Past Event: 2024 NCSBN Scientific Symposium - Impact of COVID-19 Pandemic: The Impact of the COVID-19 Pandemic on the Advanced Practice Registered Nurses in the United States Video Transcript

Event
2024 NCSBN Scientific Symposium

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Presenter
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- [Brendan] So, as most of you now know, you've heard my introduction twice. My name is Brendan Martin. I'm the director of research here at NCSBN. And I'm here once again today to discuss the results of one of our workforce subanalyses, examining the impact of the COVID-19 pandemic on the Advanced Practice Registered Nurse workforce. Again, if you heard me talk yesterday, you know I try to give credit where credit is due.

So not only did the research team put in a lot of effort on all of these workforce subanalyses, the overall workforce report, etc. But for this particular project, we're also indebted to Michelle Buck, who serves as our APRN senior policy advisor at NCSBN. Not only did she provide critical insight into the analysis of the results, but as an APRN herself, she gave us that really crucial perspective when trying to understand the topics as it related to this specific cohort of providers.

So, for today's presentation, that was really loud, apologies, I'm going to cover a few major points. So, I'm going to start by providing a bit of background on the APRN subanalysis that we wanted to conduct, really in particular the context for why we wanted to conduct the study in the first place and what we were hoping to achieve when we selected this as one of our targeted subanalyses topics, subanalysis topics. Then I'll provide a brief overview of the study methodology, in particular how we identified and then isolated APRNs within our general RN respondent pool so that you're clear on how we really identified our sample because that was really the key piece.

When you're doing a subanalysis, it's how you define your population. Otherwise, you're just piggybacking off of all the rigorous methodology that the overall study had as an advantage too. Then I'm going to get into really the meat of the presentation where I am going to go into a little bit more detail than my presentation yesterday in terms of the results and then show you how that kind of informs some key takeaways.

you that the results of the 2022 National Nursing Workforce Survey really raised a new level of awareness about issues critical to the nursing workforce.

As a result, for the first time ever, we decided to pursue a number of targeted subtopics using the 2022 sample. So this coming April, so just to put it on your radar, this coming April, we are going to be publishing a paper on all eight of these topics. If you saw my colleague, Charlie O'Hara's presentation yesterday, you'll notice that telehealth usage trends is one of them.

The results that I am presenting here today represent the first one. So chief among these issues, we really felt as though it was imperative to provide an up-to-date and comprehensive overview of the Advanced

the full report responses from over 300,000 nurses in the 2022 cycle. Direct mail outreach was

CNSs at $90,000. Interesting, this dovetails a lot if you were present for Charlie's presentation the other day.

When we get into the topic of telehealth, about two-thirds of APRNs indicate that they practice, actively practice telehealth in their role, and two in three APRNs report, in fact, that they use two or more telehealth modalities quite regularly. While most employed video calls, which is exactly in line with your profile analysis the other day, notable proportions did use electronic messaging, email, and phone.

In addition, APRNs estimate that about 22% of their APRN practice goes to facilitate remote patient care within their single jurisdiction, and about 10% goes to promote cross-border care. The cross-border care was facilitated by APRNs' use of their RN multi-state license.

So roughly a quarter of the APRNs in this analysis hold an MSL, and about 14% of that cohort indicate that they use their MSL to support telehealth or other means of communication across state borders. Approximately 6% of the APRN sample with that MSL also use it to facilitate distance education.

That's another thing that we know that this population often does, and a much smaller proportion used it to promote disaster support, which was kind of interesting, given the context for 2020 to 2022 in this sample. Getting into the COVID-specific questions, a majority of APRNs, about 55%, indicated that their workload increased as a direct result of the COVID-19 pandemic.

Again, I think that this dovetails with our own experience. Similarly, high proportions of APRNs reported feeling emotionally drained, used up, fatigued, burned out, or at the end of the rope, a few times a week to every day. And I think that that's really critical. When I presented the overall results at the annual meeting last August, I tried to take a step back and just let that sink in a little bit, because this isn't, when you think about the frequency and the high level of these sentiments being expressed here, this isn't just like occasionally, I feel a little worn out.

This is extreme levels of emotional exhaustion rising up to the level of burnout, experienced at a minimum multiple times a week, if not every single day. So I think it bears very serious consideration when thinking about workforce policy and planning moving forward. APRNs with the least experience, so those are defined in our sample, as you can see on the table here as those licensed 12 or fewer years, consistently reported heightened emotional exhaustion, vis-à-vis every other strata of the experience.

So you can see we've bent number of years licensed into quartiles, so we let the data speak for itself. We didn't just pick these as like cutoffs based on like subjective reasoning or because of the literature, etc. This is how the data was born out. When you look at these groups of individuals, and you can kind of see it in all these columns, very consistently across this kind of youngest, least experienced cohort of nurses compared to all the other strata, we are seeing heightened levels and often very statistically significant levels of heightened emotional distress and burnout among that young cohort.

Similarly, and again, I don't think that this comes as too great a surprise. Here, let's see if I can highlight that, sorry. Those APRNs who reported increased workloads during the same period of time presented similar patterns in terms of significant increases in their experience of emotional distress. So then, because we had such a robust sample, because our survey instrument is so comprehensive with employing both MDS items and the custom survey elements, we were able to pursue kind of a more robust approach to the analysis, so to speak.

So that prior analysis was looking independently at each of these individual characteristics and how does it align with nurses, self-

burnout, higher levels of stress, telling us that in the near and intermediate term, they do not plan to exit the workforce, which is, I think, a tremendous boon. The flipside is they're still experiencing those things.

