

February 2015 Survey Summary
Novice Advanced Practice Registered Nurses Licensed in North Carolina
September 2010-2013

Objective

The Foundation for Nursing Excellence seeks evidence of the experiences and needs of the novice advanced practice registered nurse (APRN) licensed in North Carolina in regards to the transition to practice experience.

Methodology

FFNE obtained a database of Advanced Practice Registered Nurses (APRN) from the NC Board of Nursing (NCBON) who were granted initial approval to practice in NC from 2010-2013. After excluding those with greater than 5 years of experience, certified nurse midwives, clinical nurse specialists and nurse anesthetists, 1326 APRNs were defined as “recent novice nurse practitioners” for the purpose of this survey. This group of 1326 was surveyed with 157 responses or a 12 % response rate.

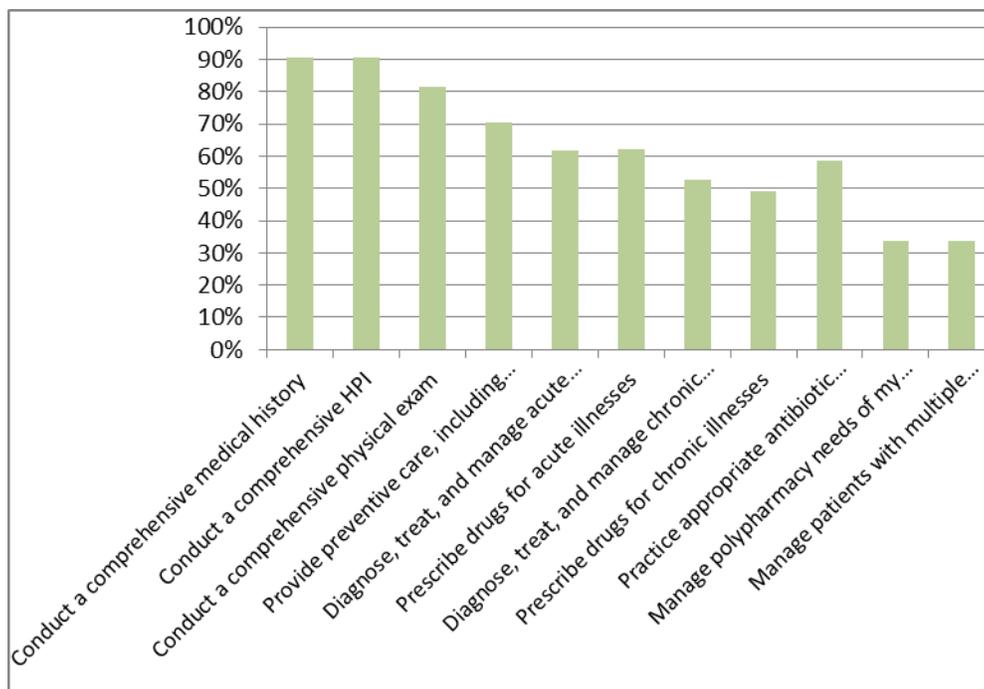
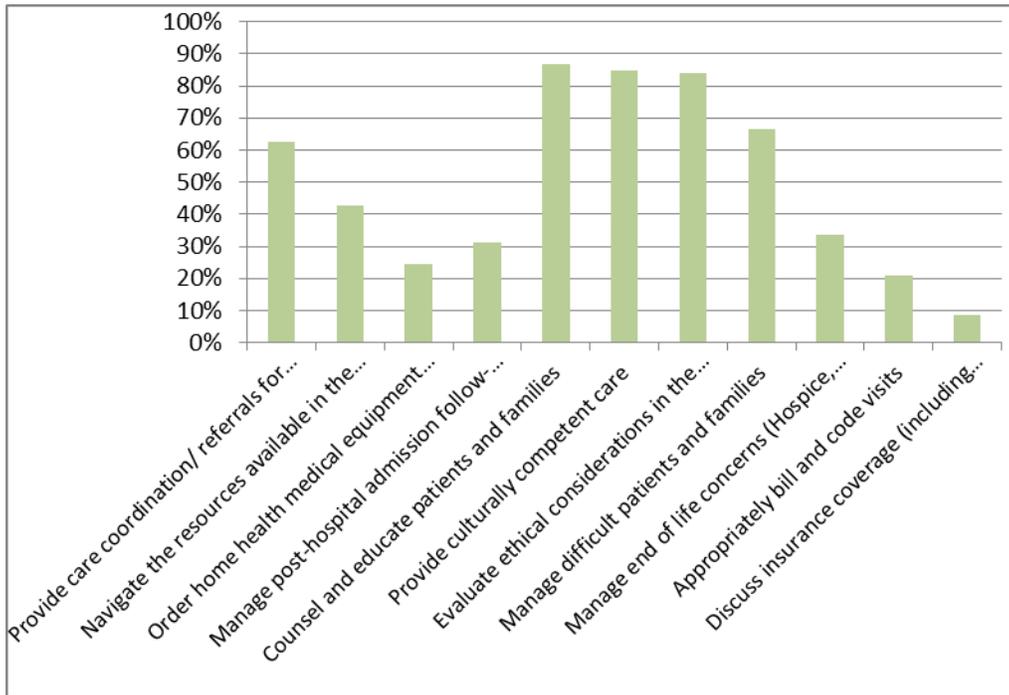
Abbreviated Findings

