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Advocacy: A Vital Step in Attaining Full Practice Authority for the Advanced Practice Registered Nurse

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Advocacy: A Vital Step in Attaining Full Practice Authority for
the Advanced Practice Registered Nurse
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

By

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May, 2015

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2015

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ABSTRACT

Problem Statement

Recent passage of the Affordable Care Act has made the imminent concern of poor patient/provider ratios a reality. Unfortunately, despite increasing numbers of advanced practice registered nurses graduating annually, the access to healthcare issue continues. Advanced practice registered nurses (APRNs) are limited in the care they can provide as a result of Ohio law. The Ohio Nurse Practice Act requires APRNs to work in a collaborative relationship with a physician and also requires that prescribing practices be guided by an inclusionary formulary (Nurse Practice Act, 2014). Thus, APRNs in Ohio cannot practice to their fullest scope of education and training.

Purpose

The overall goal of this DNP project is to encourage APRN advocacy efforts that will hasten health policy change leading to full practice authority for Ohio APRNs. The objectives of this project include evaluating the knowledge base of Ohio pediatric nurse practitioners (PNP) regarding advocacy, evaluating whether or not Ohio pediatric nurse practitioners desire full practice authority and determine the current level of PNP involvement as health policy advocates. The project will also aid in determining the best method for dissemination of information related to health policy.

Methods

A mixed methodology design was used and included the collection of quantitative and qualitative data to investigate APRN knowledge and involvement in advocacy, particularly the desire for full practice authority via a survey questionnaire. Participants

were recruited from the Ohio Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP) list serve of members. Inclusion criteria: Nurse practitioners working with pediatric patients and membership in Ohio NAPNAP. Members were emailed a link to a Survey Monkey® and completion of the survey implied consent to participate. The questionnaire consisted of nineteen questions that allowed for investigation of involvement in advocacy, knowledge of and desire for full practice authority, as well as demographic information including age and years of experience as an APRN.

Analysis

Frequency data was used to report APRN involvement in advocacy and desire for full practice authority. Chi-square and Fisher's exact tests were used to evaluate for associations between years of experience and age as it relates to knowledge of practice laws in Ohio as well as years of experience and age as it relates to involvement in professional advocacy.

Significance

Overall the majority of pediatric nurse practitioners in Ohio believe that full practice authority for advanced practice registered nurses would have a positive impact on patient care delivery. However, many APRNs do not have the time or knowledge to be involved in advocacy efforts. Attempting to increase awareness of the issues and encouraging involvement in professional advocacy by APRN programs and organizations has not proven effective. New methods of communication by professional organizations and a stronger focus on advocacy and nurse practice laws in academic training may lead to more APRNs getting involved in advocacy.

ADVOCACY: A VITAL STEP IN ATTAINING FULL PRACTICE AUTHORITY

SECTION ONE

INTRODUCTION

Currently, APRNs in Ohio have practice restrictions and limitations as a result of state law. In May 2014, nearly 155,000 Ohioans had signed up for health care coverage because of the Patient Protection and Affordable Care Act (PPACA) (Koff, 2014). Between May and October 2014, an additional 100,000 people signed up for Medicaid as a result of the expansion (Rohling-McGee, A., Gilligan, S., Goldberg, J., Ives, T. & Hayes, W., 2014). Additionally, by 2017, Ohio's individual health insurance market will reach nearly 800,000 (HPIO, 2013). Today, the United States Department of Health and Human Services has identified 6100 health professional care shortage areas (HPSA) in the U.S. and 353 of them are in the State of Ohio (2014). As more citizens enroll in healthcare coverage, the already dismal patient/provider ratios worsen.

