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Marketability of the Advanced Practice Registered Nurse-Family Certified Nurse Practitioner Profession

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MARKETABILITY OF THE ADVANCED PRACTICE REGISTERED NURSE-FAMILY CERTIFED NURSE PRACTITONER PROFESSION

by

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Bachelor of Science in Nursing, MedCenter One College of Nursing, 2003

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This independent project, submitted by Mary Beth Krogstad in partial fulfillment of the requirements for the Degree of Master of Science from the University of North Dakota, has been read by the Faculty Advisory Committee under whom the work has been done and is hereby approved.

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Chairperson

This independent project meets the standards for appearance, conforms to the style and format requirements of the Graduate School of the University of North Dakota, and is hereby approved.

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Sincerely,

Mary Beth Krogstad

To Scott Krogstad and William and LeAnn Baldwin

ABSTRACT

The literature reveals that advanced practice registered nurses who are family practice certified nurse practitioners (APRN-FNPs) are highly qualified primary care providers, yet some physicians feel that APRN-FNPs are in direct competition with them. It is important for the APRN-FNP to educate patients about their knowledge and skill capabilities. Government reimbursement and inconsistency of APRN-FNPs scope of practice is also a problem contributing to a lack of clarity in the APRN-FNP role. It is the responsibility of health care providers to be advocates for their own profession. Nurses must promote the role of advanced practice nursing in the workplace, community, and political contexts. Such advocating may increase visibility and understanding of the APRN-FNP profession. This can only help improve marketability of the APRN-FNP role and identity in the workplace.

This project focused on researching the importance of professional advocacy, consistency, and worth of the APRN-FNP profession. It explored the need and importance of APRN-FNPs to the healthcare industry. A poster presentation was given at the Graduate School Scholarly Forum, March 12, 2009, on the University of North Dakota campus to serve as an aide for newly educated and practicing APRN-FNPs in the area who were seeking employment, advocating for their role definition, and developing their scope of practice. The presentation was expected to be particularly helpful to newly graduated APRN-FNPs and currently practicing APRN-FNPs seeking role definition,

which in return should have provided them with an opportunity to establish professional self worth.

The purpose of this project was to increase awareness and knowledge among healthcare professionals in the Midwestern region of the United States about the importance of self-advocacy among APRN-FNP professionals, so that (a) the role of the APRN-FNP professional could be clearly defined, (b) the APRN-FNP's role might become more consistent throughout the region, and (c) the self-worth of professionals in the field be encouraged to grow. Achieving these objectives should increase APRN-FNP marketability. The profession must have an in-depth understanding and consensus of the depth and breadth of its scope of practice. The APRN-FNP profession as a whole must be proactive in order for change to occur.

CHAPTER I

INTRODUCTION

Advanced practice registered nurses – family practice certified nurse practitioners (APRN-FNPs) are registered nurses who have obtained a Master's Degree in nursing that allows them the right to practice primary care. This profession originated in the mid–1960s in response to a shortage of physicians (MDs) (Christian, Dower, & O'Neil, 2007).

The problem at hand is that the APRN-FNP scope of practice varies from state to state. For example: (a) 11 states permit nurse practitioners (NPs) to practice independently, without physician involvement; (b) 27 states require NPs to practice in collaboration with a physician; (c) 10 states require MD supervision of NPs; and (d) NPs in all states may prescribe, but MD involvement is generally required in some states (Christian et al., 2007).

The APRN-FNP profession is actively searching for consistency and self-identity. The purpose of this project was to increase awareness and knowledge among healthcare professionals in the Midwestern region of the United States about the importance of self-advocacy among APRN-FNP professionals, so that (a) the role of the APRN-FNP professional could be clearly defined, (b) the APRN-FNP role might become more consistent throughout the region, and(c) the self-worth of professionals in the field be encouraged to grow. This, in turn, may help raise the bar of acceptance for the APRN-

FNP profession. As part of this independent project, a poster presentation was given at the Graduate School Scholarly Forum, March 12, 2009 on the University of North Dakota campus, to serve as an aide to newly educated and currently practicing APRN-FNPs who were seeking employment, advocating for their role definition, and developing their scope of practice. The main objective of the poster presentation was expected to be particularly helpful to newly graduated and currently practicing APRN-FNPs seeking role definition, which in return would have provided them with an opportunity to establish professional self worth.

The introduction of the advanced practice nursing needs a clear description of the profession scope of practice and professional worth in the healthcare industry to avoid misunderstanding of the APRN-FNP role definition (Gardner, Chang, and Duffield, 2007). Clarification of the role definition benefits our patients and employers. Some physicians feel that nurse practitioners are in direct competition with them (Dier, 2004). This is where the APRN-FNP profession must have an in-depth understanding and consensus of the depth and breadth of their scope of practice. Such advocating may increase visibility and understanding of the APRN-FNP profession. This can only help improve the marketability of the APRN-FNP role and identity in the workplace.

The APRN-FNP profession provides consumers' information about their rights and health outcomes through various services. Buppert (2008) listed nine responsibilities of a nurse practitioner's comprehensive health care management (a) health promotion and maintenance, (b) prevention of chronic illness and disability, (c) assessment of client and therapeutic measures, (d) admission to long-term care facilities and hospital admission,

(e) counseling, (f) collaboration with other health care providers on plan of care, (g) consultation and referral to other health care providers and community resources, (h) use of research skill, and (i) diagnosis and treatment of health care illness. The literature suggested it is the APRN-FNP responsibility to engage the community about advanced nursing practice and educate the public about the (a) role, (b) education, and (c) safety and efficacy of nurse practitioners. By utilizing experts in marketing and media, advocates for the APRN-FNP profession can communicate to the public on a widespread scale ensuring that the public knows what the APRN-FNP role definition is. This could potentially raise the bar of acceptance for the APRN-FNP profession (Jacobs, 2007).

Statement of Problem

The problem statement for this independent project is: APRN-FNPs are under recognized as far as the key roles they play in meeting healthcare needs of rural and urban populations. This under recognition may be due to (a) lack of clarity of role definition, (b) inconsistency of the APRN-FNP's scope of practice, and (c) professional worth. The Office of Technology Assessment reported to Congress that APRN-FNPs could deliver as much as 80% of adult care and 90% of pediatric care as competently as physicians and more cost effectively (Office of Technology Assessment, 1986). Health care providers need to understand the importance of being an advocate for their profession, in order to achieve professional worth, when being utilized in rural and urban healthcare settings due to physician shortage.

Purpose of the Project

The purpose of this project was to increase awareness and knowledge among healthcare professionals in the Midwestern region of the United States about the importance of self-advocacy among APRN-FNP professionals, so that (a) the role of the APRN-FNP professional could be clearly defined, (b) the APRN-FNP role might become more consistent throughout the region, and (c) the self-worth of professionals in the field be encouraged to grow.

