Hiring, Credentialing, and Privileging of Nurse Practitioners as Hospitalists: A National Workforce and Employment Analysis

Louise Kaplan, PhD, ARNP, FNP-BC, FAANP, FAAN

Tracy Klein, PhD, ARNP, FNP-BC, FAANP, FRE, FAAN

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Background

- Hospital medicine groups caring for adults increasingly employ nurse practitioners (NPs)
- Most studies combine NPs and physician assistants to:
  - Compare care to that of physicians
  - Assess patient care outcomes
  - Examine staffing models, quality improvement and patient safety
  - Analyze financial effects

Gaps in the Data

- No studies of NP hospitalists caring for adults:
  - Describe factors influencing hospital hiring, credentialing and privileging of acute care NPs as hospitalists compared to those with other NP certifications such as family
  - Describe their perception of the work environment including relationships with physicians, utilization of education and of scope of practice, and job satisfaction
  - Explore their day-to-day work experience from a qualitative perspective

Purpose of the study conducted in three phases

- We examined the following aspects of NP hospitalists working with adult patients:
  - Factors that influence the hiring, credentialing and privileging
  - Workforce characteristics
  - Day-to-day work experience

Methods – Phase 1

- Cross sectional mixed-mode survey with a sample of:
  - Active members of the National Association of Medical Staff Services (NAMSS)
  - Active members of the Society of Hospital Medicine (SHM)
  - Chief nursing officers(CNOs)/nurse executives of Magnet hospitals
- 26-item questionnaire was developed and validated
- Survey was administered online with a paper questionnaire mailed once and with up to seven contacts
- A $50 gift card was offered

Methods - Phase 1 Analysis

- Descriptive statistics
- Mean importance of each item in 2 questions rating the importance of factors used to hire and credential NP hospitalists such as certification and experience
- ANOVA to compare post hoc means among the different groups (level of significance of $p<0.05$)
- Evaluated differences in preferences and requirements between states with full, limited, and restricted scope of practice (SOP)

Methods - Phase 2

- Quantitative descriptive survey with 5 questions deployed in the American Association of Nurse Practitioners (AANP) 2019 National Nurse Practitioner Sample Survey
  - Conducted electronically with up to nine contacts
- Sample was a subset of survey respondents
- 2 questions identified NP hospitalists caring for adult patients and asked how qualifications to work as a hospitalist were obtained
- 3 questions were adapted from the 2012 National Sample Survey of Nurse Practitioners (HRSA, NSSNP)
- AANP provided additional respondent demographic data

Methods – Phase 2 Analysis

- Descriptive statistics
- Correlations between relationship with a physician and the state's SOP
- Correlated extent to which NPs reported using their education and SOP with job satisfaction

Methods – Phase 3

- Qualitative exploratory study using focus group sessions
- NP hospitalists recruited from the Society of Hospital Medicine NP/PA special interest group
- Five one-hour focus groups were conducted using a guide with 8 semi-structured questions on Zoom
- $50 gift card sent to each participant
- Thematic analysis and synthesis of transcribed sessions using inductive coding identified and refined themes inherent in the NP hospitalist role
  - Conceptual framework utilized empowerment theory based on results of phase 2

Phase 1 Results

- 31% response rate with 405 respondents who met eligibility criteria
- Certification (n=146)
  - Adult NP (42.4%) and acute care (31.5%) were top two required for hiring
  - Acute care (53.4%) was most preferred and adult-gero primary care (17.5%) the least
- Factors Influencing Hiring (n=368)
  - 48.3% rated adult NP certification rated very or extremely important while 27.5% rated acute care NP very or extremely important
  - CNOs were more likely to value number of years as an RN and national certification as an ACNP and adult NP

Phase 1 Results

- Rating Factors Influencing Credentialing
  - 47.1% rated no prior, current or pending discipline by the Board of Nursing as “not at all important”
  - No history of denial, suspension or revocation of national board certification was “not at all important” to 44.3%.
  - About two-thirds rated as “not at all important” no history of denial, suspension, or revocation of participation in a health plan (62.7%); no prior current or pending health care lawsuits (64.2%); and no prior or current substance use disorder (60.2%)

Phase 1 Results

- Scope of Practice
  - Among those who hire, no statistically significant difference for any question by state SOP
  - Among those who credential, national certification as an FNP (p=.021) and no prior, current or pending discipline by the BON (p=.045) were significantly more important in a restricted practice state than in a full practice state
- APRN Consensus Model (n=384)
  - Overall only 24.2% were familiar with the model although 76.9% of CNOs were
  - Few (11.1%) used the model to hire or credential

Phase 2 Results

- 366 NP hospitalists who practiced with adult patients
- Just over half (n=191, 52%) were certified as FNPs *
- Majority (n= 275, 74.7%) were certified in primary care
  - Family, adult, adult gerontology and pediatric primary care, gerontology, and women's health certification
- Qualifications (could select all that applied)
  - on-the-job training (n=274)
  - initial NP education (n=171)
  - board certification (n=139)
  - "boot camp" (n=27)
  - other (n=23)
  - post-graduate residency/fellowship (n=18).