And I think we need to be intentional with workforce planning moving forward to make sure that dial doesn't change. However, this report, I think, does highlight kind of a parallel concern. And that is the potential loss of kind of the diverse educational training and education of a more experienced generation of APRNs. So unlike the younger kind of less experienced cohort, that most experienced cohort of APRNs in this, so those were 36 or more years' experience, at a clip of 75% indicated that they were likely to leave the profession or retire in the next five years.

those. If you don't see them or you run into any kind of firewalls or barriers for access, just reach out to us and we'll make sure you get a copy. But thank you guys for your attention and for attending.

- [Woman 1] I don't know if you're from the Midwest, but you talk super fast. So I might have missed it, but you were talking about multi-state licenses for APRNs.

So how does that work? Are the compact...

- Yeah. So what they were piggybacking off of is their RN-level multi

- No, it's an excellent point. So, and I think it relates to the first question quite nicely. You know, there were other things going on at this time. And so when we kind of counseled together and thought about like how we were analyzing the responses and whatnot, one of the things that we tried to keep in mind is even the rate of multi-state licensure usage reported here, sometimes it's difficult, right?

Nurses don't know necessarily if what they're doing constitutes, well, I can do this because of the compact license. So there's often kinds of deflating of trying to understand that self-report trend. But to your very point at this exact same period of time, in many respects, you know, there were still lots of emergency orders and variation across the state landscape. And so there were multiple things kind of working in concert to allow this type of practice, yeah.

- The other thing I wanted to say, as a, so I'm a clinical nurse specialist, I'm not currently clinically practicing because I'm in regulation now, but I appreciated what you said at the end, you know, the

APRN role with CMS, right? So you have, there was an expansion of scope that was never seen, right? And so you had these younger providers who had never had that kind of scope depending on where they were at.

You know, we had different prescribing and different ability to do our jobs to the fullest extent of our education and training. And I think that that could be one of those contributing factors to adding to some of that stress because some of them were not prepared for any of those changes. All of a sudden it was like, boom, you're doing this, but yet you'd never, that had never been part of your practice.

So that kind of was a light bulb for me as well. The other thing is too, as being one of those older nurse practitioners, not 36 years, but I'm 31 here, years in practice as a nurse and nurse practitioner. I can see in my contemporary cohort of colleagues that that burnout is a million percent real. And I think that your numbers really do reflect what's going to happen because I can see that in my own kind of peer group that I think that we are going to see a huge exodus of people in the next few years.

I predict that to be true.

- And I think you're hitting on something that's important that potentially my talking points kind of overlooked so to speak. I focused on the comparisons across the experience strata, but if you look at that most experienced cohort, we're talking 30%, 40% experience of this emotional distress, heightened

So yes, absolutely.

- Yeah, we can easily break that down. I mean, it's one of the things that I think in clinical research, in all research, right, like you can kind of be guilty of. Like when you have a continuous variable, you start to bend it, information is lost. The truth, which is wonderful in this context, is if you track it as a continuous variable, then you can look at it however you want. We did track this as a continuous variable to ease and kind of facilitate reader interpretation. We bend it, because we thought that that might be an easier conceptual way to understand the results.

But we can definitely dig into it. And Susan, to follow up, one of the things, actually, you kind of gave me, you teed it up for me, and I missed my swing. But you were talking about the effects, those really early effects of the pandemic and kind of the expansion to scope of practice. We did actually publish another study in April 2023 when we looked at our kind of our COVID special edition, looking at the effects of the emergency waivers, lifting restrictions on APRN and practice.

And in many instances, we were able to actually highlight particular jurisdictions where prior, they had been among the most restrictive in the country. And then they basically had a proxy for full practice authority for a temporary period of time. And one of the critical things that I would highlight here, again, please, it's free for download. I can't say that enough. But one of the things that I would highlight here is one of the things that we thought was critical with that piece, just from the start, was to look at the safety profile of those practitioners.

And we found absolutely no increase. And we're talking two to three years follow up following the implementation of that emergency order. So this wasn't like within the next month, we didn't see anything happen, right? There's a delay in the discipline process, the administrative process of the boards, etc., just as an artifact of how serious these investigations need to be. We looked three years out, we continue to track it. We see no spike associated with that in those jurisdictions.

And so it is, I think, an excellent point. I think the context, in a way, is that they were incredibly safe, but the flip side is the immense pressure, in particular the acuity that these patients were presented with, you take yourself back to 2020, 2021, etc., the stress that would have been on any of these providers was very real.

And I absolutely think you're correct, likely contributed to some of their sentiments for emotional exhaustion.

- And I think that article, which I did read, and see that along with data, lots of data, can be one of those foundations for states that are looking for full practice authority to say, the sky, in fact, did not fall. And that we were okay, and the outcomes were actually positive. And then build on some of the other data that's already out there about states who have gone through full practice authority.

Unfortunately, we had to go through COVID to get the data, but it's there. And I think that it makes a strong foundation for that safety of the nurse practitioner role in practice at the end. Thank you.

- Yeah, and we concluded that report with a call for full practice authority for APRNs. I just think that the data consistently decade after decade, now attests to their safety profile. And I think when you look at the need and the way in which states reacted to really those acute early stages of the pandemic, everybody who was in a position of power saw what should happen, and they did it. But there's also a permanent solution to that.

And that's being proactive in changing the scope of practice and making sure that they're able to practice at the top of their license and education. So I think we, three minutes left, any other questions? Or I think we're good. All right, well, thank you, everyone. I hope you enjoyed the conference.