The APRN-FNP profession is actively searching for consistency and self-identity. In order to continue to provide care in underserved areas, the APRN-FNP profession needs to be on the same playing field, in terms of acceptance, as the other primary care providers. It was my hope that the graduate and practicing APRN-FNPs found my poster presentation to be informative and encouraging, which in return would have provided confidence for APRN-FNPs to be self-advocates for each other and their profession, and to increase awareness of the role of the APRN-FNP in the healthcare field.

Theoretical Framework

The theoretical framework used to guide this independent project is the *Adult Learning Theory*. This theory provides guidance on how to structure and deliver new information to achieve a preferred level of success. According to Conner (2007), children learn by building on sequences, while adults spend more time making new arrangements than forming new sequences. Experience and background allow us to learn new concepts. In today's business environment, finding better ways to learn may propel organizations forward and build strong minds (Conner, 2007).

Speck (1996) addressed key factors of the adult learning theory in order to achieve professional development. The theory states that an adult needs application that is goal driven and realistic to personal and professional needs. They need a sense of control over their learning or resistance might be formed due to feelings of incompetence. Learning is enhanced when adults see continuous growth of professional learning. This theory is guided by the use of direct, concrete experiences from adults' daily activities.

The theory suggests that learning in the adult population is most successful with the use of structured peer groups to provide encouragement and eliminate fear. These peer groups provide an opportunity for adults to receive feedback on how they are growing in their professional learning development. The adult learning theory suggests that small group activities provide the learner with an opportunity to share, reflect, and compare their learning experiences.

The adult learning theory stresses the importance of using an adult's wide range of previous experiences, knowledge, interests, and accomplishments to enhance and structure learning. Due to an adult's personal and professional experiences, the transfer of knowledge or learning for an adult is not automatic, but facilitated. This theory describes facilitated learning as learning through coaching and follow-up support activities that tailor an adult's daily learning practice. The main objective of the adult learning theory is to apply the learned material to the adult's everyday life (Speck, 1996). Therefore, we can assume with confidence that having an APRN-FNP be an advocate for the APRN-FNP profession, and increasing awareness of the role of the APRN-FNP, was facilitated through discussion, and by utilizing the adult learning theory with graduate

and professional APRN-FNPs at the University of North Dakota's Scholarly Forum (March 12, 2009).

Definitions

For the purpose of this project, the following definitions of terms were used:

Advanced Nurse Practice a type of profession filled by a nursing professional with an advanced degree, including, but not limited to (a) nurse practitioners, (b) certified nurse midwives, (c) clinical nurse specialists, (d) nurse anesthetists, and (e) APRN-FNPs. The APRN-FNP is unique because the APRN-FNP profession provides opportunities to participate in a variety of services within a large population (adult, family, geriatric, and pediatrics), compared to the other advanced nurse practice roles listed above, which are more specialized.

Health is defined as a state of balance of physical, emotional, mental, social, and spiritual well being with the presence or absence of disease. A person's ability to adapt to changes in their health status is the best determinant of maintaining balance. Flexibility tailors one's attitude or outlook on present or future health choices.

Health promotion is defined as lifestyle modifications or primary prevention occurring at the individual, community, or system level.

Leadership is defined as the ability to motivate others to do something, believe something, or act a certain way through inspiration (NP Action, 2005).

Advanced Practice Registered Nurse - Family Practice Certified Role is defined as a registered nurse who has obtained a Master's Degree in nursing that allows them the right to practice primary care. APRN-FNPs provide preventive and acute health services

through (a) evaluation, (b) diagnosis, (c) treatment, (d) education, (e) risk assessment, (f) health promotion, and (g) coordination of care to individuals of all age groups.

Nursing productivity is defined as how resourceful the NPs are in their work, job setting, and utilization of external and internal resources. These are key determinant in valuing the worth of the NP practice.

Patients are individuals who, of their own free will, receive medical advice and attention in regards to health promotion, prevention, and treatment of an acute or chronic illness.

Primary care is defined as continuous and comprehensive health care coverage that clients receive from their health care system.

Professional Advocacy is defined as the APRN-FNP actively engaging the community about advanced nursing practice and educating the public about the role, education, and safety and efficacy of the APRN-FNP.

Professional Worth is defined as the APRN-FNP providing high levels of quality of care and satisfaction while receiving professional and peer recognition from the healthcare industry.

Policy is defined as guidelines used to direct or determine present and future decisions.

Rural Communities is defined as towns composed of a population size of less than 2,500 people that lack the immediate availability of healthcare resources.

Scope of practice laws defines practitioners' mission, knowledge, and skill that are provided to patients in order to offer optimal care.

Urban Communities are defined as towns composed of populations greater than 2,500 that have unlimited healthcare resources available.

Significance of the Project

The APRN-FNP profession is actively searching for consistency and self-identity to achieve professional worth and marketability. This independent project is important to the advanced nursing profession, but mainly focuses on the APRN-FNP profession. Hardley (1996) article supported why a nurse practitioner should take advantage of opportunities that enhance professional worth, because of: (a) a high level of quality of care and satisfaction, (b) professional practice income that exemplifies worth to our profession's identity and health care industry, and (c) professional satisfaction and peer recognition.

The key to gaining clarity of the APRN-FNP role definition is through professional advocacy at the local, state, and national levels. It is the APRN-FNP responsibility to educate their healthcare community on their profession which will enhance the profession with character and growth. Jacobs (2007) stated:

> Over the past 35 years, numerous studies of nurse practitioners' practice have demonstrated not only the safety and efficacy of NP's performing activities carried out by physicians, but have also highlighted many other benefits. These include: (a) improved symptom relief, (b) enhanced patient knowledge, (c) improved continuity of care, (d) patients more satisfied with NP care, and (e) services 'comparable to physicians' services at lower cost. (Jacobs, 2007, p.14)

Jacobs' article provides a rationale that explains the need for NPs to be advocates for their profession, which in return would provide professional worth and marketability of the APRN-FNPs role.

Assumptions of Project

The assumptions formulated for this independent project are as followed:

1. The Advanced Practice Registered Nurse - Family Practice Certified Nurse Practitioner is interested in establishing professional worth and marketability to the APRN-FNP profession.
2. APRN-FNPs are in direct competition with physicians.
3. APRN-FNPs enhance productivity of the healthcare profession, which in turn creates professional wealth; but most importantly, helps gain acceptance of the APRN-FNP field by other healthcare professionals and enhances self-identity of the APRN-FNP professional within their scope of practice.

