

***2018 NCSBN Scientific Symposium - Practice: Business Case for Employment of Hospital-Based Advanced Practice Registered Nurses: Scope of Practice, Patient Outcomes, Nurse Retention, Financial Impact Video Transcript***  
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**Event**

2018 NCSBN Scientific Symposium

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**Presenter**

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working with this team before, and this specific survey, which was in 2016, we also had surveyed those states in 2006.

So we had data at several points, and we wanted to stay with those states and we could follow those states. So we actually drew a random sample of APRNs from the four states, from the licensure list. You can get those from the Boards of Nursing. They provide the address and name and other information on the nurses. And that 50% random sample gave us 21,629 APRNs in those 4 states.

Then, we surveyed them using what's known as the Dillman method. If you've done survey research before, you know that the Dillman method is extensively validated. It's hopefully going to improve your response rate. Typically, what we do is we send out a postcard, we make it flashy, there's nurses on it, and it's sent out to the entire 21,000-plus APRNs, "The survey is coming. The survey is coming."

It's like Paul Revere announcing, "The survey is coming." And then, about five days later, the survey arrives in the mail. In this case, it was an eight-page survey with a return postage envelope. And you're hoping that they'll have mercy, and they'll fill out the survey and return it.

We were lucky to have a 30% response rate. You might think that's low, but actually that's pretty good for survey research. And those returned surveys actually numbered 6,490. Now, what we do with our research team is we assess for non-response bias. So what we do is, after the fact, after we've sent these surveys multiple times

clinics, and the others that you see listed there, we grouped them into primary care. Of course, the acute care APRNs worked in hospitals, and there were 1,642 of them working in 457 hospitals.

There were 685 that were working in what was defined as other settings... dialysis, mental health, pharmaceuticals, and other non-hospital settings. And there were 448 who elected not to answer the question. So focusing on our task, which was the hospital-based advanced practice RNs, we found that, on average, they were almost 49 years of age.

They were overwhelmingly white at 81% and female at 90%, 8% of the APRNs were self-identified as Hispanic. They reported, on average, 22 years of experience as a registered nurse, 11 years of experience



APRNs who reported that they cannot practice to the full extent of their state's scope of practice, also told us about what was happening to patients, and they said that patients were experiencing very long time delays for their appointments. There was delays in getting services and specialist appointments.

They were having delays in getting their prescriptions or having necessary forms completed for supplemental care, such as physical therapy or outpatient services. And there were delays in being discharged from the hospital. And again, here's a graph that just shows you the percentage of nurses that were reporting this. And you want the patients to have the best of everything.

So any of these, any blue bar in here is disturbing regardless of the percent. I mean, but to say that they have to wait... 42% of APRNs are saying patients have to wait for their care, or they can't... A delay in their prescriptions. I mean, that's... You know, that's problematic. We also asked APRNs about their job-related outcomes.

Ten percent reported that they were dissatisfied with their job. Nineteen percent reported job-related burnout, which was measured through the emotional exhaustion subscale of the Maslach Burnout Inventory. And 11% of APRNs reported they intend to leave their job in the next year.

When we asked them about quality and safety, 44% of APRNs, less than half, would describe the quality of care as excellent. Only a third graded their hospital as excellent on patient safety, and only 26% graded their hospital as excellent on the prevention of infection.

Lessons learned. Few APRNs are prepared at the doctoral level, and there is obviously a noted lack of diversity among the workforce. There are organizational mandates placed on APRNs to prevent them providing the full extent of their scope of practice, and this results in delays of needed patient care.

Many hospital-based APRNs are doing the work of staff nurses. And APRNs have identified issues with the quality of hospital care, patient safety, and infection control. At this time, I'd like to just acknowledge my research team. We've been working together for decades, and that would be doctors Linda Aiken, Matthew McHugh, Hillary Barnes, Jeffrey Harmon, and Yin Li.

Thank you. We're doing questions now? Questions now or after? - [participant 1] So when you say APRNs were working in staff nurse positions, were they employed in staff nurse positions, or some of that work was delegated to them?

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work they were doing. The small percentage were those that were actually employed, on that one slide, as a staff RN. And I believe, though we didn't ask, it was probably salary-driven. -

[participant 2] You mentioned that only 75% reported that they were National Board Certified. And I was wondering how they're able to bill if they're advanced practice nurses? Because you have to be National Board Certified under CMS...

can't work without a National Board Certification, period, whether you bill or you don't bill. So I was just curious about that.

- Yeah. I was too. Do any of those states not require certification? [crosstalk]

- Well, they're always different anyways.

- May I ask a few more questions?

- Sure.

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- They would still be restricted based on the organization. -

- And, you know, it was surprising also, on the practice environment scale, one of the questions asked,