- Respondents report an average of 3.4 years of practice as a NP with 30% (47) of NP respondents with 2 years of experience as a NP, 29% (45) with 3 years of experience, 27% (43) with 4 years of experience, and 14% (22) with 5 years of experience. Any respondents who acknowledged >5 years of experience were excluded from the survey.
- Mean years of practice prior to becoming a NP was reported as 10.2 with a range from 1 to 30.
- Mean age of respondents was 39, with a range from 28-63. Fifteen percent of respondents were 30 years of age or less while 10% were 55 or greater.
- The majority of respondents (94%) have a Master’s in Science degree and 6% have obtained a doctorate.
- Respondents report primary practice settings as private offices (33%), acute or critical care hospital settings (20%), hospital-based clinics or outpatient centers (19%), community settings (9%) (Public health, school health, etc.), long-term care (4%), and 15% other.
- Only 19 (12%) report primary practice sites in a Tier 1 county.
- The majority of respondents report no secondary practice site (58%); of the remaining 42%, 9% report a secondary practice setting within private offices, 7% in hospital-based clinics or outpatient centers, 10% in acute or critical care hospital settings; 4% practice in community settings (public health, school health, etc.), 2% in long-term care, and 10% other.
- Thirty-one percent (31%) of respondents indicate their practice setting qualifies as a Federally Qualified Health Center (FQHC) and 9% practice in a setting designated as a NC Rural Health Center.