Limitations of Project

The limitations formulated for this independent project are as followed:

1. This project only applies to currently practicing and future APRN-FNPs.
2. The target audience was located in one city, only, in the Midwestern United States. A larger target audience would have more effectively advocated for APRN-FNP concerns. One city may not be representative of the APRN-FNP profession across the state and nation.

3. Only one public presentation was made. Increasing the number of presentations might have better advocated the concerns of the APRN-FNPs to the healthcare profession in the city involved and across the region.
4. The writer's experience with writing research papers.

Summary

The key to increasing public understanding of the APRN-FNP profession is through advocacy of what the APRN-FNP profession provides to consumers' health outcomes. It is the APRN-FNP responsibility to engage the community, and explain about the APRN-FNP profession in regards to (a) role, (b) education, and (c) safety and efficacy. It is the advanced practice nurse's (APN's) responsibility to be actively seeking out opportunities and challenges, whether at the workplace, community, or professional organization, which in return, will enhance the APRN-FNP profession with character and growth.

Many new opportunities and risks face advanced practice nurses' professional growth including how to increase knowledge and awareness in regards to improving (a) professional advocacy, (b) role definition, and (c) consistency of scope. The APRN-FNP profession is actively searching for consistency and self-identity. In order to continue to provide care in underserved areas, the APRN-FNP profession needs to be on the same playing field, in terms of acceptance, as the other primary care providers. If the APRN-FNP profession wants to achieve market equilibrium, then APRN-FNP professionals must take responsibility to bring out change in the profession. They must "be the change" in order for the change to occur.

CHAPTER II

LITERATURE REVIEW

Introduction

To achieve the projected outcome of this project, a planned poster presentation on the marketability of the APRN-FNP profession was given at the University of North Dakota Scholarly Forum held March 12, 2009. The author of this paper conducted a thorough literature review on how important professional advocacy, role definition, and scopes of practice are to the APRN-FNP profession.

The Literature Review

The review of literature focused both on qualitative and quantitative design experiments. Past research used numeric data with statistical analysis through: (a) systematic reviews, (b) meta-analyses, and (c) overviews providing information on patient satisfaction with APRN-FNPs managing primary care. Electronic searches and three textbooks were used to help guide my research. Databases used included: CINAHL, MEDLINE, the Internet, and PubMED. Mesh terms used included: (a) medically underserved areas AND Nurse Practitioners AND English; (b) Nurse Practitioners AND advocacy AND role definition AND scope of practice; (c) United States AND medically underserved AND Nurse Practitioners; (d) United States AND

medically underserved AND Nurse Practitioners AND health, insurance, and reimbursement; and (e) health, insurance, reimbursement AND Nurse Practitioners.

About Meta-Analyses

Meknyk and Fineout-Overholt (2005) described meta-analysis as a quantitative method that summarizes results from multiple studies, which critically reviews data by using a rigorous process to minimize bias, and which provides validity and reliability to the study. In this project, studies using meta-analyses were processed through appraising and synthesizing data to help answer specific questions and draw conclusions. The intentions of these meta-analyses were to achieve a statistical review that represents the effect of NPs managing primary care across multiple studies and background by using multidisciplinary panels.

Review and Critique of Related Studies

Professional Advocacy

Many APRN-FNPs believe that individual voices can make a difference in defining the APRN-FNP role and professional worth to the healthcare industry. Clarification of how the role of the APRN-FNP has developed over time, and is still developing, and how that role is expanding may benefit the healthcare community. The introduction of advanced practice nursing services to the healthcare field requires a clear description of the profession's scope of practice and professional involvement in the healthcare industry, in order to avoid misunderstanding of the APRN-FNP role (Gardner, Chang, & Duffield, 2007). The key to clearly defining the APRN-FNP role is to have APRN-FNPs advocate for themselves, and explain what the APRN-FNP profession

provides for a patient's health outcomes. It is the APRN-FNP responsibilities to engage the community about the APRN-FNP profession in regard (a) role, (b) education, and (c) safety and efficacy. It is an APRN-FNP responsibility to be actively seeking opportunities and challenges whether at a workplace, in a community, or in a professional organization. In return, this will enhance visibility of the profession by enhancing character and growth within the profession. "The movement of change begins with the voices of individuals" (Gardner, 2007, p.12).

Role Definition

The healthcare industry is faced with an increasing number of chronically ill, aging adults. The increasing number of aging adults will create opportunities for APRN-FNPs to expand their role in the healthcare system (Mezey, McGivern, Sullivan-Marx, & Greenberg, 2003). Individuals within the healthcare industry, employers and patients, need to understand that the APRN-FNP foundation is built on a registered nurse background, but is integrated with the knowledge of the physician's domain (Atwater, Bednar, Hassman, & Khouri, 2008). The healthcare community needs to know that the APRN-FNPs are qualified to provide holistic healthcare services to present and future patients. Buppert (2008) wrote that the APRN-FNP combines the roles of provider, mentor, educator, researcher, manager, and consultant. The APRN-FNP can diagnose and treat a wide range of health problems. The APRN-FNP clinical practice focuses on health promotion, disease prevention, health education, and counseling in ambulatory, acute, and long-term care settings. However, counseling and educating are major parts of an APRN-FNP role in clinical practice.

An APRN-FNP provides healthcare services across the lifespan of: individuals, families, and groups. Healthcare services commonly provided by APRN-FNPs include ordering, conducting, and interpreting diagnostic and laboratory tests. APRN-FNPs can prescribe prescription medications, offer over-the-counter medicines, and suggest non-pharmacological therapies. However, healthcare services provided are dependent on the APRN-FNP scope of practice (See Appendix A).

Brown and Grimes (1993) conducted a meta-analysis study on APRN-FNPs in primary care. Their quantitative assessment evaluated the impact of APRN-FNPs roles in the health outcome of a healthcare community. The study used rigorous criteria to select 38 key NP studies for analysis. The study concluded that APRN-FNPs provide more health promotion activities than physicians. In addition, APRN-FNPs scored higher on quality of care measures involving diagnostic accuracy, and completeness of the care process when providing a thorough history and physical. The end point of this study exemplified the APRN-FNP as being accorded with high patient satisfaction and compliance, making them a competent primary care provider.

Education

APRN-FNP graduates who have successfully earned a Master's Degree and completed a national certification exam have been approved to practice primary care. The profession originated in the mid-1960s due to shortages of physicians. Unfortunately, like the APRN-FNP scope of practice, education and certification requirements vary considerably from state to state. Forty-two states require national certifications as part of APRN-FNP licensures (Christian et al., 2007). Two most

common nongovernmental agencies that offer national certifications are the American Academy of Nurse Practitioners (AANP), and the American Nurses Credentialing Center (AACN). Almost half the states require APRN-FNPs to have a Master's Degree, while some states only require completions of a few months of post Bachelor of Science of Nursing (BSN) education (Christian et al., 2007). However, the states of North Dakota and Minnesota require completion of graduation from an accredited graduate program in nursing, and successful completion of a national certification exam.

