CHARACTERISTICS OF ADVANCED PRACTICE REGISTERED NURSES IN MONTANA

Authors: Polly Petersen, Sandra Way

Purpose/Aim: Due to the rurality of Montana, it is essential to understand the characteristics of APRN practice, the APRN relationship with co-providers and their role in expansion of primary care. A cross-sectional survey was conducted of Montana APRNs to determine their autonomous and empowerment characteristics as well as other influencing variables such as practice setting, geographical location, and physician oversight. The hypothesis is that APRNs, practicing in a rural, clinic setting are more empowered and autonomous than other APRNs in Montana.

Background: The thrust of the Affordable Care Act is to enhance wellness and prevention within a comprehensive primary care setting, ultimately reducing healthcare costs. Currently, there are approximately 400,000 primary care providers (PCPs) in the US representing 287,000 physicians, 83,000 APRNs, and 23,000 physician assistants (Sroczynski & Dunphy, 2012). Each state monitors Health Professional Shortage Areas (HPSA) based on rational service areas which are mostly single counties in Montana. Primary care HPSAs are based on a physician to population ratio of 1:3500 (hrsa.gov, 2013). This count includes primary and family practice physicians as well as pediatrics, obstetrical/ gynecological and internal medicine doctors. Fifty-one out of 56 counties in Montana have been identified as a HPSA (hrsa.gov, 2013). We can speculate that a growing shortage of PCPs suggests that APRNs will ultimately be required to practice to their fullest capacity (Fairman, Rowe, Hassmiller & Shalala, 2011), to augment the shortage of primary and family practice physicians. However, barriers exist that could hinder implementation, including restrictive state practice acts and prescriptive privileges and opposition to expansion of the APRN role from organized medical groups (Brooten, Youngblut, Hannan & Guido-Sanz, 2012).

Methods: Using survey methodology with a descriptive, correlational design, data was collected from APRNs regarding autonomy and empowerment in their professional workplace setting. The Dempster Practice Behavior Scale (DPBS) was used to measure autonomy and the Conditions of Work Effectiveness Questionnaire-II (CWEQ-II) was used to measure empowerment. Surveys were distributed to 500 randomly selected Montana APRNs. A total of 272 surveys were utilized in the analysis (54%). Univariate, descriptive statistics were used for analyzing demographic data. Relationships between autonomy and empowerment, predictor variables and demographics were examined using t-tests and chi-square.

Results: Results indicate that APRNs in Montana are autonomous and empowered. APRNs practicing in a hospital setting were more empowered than APRNs practicing in a clinic but those practicing in a clinic setting had higher autonomy scores than those in a hospital. APRNs in an urban location were more empowered than those practicing in a rural location. However, APRNs in a rural setting were more autonomous than those in an urban setting. Physician oversight was positively related to empowerment but inversely related to autonomy. APRNs practicing with no physician oversight were more autonomous, they were less empowered.

Implications for rural health and/or practice: Because there is more opportunity to work within a team of healthcare providers in the urban setting, these results may indicate that APRNs are more confident in a situation where members are working in a collaborative effort. This concept is supported by comments from respondents related to their collaborative relationship with physicians. Rural APRNs and other healthcare providers have an opportunity to mimic this collaborative effort, requiring all providers to practice at optimum levels of education and experience, understanding of each other’s scope of practice and policies that support these characteristics. The potential for many rural Montanans to access affordable healthcare in a timely fashion is dependent on increasing collaborative efforts among all providers.