The problem addressed in this project is that people are being denied access to health care because APRNs in Ohio are still limited by the law (HPIO, 2011; Nurse Practice Act, 2014). Ohio APRNs may not have knowledge about how to advocate for the ability to provide care to the fullest extent of their education and training. The overall goal of this DNP project is to encourage APRN advocacy efforts that will hasten health policy change leading to full practice authority for Ohio APRNs. The objectives of this project include evaluating the knowledge base of Ohio pediatric nurse practitioners (PNP) regarding advocacy, evaluating whether or not Ohio pediatric nurse practitioners desire full practice authority and determining the current level of PNP involvement as health policy advocates. Furthermore, the project will look at involvement in advocacy as it relates to years of

experience and age. The project will also aid in determining the best method for dissemination of information related to health policy.

SECTION TWO

Background

Literature Review

According to the American Nurses Association Code of Ethics, nurses should be involved in “advancing the profession through active involvement in health care policy and have an obligation to work...through political action to bring about social change” (ANA, 2010, Provision 7.1 & Provision 9.4). Advocacy is also noted as a Doctor of Nursing Practice essential for advanced nursing practice (AACN, 2006). In fact, it is imperative that all APRNs stay informed not only of new healthcare policy, but also of changes to existing policy as they relate to health care delivery. According to Carmona (2012), “...to be effective in bringing about meaningful change in organizations and for populations, it is vital to understand political dynamics and policy processes” (p. xxviii). In addition, nurse leaders are “educationally and experientially prepared to assume a prominent role in formulating delivery models” and need to begin building relationships with organizations and politicians to affect the health of the population (McKay and Hewlett, 2009, p. 352)

All advanced practice registered nurses are educated, to some degree, about health policy during educational training. However, according to Priest (2012), advocacy training is not a formal part of nursing education and nurses often train each other in how to be effective advocates at the legislative level. There are also many barriers to getting involved in advocacy, including: time commitment, nurse obligations to institution or patient, and a negative view by some boards of nursing about standing up for policy change (Lewenson, 2012; McKay & Hewlett, 2009). As a result of these barriers many nurses do not keep up

with health policy issues or get involved in advocacy efforts to change practice (Priest, 2012; Hanks, 2007; Mallik, 1998).

Despite these barriers there comes a time when nurses must take advantage of the “window of opportunity” to be effective in changing policy (Berkowitz, 2012). Advanced Practice Registered Nurses (APRNs) in Ohio are facing this “window” as expansion of practice legislation is becoming a more common phenomenon across the nation. Advanced practice registered nurses in Ohio have already seen changes to practice as a result of legislative policy amendments. For example, in 2012, prescriptive practice for APRNs in Ohio expanded with addition of Schedule II controlled medications to the formulary (COHCA, 2012). In 2013, APRNs in Ohio were given the authority to admit a patient to the hospital and were also permitted by law to sign “return to play” post concussive school forms (COHCA, 2013; 2014). These successes for APRNs in Ohio are merely the beginnings of expanding practice to provide better care for patients.

Expansion of practice legislation aligns with recommendations from the Institute of Medicine, the Federal Trade Commission, the National Governors Association, the National Conference of State Legislators and the National Council for State Boards of Nursing (AANP, 2013). In 2013, the Ohio Association of Advanced Practice Nurses (OAAPN) began the endeavor to expand practice for Ohio APRN's. Specifically, APRN specialty organizations were invited by OAAPN to join forces in meeting Ohioan's health care needs by advocating for legislation supporting full scope of practice. These organizations included, the Ohio State Association of Nurse Anesthetists, Ohio Chapter of the American College of Nurse Midwives, Ohio Chapter of the American Psychiatric Nurse Association, Ohio Chapter of the National Association of Clinical Nurse Specialists, the Ohio Chapter of the National Association of Pediatric Nurse Practitioners. Additionally, there is a subcommittee through the Ohio Action Coalition that is looking at scope of practice barriers for nurses in Ohio. The Action

Coalition is a national movement brought on by the Institute of Medicine's Future of Nursing: Campaign for Action report, the Robert Wood Johnson Foundation and the AARP to transform health care delivery through nursing (n.d.). Organizations such as these are making efforts to keep membership informed and involved with legislative issues that impact the care that is provided to patients and empower members to advocate for the profession.

