to next section of script.)

Questions

“Ok, let’s begin with the questions.”

1. Please tell me about your interest in owning a practice as a nurse practitioner.
   Probes:
   a. Think back to the NP business owners you have known over the years and relate to your interest.
   b. Please discuss your number one goal for owning your own practice.
   c. Please list additional goals for owning your own practice.

2. What is your perception of the impact of current legislation (aka N.C. laws) on the opportunity to own your own practice?
   Probes:
   a. What do you know about the current laws regarding independent nurse practitioner practice
3. Discuss your current educational level as it relates to owning your own practice.

   Probes:
   a. Feel free to discuss your education in nursing, in other fields, education in a non-formal setting or

4. How many of you have taken business or economics courses at the graduate level? What have you learned in these courses?

   Probes:
   a. Is there anything else you would like to share about these courses?

5. Please review the following course outline as I ask you to help me plan a course for NP’s like yourself, who are interested in owning their own practice:

   a. Let’s discuss the Topical Outline. When you read over the outline, what are your initial thoughts regarding the suggested topics?

   i. Do some topics strike you as more important, more necessary, more ridiculous or any other descriptor you may have in mind? Please remember that this group is set up to help develop the course from the ground up. This is not a final outline and is simply a suggestion for a starting point. You will not hurt feelings with your suggestions.

6. How would this course be best presented? For example, as a six-week online continuing education course, a weekend retreat, a semester long University course, or even possibly as a written handbook for purchase?
i. For each answer, will ask how much will the participant be willing to pay for such a course?

7. How much hands-on training, like clinical practice, do you feel is necessary in order to believe you have been adequately trained to own your own practice? Examples of hands-on training include:
   a. observation opportunities with current NP business owners,
   b. internship opportunities with current NP business owners,
   c. observation opportunities with human resources managers in other fields
   d. meet and greet with
      i. insurance company representatives,
      ii. billing company representatives
      iii. management executives
   e. What other hands-on opportunities would you consider to be important?

8. Would you be interested in participating in a follow-up experience to this focus group? Potential experiences include survey questionnaires, interviews, a private Facebook group, and/or an email listserv? What other follow-up opportunities would you like to suggest?

**Closing Statements**

“I am happy to answer any brief questions at this time. Are there any questions?

(Respond.) Thank you again for your participation. Your responses are very important as
we look to the future development of nurse practitioners as business owners. Feel free to head back over to the refreshments table at this time.”
### APPENDIX D

**Focus Group SEATING CHART**

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<tr>
<th>Project:</th>
<th>Meeting Date:</th>
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<tbody>
<tr>
<td>Moderator:</td>
<td>Place/Room:</td>
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<tr>
<td>Note-Taker:</td>
<td>Time Start:</td>
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<tr>
<td>Recording Notes:</td>
<td>Time End:</td>
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Seating Chart: Use Confidential Identifiers
APPENDIX E

Focus Group NOTES

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<table>
<thead>
<tr>
<th>Question # OR Keyword</th>
<th>Responses</th>
<th>Observations</th>
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**APPENDIX F**

Focus Group Debriefing Form

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Debriefing – Takes place for about 15 minutes after group concludes.

What are the main themes that emerged during this focus group?

Compare ideas to previous focus groups. Did any information contradict info learned in previous focus groups?
REFERENCES