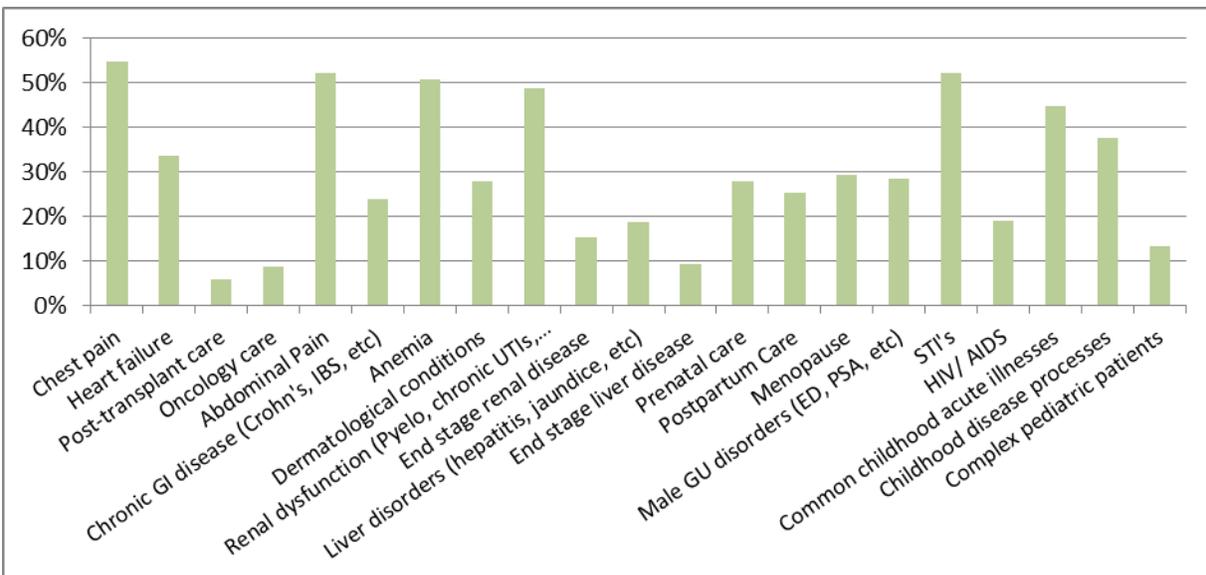
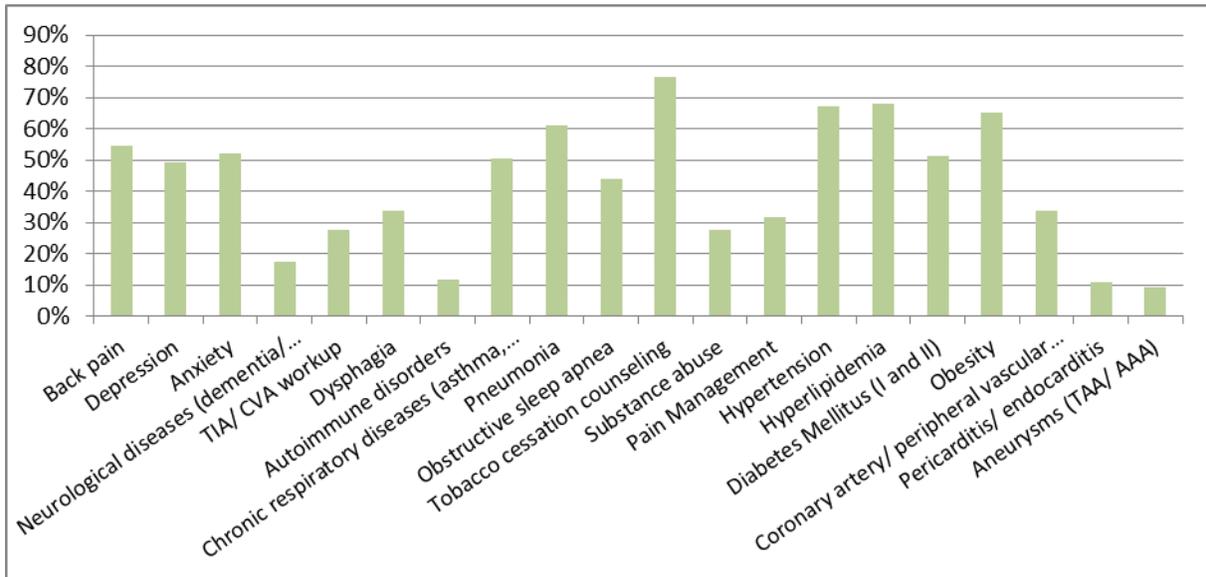
BOARD OF DIRECTORS

- A majority (95%) of NPs utilize an Electronic Medical Record (EMR) or Electronic Health Record (EHR) in their practice.
- Respondents report access to a computer access (98%) and the internet (99.4%) in their practice setting with 35% reporting that they have access to real-time video conferencing capabilities. 100% reported having telephone access.
- Respondents report at home access to computer (100%), internet (99%), phone (99%) and real-time video conferencing capabilities (81%).
- The majority of respondents report practice support for training & development in terms of compensation (84%), paid time off (81%) and other (7%).
- Respondents report a compelling “yes” (99%) when asked “would you access training or continuing education opportunities outside of your work hours”.
- As a novice NP, respondents indicated that only 33% felt comfortable managing their patients, 35% felt competent and only 27% felt comfortable with autonomous practice.
- As a novice NP, respondents reported 48% felt comfortable with their skills while 45% report having confidence in decision making ability.
- As a novice NP, 49% respondents reported the ability to complete responsibilities in the allotted time while 60% felt confident when communicating with other healthcare providers.
- As a novice NP, respondents indicated that their NP program prepared them for a smooth roles transition (40%) while 79% report receiving support by other members of the healthcare team.
- Only 36% of APRNs reported participating in an orientation program as a novice NP with their employer and only 5% participated in a Transition to Practice (TTP) program such as a residency or fellowship.

