

2015 Washington State
Advanced Registered Nurse Practitioner Survey
Data Report

Sponsored by the Washington State Nurses Association and
Washington Center for Nursing

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Introduction

Advanced Practice Nurses in Washington State are a key component of the health care provider workforce. Advanced Practice Registered Nurses (ARNPs) include nurse practitioners, psychiatric clinical nurse specialists, nurse anesthetists, and nurse midwives. This report highlights data about workforce demographics, salaries, and practice patterns. The data may assist Washington ARNPs to improve their salaries, work environment, and job satisfaction. Results may also be used to predict and plan for the education, utilization and employment of Washington State ARNPs. These data provide useful comparisons to a similar Washington State survey conducted in 2006 as well national information about Advanced Practice Registered Nurses across the country and in neighboring states. The survey was conducted by Dr. Louise Kaplan and Dr. Marie Annette Brown with support from the Washington State Nurses Association and Washington Center for Nursing.

Methods

A questionnaire was created by the researchers based on their earlier Washington State ARNP surveys, most recently conducted in 2006. The researchers examined the Minimum Nurse Supply Dataset to assure the current study questionnaire reflected its content. The questionnaire was reviewed by the director of the Washington Center for Nursing and staff of the Washington State Nurses Association.

A list of ARNPs licensed in Washington State with an address in Washington, Oregon and Idaho was obtained from the Washington State Nursing Care Quality Assurance Commission. Once institutional review board approval occurred, each ARNP received a postcard with a link to the questionnaire available electronically through Survey Monkey. A print version of the questionnaire was available upon request. Two follow-up postcards were mailed at approximately 3 week intervals. Subsequently a printed questionnaire was mailed to all ARNPs on the list with the option to return the paper version or complete it online. An incentive to complete the questionnaire was offered with each

invitation to participate. This incentive was the opportunity to enter a drawing for a complimentary conference registration.

Of the 5503 ARNPs who received an invitation to participate in the survey, 1402 completed the questionnaire for a response rate of 26%. The data collection process did not allow for determining the number of undeliverable addresses where the survey invitations and questionnaires never reached the ARNPs. As a result, the response rate is likely higher. Nonetheless, the response rate creates uncertainty about the generalizability of the findings to a general ARNP population. It was not possible to determine how respondents differ from non-respondents.

Of the 1402 respondents, 89% (n=1032) were in clinical practice and 11% (n=155) were not employed or volunteering as an ARNP. Only currently practicing ARNPs completed the section of the questionnaire related to practice. The remainder of the participants were asked to complete questions about the future of ARNP practice. Results were analyzed using descriptive statistics.

Key Findings from the 2015 ARNP Survey
<ul style="list-style-type: none"> • ARNPs are predominately white (92%) females (86%) with an average age of 50.5 years • Almost all ARNPs (94%) have a graduate degree (master's or doctorate) • Family nurse practitioners represent the largest group of ARNPs • The top two locations of practice are a healthcare office/clinic owned by a health care system or organization (28%) or independent/privately owned practice (19%) • Eleven percent own their own practice alone or with others • Almost half (45%) of respondents provide primary care • The average percentage of time worked in providing direct patient care was 61% • Two-thirds (68%) were moderately or very satisfied with their current position • An average salary for an ARNP who works full time (35 or more hours a week) \$108,581 • Nearly half (46%) of participants prescribing a moderate amount or a great deal of schedule II-V controlled substances • Less than 1% frequently provide medical marijuana authorizations and only 6% seldom or occasionally provide them • A majority of respondents (61% of practicing and 77% of non-practicing) support changing the licensing title from ARNP to Advanced Practice Registered Nurse (APRN) which is a recommendation of the APRN Consensus Model

Results for Practicing ARNPs

The sample of practicing ARNPs was predominantly female (86%), age 50 or older (57%), white (92%). Only 6% did **not** have a graduate degree (master's or doctorate). The average age was 50.5 and the median age 53. There is a great potential for a large number of retirements in the next five years with 29% of the respondents age 60 or older.

Demographics

	Percent	Number
Gender		
Male	12.1%	151
Female	85.7%	1069
Transgender	0.1%	1
Race/Ethnicity		
White	91.5%	1141
Black/African American	1.1%	14
Asian	4.2%	52
Pacific Islander	0.7%	9
Native American/ American Indian	0.16%	20
Other race/ethnicity	0.9%	11
Hispanic	2.3%	29

Seven percent of the sample did not designate their advanced practice role; 6.3% were nurse midwives, 6% nurse anesthetists, and 82% nurse practitioners. The largest group (51%) of NPs were certified as family nurse practitioners (FNPs) with 12.1% certified as adult/gerontological NPs. There was a wide range of years of experience from new graduates to one respondent with 50 years in practice; 25% had less than 5 years and 13% had more than 25 years. The majority (59%) worked full time, 34% part-time and the remainder did not specify their work hours.