According to the American Academy of Physician Assistants website (2009), the United States currently has 329 nurse practitioner programs that provide education to nurse practitioners in multiple settings: adult, family, geriatric, and pediatrics. Prior to beginning a Master Degree program in nursing, the APRN-FNP applicant needs a BSN degree, and at least one year of registered nurse clinical experience. Most BSN program requirements include 60 semester hours in biology, science, and anatomy and physiology; microbiology, math, and general liberal art courses; and approximately 700 clinical hours (Atwater et al., 2008).

The APRN-FNP foundation is built on a core of Master's Degree competencies that define the body of nursing knowledge (US Department of Health and Human Services, 2002). The four domains of the APRN-FNPs education are as followed: Health Promotion, Health Protection, Disease Prevention and Treatment (U.S. Department of Health and Human Services, 2002). The graduate nurse must have a minimum of 500 clinical hours in order to graduate. Table 1 shows an example of the College of Nursing - Family Nurse Practitioner (2009) curriculum at the University of North Dakota. The

curriculum requires 61 credits to cover the core competencies of the four domains mentioned above.

Table 1. Curriculum for a Master of Science in Nursing Degree with Specialization in Family Nurse Practitioner Field (University of North Dakota).

Semester I (Fall) 12 Credits	N510 Advanced Physiology/Pathophysiology I (3)
	N500 Theories & Concepts in Nursing (3)
	N556 Epidemiology (3)
	N590 Advanced Health Assessment (3)
Semester II (Spring) 15 Credits	N511 Advanced Physiology/Pathophysiology (3)
	N526 Ethical, Legal, & Health Policy Issues (3)
	N590 Evidence for Practice (3)
	N532 Family Nursing: Theory/Research/Practice (3)
	N523 Health Promotion Through Lifespan (3)
Semester III (Summer) 5/7 Credits	N597 Advanced Clinical Practicum I (4)
	N563 Education in Advanced Practice (1)
	N998 Thesis (if Choosing Thesis Option) (2)
Semester IV (Fall) 14 Credits	N534 Specialization I: Health Conditions (3)
	N553 Role Development of the NP (2)
	N535 Drug Therapy I (2)
	N597 Advanced Clinical Practicum II (5)
	N997 Independent Study **(2) or Thesis (2)
Semester V (Spring) 13 Credits	N536 Specialization II: Health Conditions (4)
	N539 Drug Therapy II (2)
	N554 Managed Advanced Nurse Practice (2)

	N597 Advanced Clinical Practicum III (5)

From the University of North Dakota, College of Nursing Web site, 2009

State law in Minnesota and North Dakota requires-to have a valid registered nurse license and a Master's Degree from an accredited graduate program in nursing (Minnesota Board of Nursing Website, 2009; North Dakota Board of Nursing, n.d.). Also, to practice, the APRN-FNP needs proof of current certification by a national organization: AANP or AACN. The APRN-FNP needs to show evidence of having completed 30 hours of education in pharmacotherapy, which can be determined by the APRN-FNP's academic records (American Nurse Credentialing Center, 2008). Scope of practice and documentation from a collaborating physician for prescriptive authority needs to be submitted to the Minnesota or North Dakota Board of Nursing for approval (Minnesota Board of Nursing, 2009; North Dakota Board of Nursing, n.d.).

The APRN-FNPs who are certified by the ANCC or AANP must have 75 continuing education hours in order to renew certification every five years (American Nurse Credentialing Center, 2008). The ANCC requires nurse practitioners to complete one of four categories to make up the 75 required continuing education hours every five years for certificate renewal. These categories include:

1. *Academic courses*: Five semester hours of credits applicable towards certification.

2. *Presentation and Lectures*: must conduct five different educational presentations made to other health professionals on topics related to certification.
3. *Publication and Research*: requires one published article, book chapter, research project, or dissertation in specialty area.
4. *Preceptorship*: complete 120 hours of preceptorship to baccalaureate or higher degree students who are under your direct supervision. (Atwater et al., 2008, p.728)

Scope of Practice

In 1971, Idaho amended its Nurse Practice Act to abolish the statutory prohibition preventing nurses from engaging in diagnosis and treatment (Christian et al., 2007). This action signaled the first recognition of an expanded role for nursing (Hadley, 1990). Since that time, all fifty states have recognized the role of advanced practice nurses (APNs). According to the American Academy of Nurse Practitioners (2008), all states grant some form of prescriptive authority to advanced nurse practitioners, although the specific statutes vary greatly from state to state. APNs have been prescribing controlled substances in some states for over twenty-five years. Figure 1 shows the authority in each state responsible for regulating the nurse practitioner profession in this country.

An APRN-FNP scope of practice includes licensing to: (a) evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination; (b) assess normal and abnormal findings; and (c) plan, implement, and evaluate plan of care for the patient (Christian et al., 2007). In 1997, the Balanced