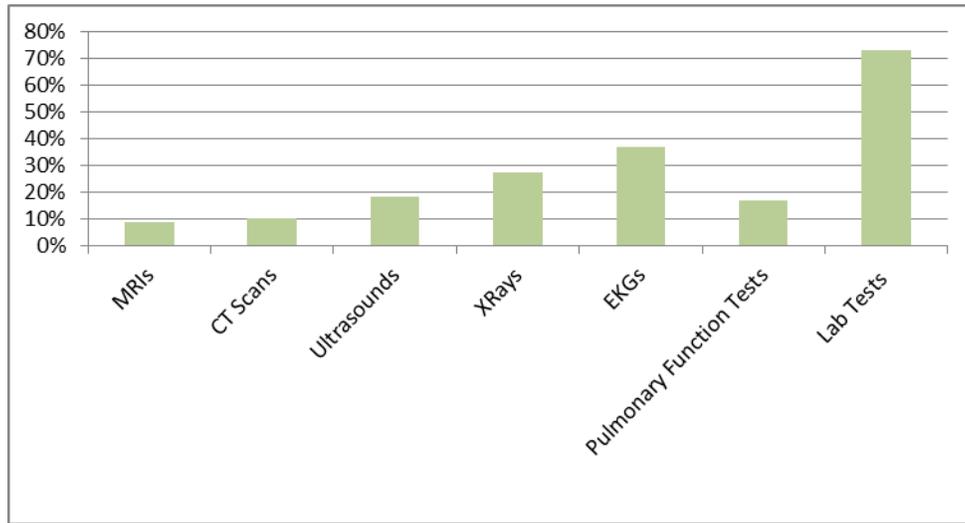
- As a novice NP, confidence in an array of clinical practice situations was reported by respondents as follows:



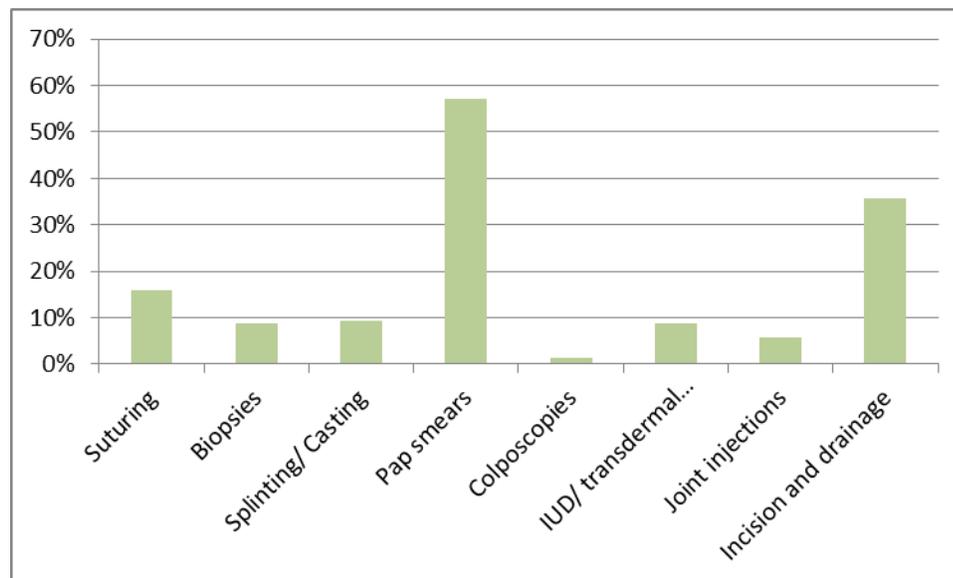
- As a novice NP, confidence to diagnose, treat, and/or manage the following across the life span of their patients was reported by respondents as follows:



- As a novice NP, confidence to interpret the following diagnostic tests was reported by respondents as:



- As a novice NP, confidence to perform the following procedures was reported by respondents as:



Open-Ended Questions Summary*

- Diagnoses that novice NPs felt least competent to manage included chronic diseases, particularly with multiple comorbidities (diabetes, hypertension/ cardiovascular, renal/ liver disease, lung/ COPD, autoimmune disorders), pain management, psychiatric/ mental health diagnoses, and dermatological conditions.

- The respondents indicated that they would have benefited from a TTP program that included didactic training on the above, as well as: billing/ coding/ insurance; time management and the role transition from RN to NP; common office procedures (suturing, I&D, biopsies, joint injections); diagnostic test interpretation (X-rays, Labs, CTs, MRIs, Ultrasounds); gradual increase in patient case load with movement from straightforward cases to more complex; being mentored by an expert NP.
- Diagnostic tests that novice NPs felt least confident interpreting included imaging (Chest x-ray, MRI, CT, ultrasound, PET), labs, and cardiac studies (ECG, Echo, Nuclear stress).
- Office procedures that novice NPs felt most uncomfortable performing included suturing, joint injections, chest procedures (thoracentesis, chest tube insertion & management), gynecological and I&D.

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