

Professional Advancement Models for Advanced Providers: Has the Time Come for National Implementation?



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Career Ladders: Fixing Something Not Broken?

- ▶ NPs and PAs already practice at the “highest level”.
- ▶ An agenda to advance more education into already overloaded programs?
- ▶ Is it all about money?
- ▶ Are we “nursifying” the Advanced Providers?

Considerations for the skeptics



Foundations of a Career Ladder

- Emerged during 1960's as part of the Johnson Administration's "war on poverty".
- No dead end careers via education.
- "Ladder" metaphor – steps, non-repetitive, new knowledge.
- Community Colleges are a direct result of this concept.

Foundations of a Career Ladder in the Health Professions

- Multi-entry career ladders—"designed in heaven".
- These have evolved into well articulated ladders in practice and education---
- Adopted by Magnet (ANCC) program.
- What remains---how much clinical practice prior to an advanced degree?
- How much education to practice?

What's the evidence for the career ladder in Advanced Practice?

- Advanced Providers are more highly educated in the 21 st Century.
- Advanced Providers are recruited to care for critically ill patients in more complex health systems.
- Advanced Providers are visionaries for and leaders of clinical programs.
- We contribute to research/publication efforts and hold positions on interdisciplinary oversight committees.

Evidence for Advanced Provider Career Ladders

- All of these facts.....lend themselves to new, recent research focused on the role of Advanced Providers
- Recent data on role dissatisfiers for this critical group of providers.
- Attempts also to “quantify” what we do.
- Discovery in terms of what motivates us, as a group, to stay in positions.

The Evidence: How we feel about our roles

- Newest “trend” in qualitative and quantitative outcomes research focusing on Advanced providers.
- Much of the earlier research is not authored by us! We are not involved in large, systematic attempts to define, quantify and document these aspects our practice!

NP Satisfaction: National Perspective

- 254 NPs at AANP Conference—convenience
- Purpose: Examine differences in NP job satisfaction based on their intent to leave current positions, the nursing profession, and the NP role as a direct care provider; and to describe the relationship between job satisfaction and anticipated turnover.

(DeMilt et al, 2010)

National NP Perspective: Conclusions

- Satisfied with benefits, challenge, and autonomy.
- Minimally satisfied with *professional growth, intrapractice partnership, and collegiality*.
- 27% percent of NPs indicated intent to leave current positions.
- 5% intend to leave NP role!
- Higher job satisfaction scores were significantly related to intent not to leave current positions.
- There was a significant negative relationship between job satisfaction and anticipated turnover.

PA satisfaction in a large HMO

- Survey of 5,000 PAs via questionnaire.
- Focused on aspects of job: workload, respect, advancement options, pace of work.
- 88% response rate!
- Least satisfied: Workload, opportunities for advancement and control of pace of work.
- Most satisfied: Responsibilities, job security, job tasks and work support.
- (Freeborn & Hooker, 1995)

AAPA National Survey

- Random survey of 2,323 PAs from this registry.
- 50% response rate.
- Focus on vocational satisfiers.
- Least satisfied: Advancement opportunities, workload, inter-collegial rapport.
- Most satisfied: Support, job security.

(LaBarbera, 2004)

NP Satisfaction= Retention Further recent studies

- ▶ 1,983 APNs (VHA)=61% response rate
- ▶ Most satisfied with their benefits and least satisfied with *professional growth and intrapractice collegiality*.

(Faris et al, 2009)

California NP Satisfaction Study

- ▶ 200 California NPs with active licensure
- ▶ NPs were least satisfied with not having professional opportunities such as *participation in nursing research, writing/publishing, and belonging to a department/nursing committee*.

(Wild et al., 2006)

"Facing the Feedback" at UMMC

- ▶ Purpose: Analyze and summarize Gallup data on NP satisfaction collected in 2009, for strategic planning.
- ▶ Focus: Job satisfaction, workplace satisfaction.
- ▶ Methods: Survey with 12 Gallup questions and 5 additional questions.
- ▶ Response: 46.4% (51) NPs.

(McComiskey, 2010)

“Facing the Feedback” at UMMC

Results:

- ▶ “Best aspects”: Coworkers, hours/salary, opportunity for growth, collaboration, autonomy.
- ▶ “Challenging aspects”: Need for education/support, communication, workload, MD collaboration, role delineation.
- ▶ ***Only 59% reported “praise” for doing good work.***



“And for those of us still waiting for our big break, let us pray.”

Did you HEAR US?

- ▶ Advanced Providers want and desire to be visible, recognized for their extraordinary efforts and have meaningful work roles!

Meaningful Work

- ▶ Capitalization of our passions
 - To help others
 - To define our contribution
 - What percentage of people who are capable of achieving something actually end up doing it.

The PAM Process= Toward Meaningful Work

- ▶ Preserving Role Integrity
 - To remove economic and attitudinal barriers to achieving fulfillment in ***all*** aspects of our capabilities.
- ▶ Advancing the profession via education, science, evidence-based practice changes.
- ▶ Increasing satisfaction= increasing retention.
- ▶ Measurement of our impact via productivity.
- ▶ **Recruitment**

PAM: Considerations for the Process

- ▶ The TEAM– all of the stakeholders
- ▶ The GOALS– in part, gleaned from feedback
- ▶ The FEEDBACK– essential--
- ▶ The MODEL– can be a hybrid
- ▶ The PILOT– team agreement on timeframe
- ▶ The ANALYSIS– can we project the “curve”?
- ▶ The IMPLEMENTATION– broad publication

The PAM Elements

- ▶ Variability among programs for basic eligibility for promotion:
 - Years of clinical experience
 - Average or above average performance rating
 - Absence of any corrective actions!
 - Letters of recommendation
 - Portfolios for advancement

PAM: Domains for advancement

Some variability among programs which implemented PAMs as to domains (practice, education and research).

- ▶ All implemented these competency domains:
- ▶ **Clinical Practice and Outcomes:**
 - documentation of achieved outcomes via peer review, patient driven outcome data, quality/performance improvement processes, certifications.

The PAM Elements

- ▶ **Publication/Presentation/Research:**
 - Incorporation of evidence-based care guidelines into practice, patient care programs, clinical settings.
 - Actual participation in research endeavors.
 - Involvement and authorship of publications for promotion.

The PAM Elements

- ▶ **Recognition, leadership and community service.**
 - AP leadership (leadership skills)
 - Participation in governance of professional development for APs.
 - Leadership in professional organizations or within the community.

PAM Model Considerations

- ▶ The APP Model– (Case Medical Center, Ohio)
- ▶ The Strong Model– (Strong Memorial Hospital, University of Rochester Medical Center).
- ▶ The Boyer Model– University of Maryland School of Nursing.

Advanced Providers and Meaningful Work Environments



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