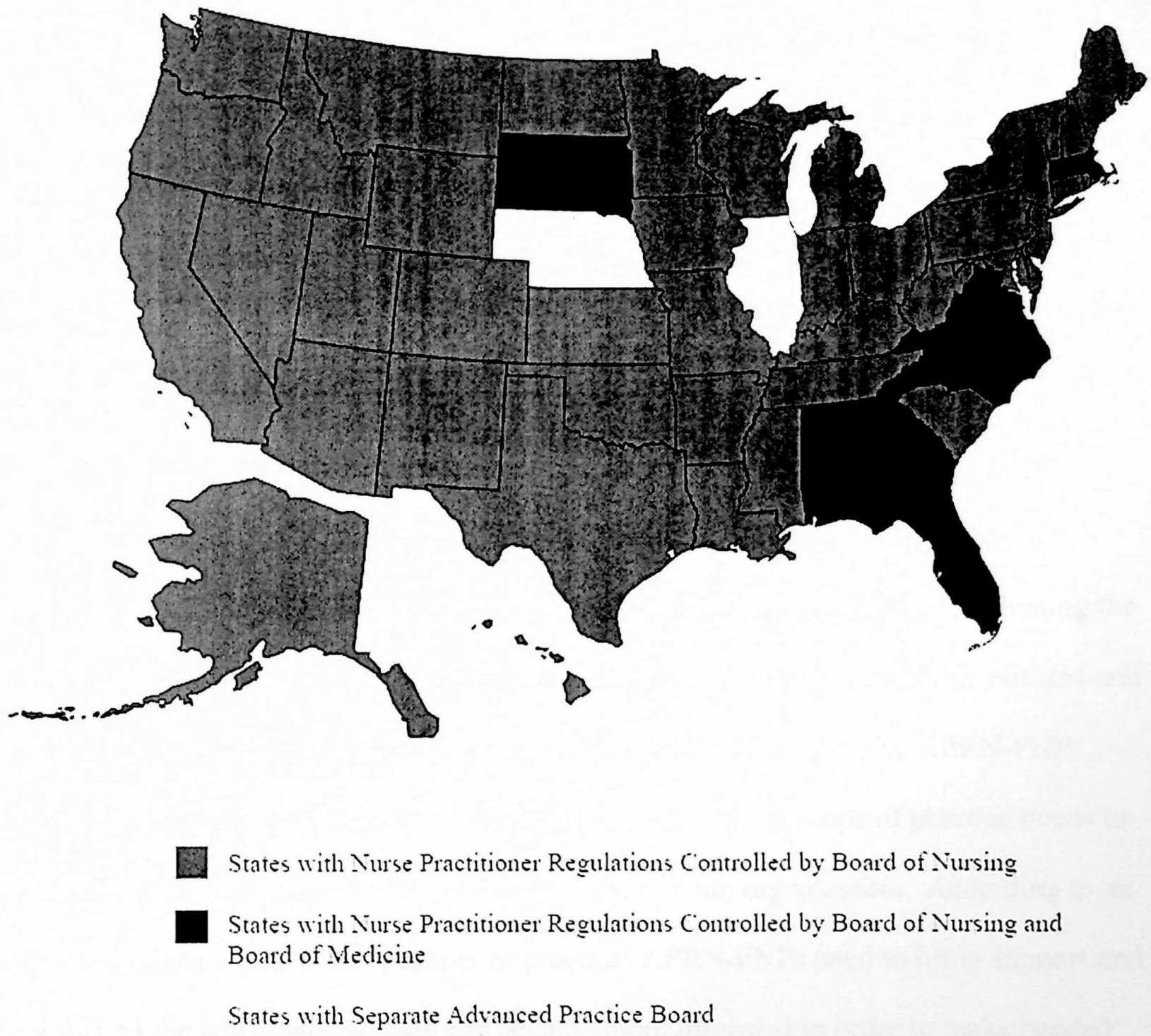

Figure 1. State Regulatory Authorities for the Nurse Practitioner Profession in the U.S.

From the map, "Nurse Practitioner Regulatory Authority," by the American Academy of Nurse Practitioners, 2008, Retrieved from the Academy of Nurse Practitioners' Web site: http://www.aanp.org/NR/rdonlyres/0A2A07BB-6049-402C-818C-C4E89D496597/0/RegulatoryAuthorityMapColor1_08.pdf. Copyright 2008 by the American Academy of Nurse Practitioners. Reprinted with permission of the author.

Budget Act provided new opportunities for APRN-FNPs, which permitted enhanced autonomy in services and billing independently of physicians (Bartel & Buturusis, 2000).

These changes brought new opportunities for APRN-FNPs in the areas of independent practice, which has helped develop expanded scope of practices along with professional worth. APNs are beginning to see opportunities to positively impact the health of families and communities (Bartel & Burutusis, 2000).

Overly prohibitive APRN-FNP's scopes of practice obstruct patient access to available care. "When the competencies are stated in terms of actions that are the same as those of other health practitioners, we continue to diminish the unique, intelligent, relational contribution nurses make to health" (Litchfield, 2007). The APRN-FNP profession needs to advocate for the establishment of national guidelines concerning the scope of practice of NPs, and the development of pay schemes that allow physicians and NPs to work cooperatively instead of competitively (Ryan, 1998). The APRN-FNP profession needs to understand that making a change with the scope of practice needs to start with advanced nurse practitioners within the nursing organization. According to an overview of nurse practitioner scopes of practice, APRN-FNPs need to bring support and research to the legislature, so they can become more informed in order to make needed changes to the APRN-FNP profession (American Academy of Nurse Practitioners, 2008).

APRN-FNPs and state legislators face obstacles in obtaining the information they need to identify promising courses of action. For example, in some states, NPs are blocked from offering simple treatments at inexpensive retail clinics by rules requiring costly supervision by doctors (Christian et al., 2007). Most legislators lack the expertise

to answer technical questions regarding healthcare industry issues. Minor differences in wording may confuse and mislead NPs, which in turn could (a) jeopardize their licenses, (b) expose them to malpractice claims, and (c) prompt discrimination (Christian et al., 2007). Limited and unequal reimbursement for services is a significant barrier to the APRN-FNP's ability to practice independently and to be respected as a professional (Mezey, McGivern, Sullivan-Marx, & Greenberg, 2003).

Numerous studies indicate that APRN-FNPs provide high quality patient care. A first meta-analysis on this subject was conducted by the Office of Technology Assessment (OTA) in 1986 at the request of the United States Congress. A multi-disciplinary panel reviewed the literature on nurse practitioners and certified nurse midwives. They concluded that care by APRN-FNPs was equivalent to physician care. Reviewers also concluded that in areas of communication and preventive care, APRN-FNPs performed better than physicians. The OTA reported to congress that APNs could deliver as much as 80% of adult care and 90% of pediatric care as proficiently as physicians and more cost effectively (Office of Technology Assessment, 1986).

APRN-FNPs need to understand the importance of being an advocate for their profession, in order to achieve professional worth in critical access areas. Some physicians feel that nurse practitioners are in direct competition with them (Dier, 2004). The introduction of advanced practice nursing into the healthcare profession requires the profession's role be clearly defined, the scope of practice be clearly outlined, and the professional worth of the APN be clearly described, in order to avoid misunderstanding of the APRN-FNP's role (Gardner, Chang, & Duffield, 2007). This is where the APRN-

FNP profession must have consensus among its members regarding the depth and breadth of the scope of practice of the profession.

Safety and Efficacy

The key to gaining a clear impression of the APRN-FNP role definition is through increasing visibility and understanding of the APRN-FNP profession. It is the APRN-FNP responsibility to educate their healthcare community on the profession's safety and efficacy of patient's health outcomes. Jacobs (2007) supported the APRN-FNP profession by stating, "Over the past 35 years, numerous studies of nurse practitioners' practice have demonstrated the safety and efficacy of NP's performing activities carried out by physicians" (Jacobs, 2007, p.14). Other NP services highlighted included (a) improved symptom relief, (b) enhanced patient knowledge, (c) improved continuity of care, (d) patients more satisfied with NP care, and (e) services comparable to physicians services at lower cost (Jacobs, 2007). This can only help improve the marketability of the APRN-FNP role and identity in the workplace and healthcare community.

