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2021 NCSBN Scientific Symposium - Hiring, Credentialing and Privileging of Nurse Practitioners as Hospitalists: A National Workforce and Employment Analysis Video Transcript

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Event

2021 NCSBN Scientific Symposium

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Presenters

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- [Moderator] Louise Kaplan is a family nurse practitioner and associate professor at Washington State University. She has conducted research on varied topics, including APRN workforce issues, NP education, rural NP practice, prescriptive authority, and medical marijuana. Her professional activities focus on legislative and regulatory issues. She's a fellow of both, the American Association of Nurse Practitioners and the American Academy of Nursing.

Dr. Tracy Klein is an associate professor at Washington State University College of Nursing. She is a fellow in the American Association of Nurse Practitioners, American Academy of Nursing, and the Institute of Regulatory Excellence, and a faculty member at the Oregon State University College of Pharmacy, where she mentors and teaches PharmD residents.

Her research focuses on prescribing, scope, and policy aspects of advanced practice.

- [Dr. Klein] Hello, I'm Dr. Tracy Klein, family nurse practitioner, and I will be doing the first part of this presentation on hiring, credentialing, and privileging of nurse practitioners as hospitalists.

We would like to acknowledge our collaborators and our funders for this presentation. We received a Center of Regulatory Excellence grant to conduct our study, and we'd like to thank CRE for the funding, as well as the Society of Hospital Medicine, National Association of Medical Staff Services, and the American Association of Nurse Practitioners for their collaboration and support.

In developing the plan for this study, we did a review of what is published about hospitalists in the United States primarily. And our focus was looking at hospital medicine groups caring for adults, that increasingly employed nurse practitioners.

The majority of the studies we found combine nurse practitioners and physician assistants to compare care to that of physicians, assess patient care outcomes, examine staffing models, quality improvement, and patient safety, and to analyze financial effects. Our interest was, on the other hand, in identifying specifically some things about the nurse practitioner hospitalist and their experience in the hospitalist role.

In searching for literature regarding nurse practitioner hospitalists, we identified three key gaps. The first is a lack of published studies describing the factors influencing hospital hiring, credentialing, and privileging of acute care nurse practitioners as hospitalists compared to those with other NP certifications, such as family nurse practitioners.

We also saw gaps in nurse practitioner described perception, working as a hospitalist, of the work environment, including relationships with physicians, utilization of education and of scope of practice, and self-reported job satisfaction.

Finally, we wanted to spend more time identifying what it's actually like to work as a nurse practitioner hospitalist caring for adults. We did not see studies in our review of the literature that specifically focused on the day to-day work experience from a qualitative perspective.

We conducted our study in three phases. We examined the following aspects of nurse practitioner hospitalists working with adult patients. The factors that influence their hiring, credentialing, and privileging, the workforce characteristics of hospitalist practice, and the day-to-day work experience for the nurse practitioner.

In Phase 1 of our study, we conducted a cross-sectional mixed mode survey, with a sample of members of the National Association of Medical Staff Services, Society of Hospital Medicine, as well as a selected sample of chief nurse officers and nurse executives of magnet hospitals. These are subjects for our study that are responsible for hiring, privileging, or credentialing of nurse practitioners.

We had a 26-item questionnaire that was developed and validated. The survey was administered online, with a paper questionnaire mailed once, and with up to seven contacts after. A \$50 gift card was offered as an incentive. The analysis of our Phase 1 results included descriptive statistics, we evaluated the mean importance of each item in two questions rating the importance of factors used to hire and credential nurse practitioner hospitalists, such as certification and experience.

We conducted ANOVA to compare post hoc means among the different groups, and we evaluated differences in preferences and requirements between states with full, limited, and restricted scope of practice. In the second phase of our study, we had five questions, which were deployed in the American Association of Nurse Practitioners 2019 National Nurse Practitioner Sample Study.

