



2012 National AANP Sample Survey

An Overview

The Voice of the Nurse Practitioner®

Introduction

In the fall of 2012, the American Association of Nurse Practitioners (AANP) completed the fifth iteration of the National Nurse Practitioner (NP) Sample Survey. Previous versions were conducted in 1989, 1999, 2004 and 2009-10. The purpose of this survey was to identify the characteristics and practices of nurse practitioners nationwide. The survey consisted of 60 questions relating to NP education, certification, specialization, practice communities and settings, and prescribing and diagnosis. This report depicts a basic overview of the findings. Articles with further detail on survey results are forthcoming.

Methods

In September 2012, AANP sent an email invitation including a link to the online 2012 AANP National NP Sample Survey to a random sample of 29,710 NPs. The sample was drawn from the AANP National NP Database, which houses contact information for almost every NP in the United States. Over a four week period, 5,132 nurse practitioners opened the survey and 4,231 completed it for a response rate of 14.2% and a completion rate of 82.4%. This report is limited to the NP respondents who were in active clinical practice; therefore, 253 respondents were not included in analysis because they were not currently practicing.

Results

Demographics

Respondents were asked to report their demographic information to characterize the composition of the workforce. On average, respondents were 51 years old. Most of the respondents reported that they were female (91.4%) and were not Hispanic or Latino (96.8%). Respondents were able to select more than one race, and they described themselves as White (85.4%), Black/African American (3.0%), Asian (2.1%), American Indian/Alaska Native (1.3%) and Native Hawaiian/Other Pacific Islander (0.4%).

Education and Certification

On average, respondents reported 25 years as a registered nurse and 11 years of NP practice. When asked their highest earned degree, the vast majority of respondents obtained a graduate-level degree (97.2%). Doctoral-level degrees were reported by 14.3% of respondents. Almost all (98.2%) of respondents were certified by at least one of the five main certifying organizations (AANPCP, ANCC, NCC, ONCC, PNCB).

Specialty Areas of Employment

While many respondents had multiple specialties, when asked to report their main specialty area, 80.8% reported a focus in primary care. Table 1 depicts the percent distribution into specialty area compared to responses reported in the 2009-10 survey. Similar to results from the 2009-10 survey, respondents most frequently identified family and adult as their main area of preparation.

When asked to identify subspecialty area(s) of employment, cardiology and emergency were among the most frequently reported.

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Table 1 Main Specialty	2009-10 %	2012 %
Acute Care	7.2	14.2
Adult*	21.0	26.6
Family*	42.0	33.4
Gerontology*	4.8	8.8
Neonatal	2.0	1.4
Pediatric*	8.8	5.8
Psych/Mental Health	3.8	3.7
Women’s Health*	10.4	6.2

* indicates a primary care focus.

Table 2 Subspecialties	%
Cardiology	5.9
Emergency	5.9
Palliative Care/Pain Management	4.4
Hematology/Oncology	4.1
Occupational Health	3.9
School Health	2.6
Neurology	2.5
Endocrinology	2.4
Internal Medicine/Hospitalist	2.2
Pulmonology	2.2
Surgery	2.2

Practice Community and Setting

Respondents reported working in communities of all sizes (Table 3) and demonstrated a commitment to their current community and practice. An estimated 62.1% reported that they anticipated practicing in their current communities for six or more years and 54.7% anticipated practicing in their current practice setting for six or more years. On average, respondents had been in their current practice setting for 6.5 years.

Table 4 lists the 10 most frequently reported practice settings/facilities of respondents. The two largest groups practiced in private physician practices (27.2%) and outpatient hospital clinics (15.2%). When compared to NPs working in larger communities (>500,000), NPs working in small communities were more likely to report working in a private NP practice (4.4% compared to 8.5% respectively). Respondents who reported working in communities of 10,000 or less most frequently reported working in rural health clinics (30.3%).

Table 3 Size of community	%
< 1,000	1.2
1,000 - 9,999	9.3
10,000 - 24,999	17.4
25,000 - 49,999	10.8
50,000 - 99,999	14.5
100,000 - 249,999	17.4
250,000 - 499,999	13.5
500,000 - 999,999	11.6
> 1,000,000	14.8

Table 4 Practice Settings	%
Private Physician Practice	27.2
Outpatient Hospital Clinic	15.2
In-patient Hospital Unit	13.4
Community Health Center	6.2
Private NP Practice	5.6
Rural Health Clinic	5.2
Emergency Room/Urgent Care	4.9
Long Term Care Facility	3.5
Occupational/Employee Health Clinic	3.3
Retail Based Clinic	2.6

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Employment Characteristics

When asked about the employment arrangement that best describes their main practice, 68.5% of respondents reported being salaried, 24.6% were hourly and 6.9% were self-employed. Those who were self-employed most frequently reported working in a private NP practice setting and were less likely to work alongside physicians in their clinical practice than those working in salaried or hourly positions.