A Brown and Grime (1992) major review of the NP profession evaluated 248 documents for NP effectiveness. The researchers compared effects of nurse-provided care and physician-provided care in similar settings with similar patients on procedures of (a) care, (b) cost-effectiveness, and (c) clinical outcomes. The review discovered that APRN-FNPs achieved similar clinical outcomes to physicians on most variables. The investigators also found that patients displayed a higher level of compliance to treatment when care was provided by APRN-FNPs as compared to physicians. Furthermore, APRN-FNPs spent more time with patients during visits, although the average number of visits between the two groups was equal (Brown & Grimes, 1992). On average, the

APRN-FNP averaged 25 minutes per patient visit, and the physician averaged 17 minutes per patient visit. The APRN-FNP provided more health education, and the patients of APRN-FNPs were satisfied with their health care provider (Bartel & Buturusis, 2000; Brown & Grimes, 1992).

In a qualitative study, the Journal of the American Medical Association (2008) reported that the APRN-FNP profession provides effective, quality primary care. The study compared outcomes from patients randomly assigned to APRN-FNPs or MDs for primary care follow-up and ongoing care after an emergency department or urgent care visit. Patients reportedly fared the same, whether seen by an MD or NP (Bergeson, Cash, Bougler, & Bergeron, 1997). A Gallup survey (1993) displayed patient satisfaction by reporting 86% of patients surveyed would be willing to have an APRN-FNP manage their care (Bartel & Buturusis, 2000).

Survey research is classified as a type of descriptive study in which data is obtained for evaluating a certain condition. In the case of the previous paragraphs, surveys were performed to assess the willingness of patients to have an APRN-FNP manage primary care. Survey research provides an opportunity to measure the knowledge and attitude of patient satisfaction in using APRN-FNPs as primary care providers without being biased. The major advantage of using survey research is the ability to obtain rapid data collection and flexibility in participation requirements; however, survey research can sometimes be hindered by low response rates. The two studies posted in the previous paragraph are classified as randomized controlled trials or

(Moore, 1998). Medicare required APNs to collaborate with a supervising physician. Medicare collaboration with an NP meant:

> A process whereby an NP works with an MD to deliver health care services within the scope of the NP's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines, or mechanisms defined by federal regulations and the law of the state in which the services are performed. (Moore, 1998, p.14).

The APRN-FNP was allowed to bill Medicare directly under their own provider number or convey billing rights to employers or other contracting entities (Atwater et al., 2008).

A multidisciplinary group of researchers in the Mundinger et al. (2000) study compared outcomes of 1,316 patients who received primary care from nurse practitioners and physicians in several community based clinics. In this study, patients were randomly assigned to receive care from either a nurse practitioner or physician. The researchers found that in an ambulatory care environment, where APRN-FNPs had the same (a) authority, (b) responsibilities, (c) productivity and administrative requirements, and (d) patient population as physicians, the outcomes were comparable. There were no significant differences given in patients' health status after six months. There were no differences found in patient outcomes with several major diagnoses, in patient satisfaction, or in utilization of services (Mundinger et al., 2000).

Hansen-Turton et al. (2006) reported that many APRN-FNPs worked in settings providing care to disadvantaged populations who were usually covered by Medicaid. Unfortunately, many of the networks did not consider APRN-FNPs as primary care

providers because APRN-FNPs were unable to receive reimbursement. The same article discussed a national survey showing that most insurance companies refused to accept nurse practitioners as primary care providers. These prohibitive policies, along with weak federal and state laws, threatened the long-term sustainability of nurse-managed health centers as safe health care providers, and limited the ability for NPs to become an accepted primary health care source in the United States (Hansen-Turton et al., 2006).

In order to continue to provide care in underserved areas, nurse practitioners need to be understood as medical professionals like all other primary care providers in order to achieve market equilibrium. A quantitative study conducted by Bergeson, Cash, Bougler, and Bergeron (1997), surveyed the attitudes of 600 rural Minnesota family physicians towards the attitudes of physician assistants and nurse practitioners. The study concluded that 90% of responding physicians indicated a high degree of confidence in the abilities of non-physician providers in the areas of preventive and routine care. Concerns noted in the study regarding non-physicians were their (a) expertise in taking calls, (b) ability to handle hospital rounds, and (c) ability to cover the emergency room. Due to increased physician (a) workload, (b) complexity of cases, (c) liability, and (d) job competition, APRN-FNPs and PAs have been key players in the solution to shortage of primary care providers in rural locations (Bergeson et al., 1997).

According to Meknyk and Fineout-Overholt (2005), convenience sampling provides the ability to draw readily available subjects from a population. Due to rural physicians' workload, convenience sampling was used to increase sample size of the study's respondents. The convenience sample resulted in 93 rural patients who

visibility and understanding within the medical field in the future. APRN-FNPs must take the initiative in defining their professional role and not allow others to take command on the issue, because right now, the community outside the NP profession is defining who we are (Partin, 2000).

APRN-FNPs need to understand that making change needs to start with the APRN-FNPs, themselves, within the nursing organization known as professional advocacy. According to an overview of APRN-FNPs scopes of practice, the APRN-FNP profession needs to bring out more support and research concerning the definition of what an APRN-FNP role can be, what the scope of practice should be, and what the professional worth of the APRN-FNP might be to the healthcare industry. This should be made known to the legislature so they are informed and can make needed changes to the APRN-FNP profession. The role of APRN-FNPs will continue to be hindered and under utilized as joint rule-making authorities such as Boards of Medicine tends to block all legislation perceived to have the slightest possibility of intruding on physicians' financial interests (Christian et al., 2007).

Conclusions

After researching the APRN-FNP profession, common themes were found in the research. Recommended changes were as followed: (a) an APRN-FNP must become a professional advocate by providing the healthcare industry with a clear description of the APRN-FNP's role and education at all local, state, and national levels, (b) APRN-FNPs and NP medical regulatory authorities must continue to expand on descriptions of scopes of practice and form consistent APRN-FNP scopes of practice throughout the United

States, and (c) APRN-FNP advocates must overturn the Board of Medicine's rule-making authority, which will help clarify and change current reimbursement policies and establish professional worth for professionals in the field. Advanced practiced nurses typically (a) prescribe fewer drugs, (b) select lower cost treatments, and (c) use less expensive tests than physicians. This exemplifies APRN-FNP safety and efficacy.

Reducing restrictive barriers to practice is one example of how to move the APRN-FNP profession forward, such as creating consistent prescriptive authority for APRN-FNPs across all states in the United States. This would allow APRN-FNPs to improve access to healthcare and enhance professional marketability with character and growth (Safriet, 1992).