Three of these questions were adapted from the 2012 National Sample Survey of Nurse Practitioners. Our Phase 2 analysis included descriptive statistics, correlations between relationships with a physician

and the state's scope of practice, and we correlated the extent to which nurse practitioners reported using their education and scope of practice with their self-reported job satisfaction.

Phase 3 was a series of focus groups that we evaluated using qualitative exploratory methods. Nurse practitioner hospitalists were recruited from the Society of Hospital Medicine NP/PA special interest groups, and five sessions were conducted using a guide with eight-semi structured questions on Zoom.

Our thematic analysis and synthesis will be discussed further in our results, we transcribed sessions using inductive coding, and identified and refined themes inherent in the nurse practitioner hospitalist role. Our key conceptual framework for this analysis utilized empowerment theory, based on the results we found in our prior Phase 2 study.

I'm going to, next, introduce my colleague, Dr. Louise Kaplan, who will be discussing the Phase 1 results and the subsequent results of our study.

- [Dr. Kaplan] Thank you, Dr. Klein. I'd like to present the results of Phase 1 of our study. We had a 31% response rate, with 405 respondents who met eligibility criteria. We asked about preferred certification, and we had 42.4% respond adult NP and 31.5% respond acute care NP as the two preferred requirements for hiring.

Acute care was most preferred, 53.4%, and adult-gero primary care was the least preferred certification. We asked our participants to rate factors influencing hiring.

Almost half rated adult nurse practitioner certification as very or extremely important, with 27.5% rating acute care NP very or extremely important. The chief nursing officers were more likely to value the number of years that the nurse practitioner had as an RN and national certification as an acute care NP and adult nurse practitioner.

We also identified rating factors that influence credentialing. Almost half rated that no prior, current, or pending discipline by the board of nursing was not at all important.

No history of denial, suspension, or revocation of national board certification was not at all important to 44.3% of respondents. About two-thirds rated as not at all important no history of denial, suspension, or revocation of participation in a health plan, no prior, current, or pending health care lawsuits, and no prior or current substance use disorder.

In asking about scope of practice, among those who hire, there was no statistically significant difference for any question by state scope of practice, And among those who credential, national certification as a family nurse practitioner and no prior, current, or pending discipline by a board of nursing were significantly more important in a restricted-practice state, than in a full-practice state.

We also asked about the APRN Consensus Model, and only a quarter of the participants were familiar with the model, although three-quarters of the chief nursing officers were. And few, only 11%, use the model to hire or credential. In Phase 2, the results of our survey with the NP hospitalists included 366 who practiced with adult patients.

Just over half were certified as family nurse practitioners. Twenty of these family nurse practitioners had an additional certification. Almost three-quarters were certified in primary care, and these were family, adult, adult gerontology and pediatric primary care, gerontology, and women's health certifications. We asked the participants what qualifications they had for their NP hospitalist role.

The most often selected, and they could choose all that applied, was on-the-job training, followed by initial NP Education, board certification, boot camp, which refers to an offering of the Society of Hospital Medicine, and other.

And the least common qualification was the participation in a postgraduate residency or fellowship program. Additional results related to the relationship of the nurse practitioner hospitalists with physicians. The most commonly selected, because they could, again, choose all that applied, was that NPs collaborated with a physician on site.

The NP was considered an equal colleague to the physician by 38%. And then you can see in our slides that there were a variety of other relationships, and the least common one selected was that the NP was supervised by a physician and had to accept the clinical decisions about patient care.

Interestingly, NPs in restricted states, were significantly less likely to be considered equal to the physician. We also asked the NP hospitalists to report, what types of services they provided. Histories and physical exams, ordering, performing, and interpreting lab tests and diagnostic studies, and prescribing drugs, were the most common services provided for almost all patients.

Thirty two percent did not perform any procedures, and about a quarter perform procedures on most or almost all patients. We were also interested in job satisfaction, and we found that almost a third were very satisfied, and a little over a half were satisfied, so you can see that over three quarters were satisfied or very satisfied, while only 4% were dissatisfied or very dissatisfied.