Areas of Certification

	Percent	Number
Family nurse practitioner	51.4%	641
Acute care	2.1%	26
Acute care pediatrics	0.3%	4
Adult-gero acute care	0.6%	8
Adult	10.2%	127
Adult-gero primary care	3.3%	41
Adult psych/mental health CNS	3.4%	42
Adult psych/mental health NP	2.6%	32
Child-adolescent psych/mental health CNS	0.9%	11
Gerontological	2.2%	27
Pediatric primary care	6.3%	78
Psych/mental health	5.8%	72
Neonatal	1.3%	16
Nurse anesthetists	6%	75
Nurse midwife	6.3%	79
Women's health care	4.9%	61
Other	4%	50

Most of the respondents were employed in either a healthcare office/clinic owned by a health care system or organization (28%) or independent/privately owned practice (19%). Eleven percent of respondents own their practice alone or with others. Eighteen percent reported working in a rural area. Primary care inclusive of family, pediatric, adult/gero primary care and OB-gyn/women's health care was provided by 45% of respondents.

10 Most Frequent Locations of Practice

	Percent	Number
Office or clinic owned by health care system or organization	27.6%	344
Independent/private office practice	19.3%	241
Hospital	14.5%	182
Community health center/federally qualified health center	5.8%	72
Veterans Administration facility	3.8%	47
Psychiatric/mental health center/clinic	3.4%	42
School/college health service	2.2%	28
Urgent care clinic	2.2%	28
Long term care facility	2.2%	27
Planned Parenthood	1.7%	21

The average income for ARNPs employed full time (35 or more hours a week) was \$108,581. Sixty one percent of these ARNPs had an income of at least \$100,000. There was a wide range of average salaries based on location of practice with a low of \$70,501 in school/college health service to a high of \$251,900 for ARNPs working in a hospital operating room. Salaries for roles in hospital based settings tend to be highest.

Average Salary by Area of Practice*

Hospital operating room	\$251,900
Ambulatory surgery center	\$181,625
Hospital emergency department	\$121,045
Veterans Administration Facility	\$116,296
Psychiatric/mental health center/clinic	\$114,525
Health maintenance organization	\$113,030
Hospital-based inpatient unit	\$112,974
Military clinic/hospital	\$111,717
Office or clinic owned by health care system or organization	\$109,430
Urgent care clinic	\$108,417
Long term care	\$108,109
Hospital-based outpatient unit	\$106,750
Independent/private office practice	\$104,627
Occupational health clinic	\$103,531
Tribal health center/Indian Health Service	\$102,420
Correctional facility	\$97,064
Community health center/federally qualified health center	\$86,073
Planned Parenthood	\$83,373
Rural health clinic	\$78,800
School/college health service	\$70,502

Only categories with 5 or more respondents are included in this table.

Respondents were asked to estimate the percent of time in a typical week that was spent in a variety of clinical practice activities. While considerable variability existed across practice roles and settings, the largest percent of clinical time was spent in direct patient care (61%) followed by documentation of care (20%); prescription refills (4%), follow-up on labs, diagnostic exams etc. (6%);

responding to patient e-mail and phone requests (5%); and professional activities 6%. These data suggest that these ARNPs spend approximately one third of their time in essential patient care related activities (e.g. test results, follow-up) that are not generally interpreted to be face-to-face connections with patients.

The ARNPs' satisfaction with their current position was high; two-thirds (68%) were moderately or very satisfied. Respondents were asked to characterize their relationship with the physician(s) in their practice with the option to select multiple responses. Almost half (46%) of the ARNPs believed that they were viewed as equal partners by their physician colleagues. Interestingly, in this full practice authority state, 10% responded there is a relationship with a physician that is "... hierarchical/supervisory in which I must accept his/her clinical decision about the patients I see." In contrast, 20% of respondents have no physician in the practice or on site.

The prescription of schedule II-V medications, including opioid medications, was a common component of ARNP practice with nearly half (46%) of participants prescribing a moderate amount or a great deal of these drugs. Only 11% do not prescribe any controlled substances. In contrast, very few participants had ever provided a medical marijuana authorization for a patient. Only 6% seldom or occasionally, and less than 1% frequently provide authorizations. The most frequently noted (35%) limitation to medical marijuana authorizations was that the ARNP's practice setting had a policy prohibiting authorizations.

The landmark APRN Consensus Model was adopted in 2008. The model calls for a nationwide uniform title of Advanced Practice Registered Nurse (APRN). This requires Washington State to replace the title ARNP with APRN. Sixty-one percent of survey participants supported this change. Analysis of this question was also conducted for survey respondents not currently practicing and not included in prior results. An even greater percentage of this group, 77%, supported the title change.

Another key initiative is the IOM Future of Nursing Report that includes doubling the number of doctorally prepared nurses by 2020. This sample included 225 ARNPs that planned to seek doctoral education in the 5 next years with 56 interested in the PhD preparation and 169 seeking a DNP degree.

Recommendation

It will be critically important to continue to survey Washington State advanced practice nurses due to the potential for significant changes in their demographic and practice characteristics. These data also prompt the exploration of further questions about the nature of specific ARNP practice activities and how they might be evolving as the larger health care system evolves.