CHAPTER III

METHODS

Introduction

The audience for the poster presentation consisted of student APRN-FNPs and practicing APRN-FNPS who were studying or practicing in the Grand Forks, North Dakota area at the time of the presentation. The audience was presented with a clear and concise poster presentation that addressed the importance of professional advocacy and public awareness about APRN-FNPs in the healthcare industry. The poster presentation was expected to be particularly helpful to newly graduated and professional APRN-FNPs seeking better role definition, which in turn would have provided them with an opportunity to establish professional self worth. Through self reflection and an evaluation form returned by the APRN-FNPs attending the presentation, the writer was able to determine effectiveness of the presentation and identify areas of strength and weaknesses in the project. Information compiled during the review of literature phase of this project was shared during the poster presentation, and followed by a discussion with APRN-FNPs attending the presentation. The purpose of the project was identified and approved through the assistance of the advisor of the project and dean of the graduate school.

Objectives Restated

The purpose of this project was to increase awareness and knowledge among healthcare professionals in the Midwestern region of the United States about the importance of self-advocacy among APRN-FNP professionals, so that (a) the role of the APRN-FNP professional could be clearly defined, (b) the APRN-FNP role might become more consistent throughout the region, and (c) the self-worth of professionals in the field be encouraged to grow.

Methodology

Objectives were accomplished by using the following methods:

1. First, a thorough review of the literature was conducted to identify key issues in the APRN-FNP profession.
2. Second, findings of the literature review were communicated to the industry through a poster presentation held March 12, 2009 on the University of North Dakota campus.
3. Third, people attending the poster presentation were asked to fill out evaluation forms to help the researcher determine if teaching strategies were effective and to assure the learning objectives were met.
4. Last, the researcher consulted with several individuals in the medical field to validate findings.

Target Audience

The attendees of this presentation were student nurse practitioners, professional nurse practitioners, physicians, and academicians of the University of North Dakota. The writer did some consulting prior to presentation with at least two student nurse practitioners, two practicing nurse practitioners, two leaders of a professional nurse practitioner organization, and two local hospital administrators, which helped provide validity to the project. See Appendix B to view the consulting questions and results.

Poster Presentation Plan

The information obtained through research and analysis of evidence based research in the literature was presented through a poster presentation and group discussion at the Graduate School Scholarly Forum held March 12, 2009 on the University of North Dakota campus. The poster presentation was given personally to my primary preceptor, Dr. Kristie Midgarden, who is a physician in the Grand Forks community, and to Rhea Ferry, who is a practicing APRN-FNP at the Altru Health System, Cardiology department in Grand Forks, North Dakota. The project and its findings added to the attendees' current knowledge of the APRN-FNP profession. Also, the presentation may have potentially motivated the advance practice nurses in the audience to improve their marketability by being a professional advocate and leader.

Poster Presentation Procedure

A poster point presentation took place March 12, 2009 on the campus of the University of North Dakota, located in Grand Forks, North Dakota during a Graduate School Scholarly Forum. A personal poster presentation was given to Dr. Kristie

Midgarden, which took place March 13, 2009 at the Aurora Medical Park. A second personal poster presentation to Rhea Ferry, APRN-FNP-C, took place March 13, 2009 at Altru Clinic in the Cardiology department. The writer addressed key points of her independent project during these poster presentations while installing knowledge and confidence on the importance of professional advocacy to currently practicing and future practicing nurse practitioners and college academicians. The writer explained and addressed questions that were offered up by the attendees. The presentation at the scholarly forum was scheduled for a two-hour time slot while the personal presentations were scheduled for a 30-minute time slots.

Evaluation Plan for the Project

The purpose of this independent project was to formulate awareness on the importance of standing up for your profession, which may potentially help raise the bar of appreciation for the APRN-FNP profession. The APRN-FNP profession has been actively searching for consistency and self-identity. In order to continue to provide care in underserved areas, APRN-FNPs need to be understood and appreciated as professionals in order to achieve market equilibrium. It was the writer's hope that graduates and professional practitioners and college academicians attending the presentation would find the information to be informative, and would be encouraged to become advocates for the APRN-FNP profession. Those in attendance were given an evaluation form to fill out to help the author of this project determine whether or not teaching strategies were effective and to assure the learning objectives were met (See Appendix C).

Interest in the project was determined by observing the number of attendees participating in the discussion, and by offering questions to the audience about the independent project. It was my intention to answer questions and clarify topics of interest to help attendees achieve full understanding of the project so knowledge learned could be applied to the healthcare industry. I believe this was achieved by providing my attendees with a clear and concise poster presentation of my independent project.

Summary

The outcome of this project was to be helpful to newly graduated and professional APRN-FNPs seeking role definition. It was anticipated that those attending the graduate school scholarly forum would be provided with a heightened awareness concerning APRN-FNPs' issues, specifically that the APRN-FNP profession has been actively searching for consistency and self-identity through professional advocacy. A poster presentation was given which provided the audience with a concise and clear review of literature describing the APRN-FNP profession and its concerns. It was my intention that the findings of this project would be discussed with other people, and eventually impacts many APRN-FNPs to help them improve their feelings of professional worth.

CHAPTER IV

RESULTS AND DISCUSSION

Introduction

The main objectives of this independent project were to increase awareness and knowledge among healthcare professionals in the Midwestern region of the United States about the importance of self-advocacy among APRN-FNP professionals, so that (a) the role of the APRN-FNP professional could be clearly defined, (b) the APRN-FNP role might become more consistent throughout the region, and (c) the self-worth of professionals in the field be encouraged to grow.

The main goal of this project was for the writer to gain knowledge on the advanced NP profession while learning how the research process works. The poster presentation provided the writer with an opportunity to learn how to interact with other newly graduated and professional APRN-FNPs and college academicians regarding questions about the project's review of literature. This learning experience assisted the writer in identifying areas needing further research while identifying and overcoming barriers regarding the APRN-FNP profession.

Expected Results of the Project

Many attendees at the graduate school scholarly forum showed interest and left the scholarly forum with an understanding of the importance of professional advocacy in making the APRN-FNP profession more marketable. It was my intention that all the participating attendees would share or relay this information to their colleges and peers. After the poster presentation, it was the writer's hope that attendees would speak up with a strong voice if ever in a particular situation that could potentially raise the bar of expectations and understanding for the APRN-FNP profession, whether it's at the workplace, within a community, or in a professional organization.

The poster presentation displayed findings of the review of literature along with the responses from professionals consulted before the presentation. Questions asked of consultants and their responses helped provide validity to the *Adult Learning Theory* framework that was used to guide the writer's independent project (See Appendix B). Key themes evident in the literature were communicated to attendees of the poster presentation to help facilitate learning about the importance of professional self-advocacy, defining roles clearly, maintaining a uniform scope of practice throughout the country, and establishing self-worth, in order to move our profession forward and to be better known to consumers. In today's business environment, finding better ways to learn may propel organizations forward and build strong minds (Conner, 2007). Also, the writer wanted the attendees to know how important it is to be a leader, and to have an understanding of barriers to the APRN-FNP's profession. The APRN-FNP has to

overcome barriers of reimbursement and physician dominance in order to practice with full recognition as a competent independent provider.