And there was a significant correlation with full utilization of one's education and practicing to the full extent of the state's scope of practice. For our Phase 3 study, we had 26 participants from all four US census regions. And just as a reminder, our Phase 3 was our qualitative study with focus groups.

The participants were employed at hospitals ranging in capacity from 25 to 2000 beds. And we had representation from NPs with family, adult, adult-gero, acute care certification. Central themes that we identified related to our initial finding in our prior studies of psychological empowerment, so we affirmed that central finding, and identified through our analysis five subthemes of empowerment, which included collegiality, autonomy, role preparation, the road traveled, and pathfinder.

Within each theme, there were empowering processes and empowered outcomes. We also identified attributes of the nurse practitioners, assets that contributed to successful empowerment processes and outcomes. Collegiality was inclusive of teamwork, trust, and bidirectional care.

And we have some quotes in our results that we feel best represent what these things were. Autonomy was reflected as the ability to be decision makers and to practice without written policies to direct the nurse practitioners.

And one of the themes that we found was related to hospital bylaws, and even with the requirement that in some hospital bylaws, the nurse practitioner had to be supervised by the physician, there was still a sense of autonomy, and that there was trust and rapport with the supervising physicians, that allowed them to practice to their highest level of what they were educated for.

Another one of our themes was shaping the role, this identified RN experience, self-identified learning experiences, and is exemplified by the quote, "As my clinical time in school didn't have anything in the way of acute care, I did receive a prolonged orientation of six months upon hire and really had to seek out my own opportunities. We did not have an onboarding situation. We did not have access to any of the boot camps. So really, I was just shadowing and went right into the sharks."

Another one of our subthemes was pathfinder, this related to being the first NP in the role, creating a path, building the role, as exemplified by the quote, "We were all floundering on what does our day look like, and what can you do? I think it helps you grow stronger as a clinician when you're not spoonfed. I think it's really important that you have the ability to go and find out the answers that you need."

The road traveled reflected the experience of mentorship, navigating barriers, and leveraging state scope of practice. And then we identified the attributes that focused on self initiative, flexibility, competence, capability and reputation.

And these were what the nurse practitioner hospitalists felt made them extremely successful. From our analysis, we have implications and recommendations to share with you. We recommend that there be a comprehensive National Nurse Practitioner Hospitalists Workforce study to analyze the educational, experiential, and regulatory factors that contribute to an NP being able to function in the hospitalist role.

We recommend, inclusive of that, that there be an investigation as to whether FNP hospitalists work in the same units as acute care NP hospitalists, and whether they fulfill the same or different roles. We also recommend an evaluation of what constitutes on-the-job training.

Educational programs must align with practice. We would recommend that there be a reconciliation between the mismatch of primary care NP and educational preparation, and the knowledge, skills and competencies required for the NP hospitalist since we identified that nearly half...or slightly over half of our sample were certified as FNPs.

In addition, the acute care NPs in our focus groups also identified that many of them did not have appropriate education for hospitalist work, and felt that their program should also be revised. Repeatedly in our work, we found that hospital bylaws were a barrier to NP hospitalist practice, and it is time for those bylaws to be updated.

We recommend that the Joint Commission and legislative action could accomplish this. The APRN Consensus Model is ready for revision. Extensive changes have occurred in health care, and particularly in the use of NP hospitalists, since the model was adopted in 2008, and we recommend the model reflect current NP roles and practices.

In conclusion, we'd like to comment on the mutuality in the empowerment process that was evident in our work. Physicians do not need to change their role and become less empowered for nurse practitioner hospitalists to feel empowered in their role.

And we also think that the nurse practitioner hospitalist role should serve as a model for true interprofessional team-based care, in which no one person loses or gains power. Instead, the strength of the team provides and guides the path to optimal patient care. We thank you for this opportunity, we have two published articles that are available for your review, and we welcome your feedback and comments and look forward to questions and answers.

Thank you very much. Thank you very much to all of the participants who are with us today. We would like to thank NCSBN for the invitation to participate in the symposium.

