

# Practice Patterns and Characteristics of Nurse Practitioners in the United States: Results From the 2012 National Sample Survey of Nurse Practitioners

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## ABSTRACT

A National Sample Survey of Nurse Practitioners was conducted in 2012 to provide a national estimate of the nurse practitioner (NP) workforce and new information on services provided by NPs, their specialty areas, and job satisfaction. Data from almost 13,000 respondents show that 76% of NPs in the workforce are trained in primary care and 48% of NPs in patient care provide primary care. There is also evidence of increased proclivity to specialize in primary care among the most recent graduates, indicating that NPs will continue to play a critical role in improving access to primary care.

**Keywords:** characteristics, National Sample Survey for Nurse Practitioners, nurse practitioner workforce, practice patterns, primary care

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For many years, nurse practitioners (NPs) have been an integral part of the health care system, providing services in both primary care and specialty care. The demand for primary care services is expected to increase significantly over the next few years, and NPs will play a vital role in the delivery of these services as the United States health care system undergoes reform and transformation in how health care is provided.<sup>1</sup>

The Health Resources and Services Administration (HRSA) has conducted the National Sample Survey of Registered Nurses (NSSRN) every 4 years since 1977. In 2000, the NSSRN began reporting on NPs in the workforce. The data reported on NPs were descriptive and included counts of NPs in the workforce, demographics, and educational preparation.

To provide a clearer understanding of NP practice patterns, in 2012, the HRSA conducted the first National Sample Survey of Nurse Practitioners (NSSNP). The survey identified the diverse geographical locations where NPs are practicing and

developed nationally representative estimates of the NP supply in the US. Additionally, the NSSNP collected detailed data on NP licensure, education, clinical practice characteristics, and demographics; allowing for the examination of trends when comparing the results of this study with other advanced practice registered nurse (APRN) workforce data and assemble a workforce database that could be used as the baseline for future research. This article reports some key findings from the survey on the NP workforce.

## BACKGROUND

The demand for health care services in the US is changing. A successful reform of the health care system will include increasing access to and use of primary care services. NPs are likely to play an even more important role in extending access to health care as the system, in response to the Affordable Care Act, is poised to expand health care coverage to another 15–30 million Americans, many living in underserved and rural areas or who are members of

vulnerable populations who have not accessed traditional pathways for health care services.

Two other reasons for the growing demand for health care, and primary care services in particular, are the continued growth of the US population and the aging of the baby boom generation. Aging baby boomers have a longer life expectancy than previous generations and are living longer with chronic health problems, including diabetes, hypertension, and cardiac disease. However, this increased need for primary care services for an older population will stress an already overloaded network of primary care providers in many areas of the country. Again, it has been recognized that NPs are an essential part of the primary care workforce to meet this growing demand.

The HRSA has projected that the demand for primary care services will grow, mostly because of the factors described earlier, and that the growth and aging of the population will account for 81% of the change in demand between 2010 and 2020.<sup>2</sup> The same report found that the demand for primary care physicians is expected to grow more rapidly than physician supply to meet demand by 2020, with a projected shortage of 20,400 physicians. The Association of American Medical Colleges<sup>3</sup> found a similar need and shortage, particularly in primary care. The HRSA report also concluded that the primary care NP workforce is projected to grow far more rapidly than the physician supply.

The 2008 NSSRN, the previous reliable source of data on APRNs and NPs, reported that there are 158,348 registered nurses prepared as NPs (an increase of 11% from 2004).<sup>4</sup> However, this number and other sources of estimates of the NP workforce have often been questioned because of sample sizes and response rates. One reliable source of NP data is the American Association of Colleges of Nursing; they report an increase in NP graduates of 69% (from 7,261 to 12,273) from 2001 to 2011. However, these are pipeline data and cannot be used to describe the current workforce.<sup>5</sup>

As the largest group of APRNs, NPs are nurses educated at the master's or doctoral level to provide health care to patients across the life span in both primary and acute care and in a wide variety of institutional and community health care settings. Research

on the quality, safety, and effectiveness of NPs has consistently shown that they can perform many health care delivery services as well as or in some circumstances with greater satisfaction than physicians.<sup>6-12</sup>

However, a lack of current and accurate data, the NSSNP was undertaken to describe the NP workforce, identify where NPs are practicing and what services they are providing, and collect information on their practice characteristics and job satisfaction. These data were identified as critical to assist the HRSA in developing policy, and to ensure an adequate supply of this critical segment of health care workforce who provides vital services to both primary and specialty care populations of patients.

## METHODS

The HRSA designed the questionnaire ([http://datawarehouse.hrsa.gov/DataDownload/NSSNP/2012/2012%20NSSNP\\_Questionnaire%20-%20v5%20Annotations.pdf](http://datawarehouse.hrsa.gov/DataDownload/NSSNP/2012/2012%20NSSNP_Questionnaire%20-%20v5%20Annotations.pdf)) in consultation with national nursing stakeholder groups and nursing workforce researchers. Cognitive testing was conducted with 6 licensed NPs representing the range of individuals who would be responding to the NSSNP, and revisions to the questionnaire were made to improve its clarity and flow based on their feedback. The study was reviewed and approved by the Office of Management and Budget (control number 0915-0348). The study protocol was also reviewed by the Institutional Review Board of Westat Inc, Rockville, MD and received a waiver of informed consent.

To construct the sample, the HRSA obtained a list of all actively licensed NPs from each state licensing board and the District of Columbia in late 2011 and early 2012. A single national sampling frame using probability matching was developed from 51 individual lists to help identify NPs with licenses in multiple states. A random sample of 22,000 NPs was drawn from the unduplicated list, allocated by state in approximate proportion to the number of NPs licensed in each state.

The survey was conducted entirely by mail because the mailing address was the only contact information consistently captured across the 51 state licensing boards. The questionnaire was converted into a scannable data capture format to increase the accuracy and ease of data entry. Data were collected

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