Implications for Nursing

Practice

Implications for practice start with being actively involved in improving patient care and professional marketability. It all starts with leadership. Leadership is not optional; it's a requirement for moving the APRN-FNP profession forward. Leadership is defined as the ability to motivate others to do something, believe something, or act a certain way through inspiration (NP Action, 2005). It is our responsibility as leaders to be clear and consistent about the definition of advanced practice nursing so that the profession speaks with one voice, which in turn, will help formulate a consistent scope of practice. The professional needs to be actively seeking out opportunities and challenges for his/her own personal and professional learning. This, in turn, will enhance our profession with character and growth. A solid foundation for the APRN-FNP's practice needs to be built around these five qualities (a) foster the developments of others, (c) communicate effectively, (d) demonstrate critical thinking, (e) purposefully build partnerships, and (f) orientate self strategically to the future (Hamric, Spross, & Hanson, 2009).

The ability to "foster the development of other" newly graduated or practicing professional APRN-FNPs is critical in professional advocacy. It is the APRN-FNP professional responsibility to support peers and colleagues by challenging them to achieve their personal and professional goals. The professional should always encourage

peers and colleagues to belong to professional organizations, whether it's on a local level, state level, or national level. Also, the ability to be a mentor or preceptor helps foster growth of the role of the APRN-FNP by increasing awareness and knowledge of the nurse practitioner profession.

The ability to "communicate effectively" is accomplished by listening and encouraging communication throughout collaboration, consultation, and treatment. It is also essential to try support any newly acquired information with the latest ideas from scholarly journal articles when treating or presenting a case to other peers or colleagues. The writer believes a quote from an unknown author that reads "Lead yourself before you can lead others" (NP Action, 2005, p.1). This occurs when the newly graduated and practicing nurse practitioner "demonstrates critical thinking."

Critical thinking challenges the professional to think analytically and conceptually through questioning and researching unknown information. The nurse practitioner should never settle for commonly understood ideas or go with the flow; he/she should always demand explanation and perfection.

The ability to "purposefully build partnerships" is accomplished through networking. Networking is simply described as creating connections with other professionals through actively belonging to or participating in professional organizations as well as being a voice for the APRN-FNP profession. Once again, it is the professional responsibility to form or attend an NP organization within their community whether it's at a local, systems, state or national level meeting. Also, it is the health care provider's responsibility to engage the community about advanced nursing practice and educate the

public about the (a) role, (b) education, and (c) safety and efficacy of nurse practitioners. Never be scared to use experts in marketing and media communication as advocates to ensure that the public knows what a nurse practitioner does (Jacobs, 2007).

Lastly, have the ability to "orientate self strategically to the future" by being open to learning and by being willing to try new ideas. The profession should always look at how other facilities do things, and ask other APRN-FNPs who network with other professionals how they do it, especially when interested in change. This is accomplished through scanning the environment for ideas and practices for your place of employment. Never be scared to ask questions or to be assertive

Research

Due to limited research on APRN-FNPs' productivity and efficiency, it is hard to make assumptions that an APRN-FNP's practice will enhance productivity. APRN-FNPs must take the initiative in defining their professional role and not allow others to take command of the issue. If APRN-FNPs do not have a voice in defining their role, the community outside the profession will define who we are (Partin, 2000). With increased awareness and knowledge in the country of the definition of an APRN-FNP's role, scope of practice, and professional worth, which is evaluated though productivity and efficiency), we can potentially improve marketability of the profession.

The APRN-FNP profession needs more research on the impact APRN-FNPs bring to the health care industry. Research could also identify the impact of increasing APRN-FNP self-advocacy to the profession. Research is revealing that physicians are becoming more comfortable with the idea of APNs sharing some primary care responsibilities. To

what extent advance nurse practitioners should be responsible for patient care remains a matter of debate. Little evidence or research is available on the subject. Because of an increasing number of APNs and decreasing number of primary care physicians in underserved and urban populations, such research is urgently needed (Wilson, 2008).

Education

Speck (1996) addressed key factors of adult learning theory in order to achieve professional development. The theory states that an adult needs application that is goal driven and realistic to personal and professional needs. They need a sense of control over their learning. Learning is enhanced when adults see continuous growth of professional learning. This theory is guided by the use of direct concrete experiences from an adult's daily activities.

Having personal contacts with a physician, a hospital administrator, a student nurse practitioner, a practicing nurse practitioner, and a leader of a local NP organization will provide the writer with validity in the real world. This will tell the writer the realistic approach that adult learners need in order to change current or future practices. Also, the information obtained from personal contacts with professionals in the "real world" will show where our professionals stand on the importance of professional advocacy.

Policy

Physician dominance, restrictions on reimbursement, and various state rules and regulations have created practice environments that are unfavorable for APRN-FNPs as independent providers and to practice. (Weiland, 2007). APRN-FNPs are driven by the need to achieve professional autonomy, as nurses expand their practice into primary care.

"NPs are known as primary care providers who push the boundaries between the professions of medicine and nursing" (Baer, 2003, p. 43). Knowing this, policy could be implemented to provide the APRN-FNPs with consistent legal authority, reimbursement respect, and independence in providing patient care across all states. The APRN-FNP profession will remain under recognized in providing services if the profession doesn't understand the importance of being an advocate, especially to the poor and underserved (Weiland, 2007).

The APRN-FNP needs to understand that policy change needs to start with APNs themselves, within nursing organizations. According to an overview of the APRN-FNP scopes of practice, the profession needs to better communicate or advocate their purpose to the legislature so members of the legislature are informed and can make needed changes in policy for the APRN-FNP profession. The professional development of APRN-FNPs will continue to be hindered by the continuation of joint rule-making authorities, because, unsurprisingly, Boards of Medicine tend to block all legislation perceived to have the slightest possibility of intruding on physicians' financial interests (Christian et al., 2007).

Summary

The results and findings of the writer's independent project were shared with newly graduated and practicing APRN-FNPs. The information was presented and facilitated multiple discussions on how the APRN-FNP profession can grow as a profession; on how to establish marketability through further research, professional advocacy, and consistent or uniform scopes of practice; on how to break down the

barriers of inadequate government reimbursement policies. The more the APRN-FNP profession can speak as one voice, the less resistance the APRN-FNP profession may have to face. Through this project's theoretical framework, Adult Learning Theory, the participants in the project can use information gained in the poster presentation to help APRN-FNPs become more marketable, whether it's at the local, system, state, and/or national level.