

ACUTE CARE COLUMN

2004 American Academy of Nurse Practitioners National Nurse Practitioner Sample Survey: Focus on acute care

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Overview

The acute care nurse practitioner (ACNP) role represents a specialty area of nurse practitioner (NP) practice with a focus on managing patients with complex acute, critical, and chronic health conditions (National Panel for Acute Care Nurse Practitioner Competencies, 2004). In the 10 years since national certification has been available for ACNPs, the number of NPs in this specialty area has substantially increased. The National Nurse Practitioner Database of the American Academy of Nurse Practitioners (AANP) identified that of the approximately 97,000 NPs in the United States in 2003, 4.5%, or 4365 NPs, were ACNPs (Goolsby, 2005a). As the number of NPs in the United States is now near 110,000, this percent has likely increased. Based on the results of the 2004 AANP National NP Sample Survey, ACNP practice represents the fifth largest specialty area of NP practice (Table 1).

Because of the growing importance of this specialty area, the *Journal of the American Academy of Nurse Practitioners (JAANP)* started this Acute Care Column to focus on issues of importance to this specialty. This article reports on the findings of the 2004 AANP National NP Sample Survey related to ACNP practice. The random survey of 23,850 NPs (approximately 25% of the NP population in the United States) was conducted to assess information on clinical specialization, practice settings, roles, and aspects of practice (Goolsby, 2005a). The survey and study methodology have been previously described and included a mailed survey, modeled after previous AANP surveys, sent to a stratified sample of NPs reporting active clinical NP practice (Goolsby, 2005a).

Results

Of the 16,062 NP respondents, 4.3%, or 685, reported that their main specialty area was acute care. The average ACNP respondent was white (99.1%), age 44 (range 26–71), working an average of 37.5 h per week (range 1–90), with 20 years of experience as a registered nurse (range 1–48) and 7 years of NP experience (range 1–33).

A variety of specialty areas of ACNP practice were reported, including cardiovascular (37.3%), pulmonary (5.1%), neurology (3.8%), gastroenterology (2.8%), orthopedics (2.6%), hematology/oncology (2.5%), palliative/pain (2.5%), nephrology (2.2%), urology (1.9%), infectious disease (1.2%), ear, nose, and throat (1.0%), rheumatology (0.4%), sports medicine (0.1%), or other subspecialty area (30.4%). Ten percent ($n = 58$) reported practicing as a surgical first assistant. A majority of ACNP respondents reported practicing in an inpatient hospital setting (55.7%, $n = 365$), followed by physician practice (15.4%, $n = 101$) or hospital outpatient setting (9.9%, $n = 65$) (see Table 2). These results are consistent with other reports of ACNP practice substantiating the expansion of the role to a variety of settings and subspecialty areas (Hravnak, Kleinpell, Magdic, & Guttendorf, 2004; Kleinpell, 2004).

Notable survey findings include that an overwhelming majority of ACNP respondents reported prescribing medications (97.4%) with an average number of 17.4 prescriptions per day (Goolsby, 2005b). As compared to other specialty areas of NP practice, ACNP respondents reported prescribing the most medications in the following categories: antihypertensives, diuretics, dyslipidemics, other cardiovascular agents, gastroesophageal reflux/peptic ulcer agents, other gastrointestinal agents, systemic steroids, analgesics, and muscle relaxants (Goolsby, 2005b).

Table 1 Specialty areas of NP practice

| Specialty area | % of NP population |
|---------------------------|--------------------|
| Family | 41.2 |
| Adult | 19.3 |
| Women's health | 11.2 |
| Pediatric | 10.9 |
| Acute | 4.5 |
| Gerontology | 4.1 |
| Psychiatric/mental health | 2.8 |
| Neonatal | 2.3 |
| Emergency | 1.2 |
| Oncology | 1.0 |
| Occupational | 0.9 |
| School | 0.6 |

Source: 2004 American Academy of Nurse Practitioners, Nurse Practitioner Database, Adapted with permission from Goolsby (2005a).

Most ACNPs reported being salaried (87%), with an average salary of \$78,600 for those working 36 h or more per week, which is above the average reported 2004 NP Sample Survey salary of \$73,630 (Goolsby, 2005a).

Summary

Since the publication of the initial AANP National NP Survey published in the *JAANP* 15 years ago (Towers, 1989), ACNPs have become an established specialty area of NP practice. The results of the 2004 AANP National NP Sample Survey indicate that ACNPs are practicing in a variety of settings and subspecialty areas. Of interest is that while the majority of ACNPs are practicing in inpatient hospital settings, ACNPs report a wide range of practice settings, including urgent or subacute care and clinic-based areas. Changing employment trends and increasing acuity levels of patients in many care areas have been cited as influencing ACNP practice, work settings, and role components (Hravnak et al., 2004). This article has reported on some selected findings of ACNP practice from the National NP Sample. Monitoring the continued development of ACNP practice is indicated in order to further identify changes in this specialty area of NP practice.

As a new journal feature, the Acute Care Column will feature articles focusing on ACNP practice, and *JAANP*

Table 2 Practice setting of ACNP respondents^a

| Setting | Number | % |
|-------------------------|--------|------|
| Hospital, inpatient | 365 | 55.7 |
| Physician practice | 101 | 15.4 |
| Hospital, outpatient | 65 | 9.9 |
| Veterans administration | 37 | 5.6 |
| HMO/managed care | 14 | 2.1 |
| Emergency | 13 | 2.0 |

^aMost frequent, as reported by 2% or more of participants.

Source: 2004 American Academy of Nurse Practitioners, Nurse Practitioner Database, Adapted with permission from Goolsby (2005a).

invites the readership and other authors to consider submitting manuscripts for consideration for publication in the new column. General submission guidelines for manuscripts are found on the AANP Web site (www.aanp.org/publications). Authors can also email the column editor, Dr. Ruth Kleinpell (Ruth_M_Kleinpell@rush.edu) to discuss ideas.

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