The average base salary for a full-time NP (those who practiced clinically 35 hours or more per week) was \$94,910. The average total annual income (which includes their base salary and any on-call time, bonus, etc.) for full-time NPs was \$104,030. The average hourly rate for all NPs, regardless of hours worked was \$49.13. Compensation varied based on several variables including level of education, main specialty and practice setting. When analyzing mean annual base salary by practice setting, HMOs, Veterans Administration facilities and private NP practices yielded the highest wages.

Approximately 41.5% of respondents reported receiving an incentive or productivity bonus; most frequently determined by the number of patient encounters, practice revenue and quality measures/outcomes.

Table 5 depicts the percent of respondents in full-time NP practice who receive the following benefits as part of their employment arrangement.

Table 5 Employment Benefits *	%
Paid Vacation	90.0
Health Insurance	82.5
Malpractice Insurance	78.6
Retirement Plan	76.8
Paid Sick Leave	76.4
Educational Allowance	76.4
Professional Leave	74.4
Life Insurance	60.3
Professional Dues	44.9
Journal Allowance	22.9

* Only respondents who worked full-time as an NP were included in the analysis.

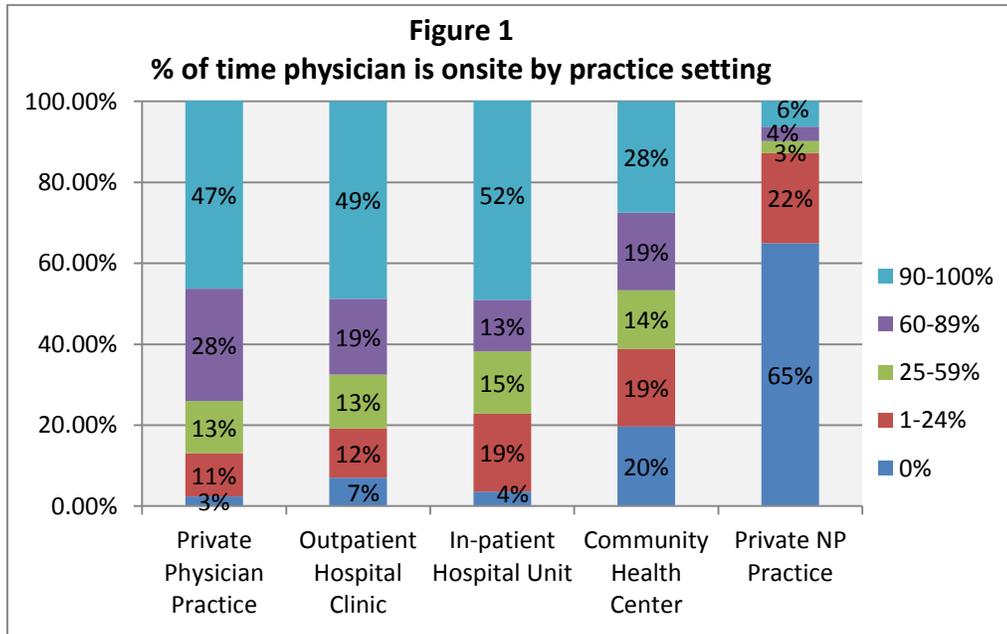
Overall, respondents expressed a high degree of job satisfaction with over 80.0% reporting being very satisfied or satisfied with their current NP position.

Practice Characteristics

Respondents reported treating patients from all age groups and with all types of insurance including commercial, Medicare, Medicaid and Workers' Compensation. Over half respondents (58.4%) reported that some of their patients receive charitable/uncompensated care. Most of the respondents (94.2%) had a Medicare provider number and 69.9% had a Medicaid provider number.

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Although 80.6% of respondents reported having a collaborative agreement with a physician, more than a quarter (29.3%) worked in a practice setting where a physician was onsite 10.0% or less of the time or not at all for consultation, and approximately three quarters (73.9%) verbally consulted with a physician for less than 25.0% of their patients. Figure 1 depicts the percentage of time a physician was onsite for consultation by the top five reported practice settings.



Columns may not total 100% due to rounding.

Among the 44.8% of respondents reported having hospital privileges, half admitted and discharged and one third wrote orders without a physician cosignatory. An additional 16.2% wrote orders with physician cosignatory. Long-term care remains a barrier to practice for many NPs, with only 15.2% of respondents having reported this privilege in 2012.

Nurse practitioners have prescriptive privileges in all 50 states and DC and nearly all (97.2%) of respondents reported that they prescribe pharmacological agents to their patients. On average, respondents in full-time practice reported writing an average of 21 prescriptions per day.

Table 7 depicts the services respondents reported regularly providing in their practice

Table 7 Services Regularly Provided	%
Education and counseling of patients	86.7
Diagnosis and management of acute conditions	83.4
Diagnosis and management of chronic conditions	79.2
Coordination of care	73.9
History and physicals	67.9
Preventive screening and immunizations	62.9

Limitations

The 2012 National AANP Sample Survey was conducted solely by email solicitation, limiting responses to those who had working email addresses and access to a computer and internet. Results may not be generalizable to the national NP population due to a lower than expected response rate and should not be compared to previous sample surveys due to the change in methods. Data were not weighted to adjust for potential unexpected or disproportionate effects.