We, again, would like to thank CRE funding, which gave us the opportunity to conduct this study. And we would like to also share with you that we learned today that we have a new publication that will be forthcoming in *Nursing Outlook* that focuses on our focus group research with members of the Society of Hospital Medicine.

So we're very grateful for this opportunity, we think the work is really important as the adoption of the nurse practitioner hospitalist role increases in hospitals across the country, both big and small. And we're very happy to take any questions and respond to them, and if you are interested in contacting us, our email addresses are available, both on our last slide, and you can find us at Washington State University.

Dr. Klein, any comments from you? I'm not seeing any questions yet in the chat box.

- No comments yet other than this has been a very interesting process, and we anticipate doing more exploration on this, we've already been contacted by various stakeholders who are interested in these results and the implications that they might have.

We do want to point out that in this study, we were really focusing in Phase 1 on those who hire, credential, and privilege nurse practitioners. We know that there have been studies that have been done before, although not very many focusing on hospitalist practice, but of nurse practitioners themselves, or some of the regulatory issues, so it was really helpful to talk to the credentialers, and we were surprised by some of the results we found.

- So at this time, I'm not seeing any comment, any questions. Thank you to those who we know who are participating today for identifying yourselves.

- Looks like we just had one come up.

- I'm not seeing the question, could you...?

- Yes. The question is, "What changes are you hoping to see in the APRN Consensus Model, recognition of a hospitalist NP population focused?"

- Kevin, I'm having trouble hearing you. You seem to be breaking up a little bit.

- So the question was, "What changes are you hoping to see in the APRN Consensus Model recognition of a hospitalist in population focused?"

- Tracy, did you want to start, or do you want me to start?

- Go ahead.

- Okay.

- [inaudible] - We were very interested in how the consensus model has roles, populations, and how the professional guidelines for hospitalists that come from different nurse practitioner organizations all recommend the acute care, gerontology, adult-gero acute care, or pediatric acute care NP certification, and for those with prior certifications, just the acute care NP certification.

But yet we found that hospitals are hiring nurse practitioners with multiple other certifications, and we think that needs to be reflected that the employers are not seeking employees simply based on certification.

And in fact, just to reiterate one of our findings, many employers didn't even know about the APRN Consensus Model, so in addition to some revisions, it would likely be really important to do better dissemination of the consensus model. Tracy, would you like to add anything?

- Sure. To that point, in the first published results that we had in the *Journal of Nursing Regulation*, we found that the people who hire, credential, and privilege nurse practitioners, they were given a link in the survey to the APRN Consensus Model, and we asked them about their familiarity with it, and only about 24% were familiar, and then we asked them how many of them incorporated that into their decision to hire, credential, or privilege, and the response rate was very low, it was about 11%.

The chief nurse officers, which were a much smaller group in the study, were familiar with the consensus model, probably because of their experience in nursing. Many of the people who hire, and credential, and privilege are not nurses, and are not as familiar with nursing norms and expectations.

- And I see we do have another comment, that there's a big disconnect between clinical experiences and what's expected on the job, and a dual program that combines primary and hospital-based training would be a great idea across the board.

And it's a very important comment because one of the other findings that I think is important is that the experience of the NP as a registered nurse was very relevant to whether or not they were hired.

And so, we don't typically endorse that, you're a registered nurse experience be used for your hiring in an NP role, but yet that seemed to be a very important factor, and off and some of the participants in our focus groups were people who had worked in the facility, that they were as a registered nurse and then were working in the facility as a nurse practitioner hospitalist.

So the organization's familiarity with the applicant was very important, and as we also said, the acute care NP also indicated that they didn't get enough clinical experience in their educational programs in the hospital itself, and so that's another curricular revision that we think should be considered by educational programs as well.

- Tracy, anything you'd like to add to that? Any other questions? Well, seeing none, I'd like to thank you all very much for participating today, and feel welcome to contact us and we'd be very interested in your feedback and any of your ideas for future studies.