Phase 2 Results

- Relationship with physicians (could select all that apply)
  - NP collaborated with a physician on site (n=252, 68.9%)
  - NP was considered an equal colleague to the physician(s) (n=139, 38%)
  - Physician sees and signs off on the patients for whom they care (n=112, 30.6%)
  - Accountable to a physician who served as a medical director (n=81, 22.1%)
  - Supervised by physician and had to accept clinical decisions about patient care (n=70, 19.1%)
  - NPs in restricted practice states significantly less likely (p=0.023) to be considered an equal to the physician

Phase 2 Results

- Services Provided
  - Histories and physical exams; ordered, performed and interpreted lab tests and diagnostic studies; and prescribed drugs for almost all of their patients
  - 32.2% did not perform any procedures; 23.6% performed procedures on most or almost all patients

- Job Satisfaction
  - 30.3% (n=111) were very satisfied ; 51.6% (n=189) satisfied, 13.9% (n=51) neutral, only 4.1% (n=15) were dissatisfied or very dissatisfied
  - Significantly correlated with full utilization of one's education and practicing to the fullest extent of the state's scope of practice with an $r(360) = .719$, $p = 0.00$ (two tailed)

Phase 3 Results

- 26 participants from all four US census regions
- Employed at hospitals ranging in capacity from 25 to 2000 beds
- Family, adult, adult-gero acute care, acute care certification
- Central theme of psychological empowerment affirmed
  - Five sub-themes of empowerment of 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 NPs, assets that contributed to successful empowerment processes and outcomes.

Phase 3 Results

- Collegiality – teamwork, trust, bidirectional care
  - *We all work as colleagues kind of side by side. We have a very, very tight, close-knit group.*
- Autonomy - ability to be decision makers and practice without written policies to direct them
  - *. . . because of most hospital bylaws, they require us to have the supervising physician. But I would also say we're pretty autonomous and once we have that trust and rapport with our supervising physicians, we get to practice to our highest level and to what we're trained to.*

Phase 3 Results

- Shaping the role – RN experience, self-identified learning experiences
  - *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. And so really, I was just shadowing and went right into the sharks.*
- Pathfinder – being first NP in the role, creating a path/building a role
  - *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 are not spoon fed. I think it's really important that you have the ability to go and find out the answers that you need.*

Phase 3 results

- Road traveled – mentorship, navigating barriers and leveraging state SOP
  - *We actually opened the bylaws; took them to the board and changed all the bylaws so that they were consistent with our maximum scope of practice. All of my team has at least 10 to 13 years of experience going into it. So that was probably a helpful factor. But this [bylaws constraints] is in all the other hospitals I've worked at, similar to what everyone else is talking about.*

- Attributes – self-initiative, flexibility, confidence, capability, reputation
  - *Usually if I disagree with what they're saying I tell them why I disagree. I'm not afraid to do that.*
  - *I think it's really important that you have the ability to go and find out the answers that you need.*

Implications and Recommendations

- Conduct a comprehensive national NP hospitalist workforce study to analyze the educational, experiential and regulatory factors that contribute to an NP being able to function in the role
  - Investigate whether FNP hospitalists work in the same units as ACNP hospitalists and fulfill the same role
  - Evaluate what constitutes on-the-job training is also warranted
- Educational programs must align with practice
  - Reconcile the mismatch between the primary care NP educational preparation and the knowledge, skills and competencies required for the NP hospitalist
- Hospital bylaws must be updated – Joint Commission and legislatively
- APRN Consensus Model is ready for revision
  - Extensive changes have occurred in healthcare and in the use of NPs as hospitalists has increased since its adoption in 2008

Conclusion

- Mutuality in the empowerment process was evident
  - Physicians did not need to change their role and become less empowered

- The NP 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

Dissemination

Kaplan, L. & **Klein, T.** (2020). Characteristics and perceptions of the US nurse practitioner hospitalist workforce. *Journal of the American Association of Nurse Practitioners.* doi: 10.1097/JXX.0000000000000531

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kaplanla@wsu.edu
taklein@wsu.edu