Grassroots advocacy is not a new concept as nursing involvement in advocacy has been discussed in the literature for over three decades (Hanks, 2007; Hewitt, 2002; Mallik, 1998). Many national and state level professional organizations have health policy committees or workgroups to train membership about advocating. Additionally, many large organizations at the national level host an "advocacy day" on Capitol Hill. For example, the American Academy of Nurse Practitioners (2014) hosts a health policy conference annually with organized visits to legislative offices. The National Association of Pediatric Nurse Practitioners hosts a "fly-in" day to Capitol Hill with training of attendees via professional lobbyists and the health policy committee chair (NAPNAP, 2014). In the state of Ohio, Nurses Day at the State House is organized by the Ohio Nurses Association (2014) as a means to empower nurses to take part in grassroots advocacy. Furthermore, the Ohio Children's Hospital Association works with stakeholders in the health care system to influence policy that affects the care of children in the state and much of this work is done via grassroots advocacy (OCHA, 2014).

The American Nurses Association (2013) defines advanced practice registered nurses as primary care providers who are at the forefront of providing preventative care to the public. With a looming physician shortage and expansion of health insurance coverage, removal of barriers to APRN practice must be addressed in a timely fashion. Allowing advanced practice nurses to provide primary care and preventative services within their

full scope of practice will increase access to care. According to the Health Policy Institute of Ohio (2010), by 2017 there will be nearly 800,000 Ohioans who have gained medical insurance coverage as a result of the Affordable Care Act. These patients will be seeking access to healthcare, and APRNs should be a patient choice. Thus, it is now more important than ever for advanced practice nurses to invest time in learning how to advocate for patients in a manner beyond the bedside.

SECTION THREE

SIGNIFICANCE OF THE PROBLEM

According to the Congressional Budget Office, the Patient Protection and Affordable Care Act is expected to expand coverage to nearly 32 million Americans between 2010 and 2019 (Hofer, Abraham, & Moscovice, 2011). Included in this estimate are 1.5 million uninsured Ohioans (Kaiser Family Foundation, 2014). This expansion is anticipated to cause difficulties with access to care by the healthcare consumer because of the decline in the number of primary care physicians graduating annually (Casida, & Pastor, 2012; Muxworthy, & Bowllan, 2011; Lugo et al., 2010). According to the U.S. Department of Health and Human Services, as cited by the Association of American Medical Colleges (2010), there will be a shortage of 45,000 primary care physicians by 2020 to care for the increasing number of healthcare consumers.

In contrast, the 2011 Institute of Medicine (IOM) report on the future of nursing recognizes an increasing number of advanced practice registered nurses (APRNs) graduating annually. According to Marsolf, Auerbach & Arifkhanova (2015), "APRNs make up the fastest growing segment of the primary care professional workforce in the United States" (p.17). To improve healthcare consumer access to care, barriers to practice need to be removed (Casida, & Pastor, 2012; Lugo et al., 2010; Muxworthy & Bowllan, 2012).

Various state regulations and restrictions prevent many APRNs from practicing to the fullest extent of their education and training (AANP, 2013).

The role of the nurse practitioner (NP or APRN) in many states is regulated through state legislation under the Nurse Practice Act (Lugo et al., 2010; Muxworthy, & Bowllan, 2011; Pearson, 2009). The Nurse Practice Act may be implemented solely by the State Board of Nursing or with shared responsibility with representatives of another medical profession (Lugo et al., 2010).

According to the National Organization of Nurse Practitioner Faculties (2013):

A CNP is considered an independent practitioner with full practice authority when both the registered professional nurse (RN) and CNP state licenses do not mandate a practice agreement with a physician or another healthcare provider. A CNP, who is an independent practitioner, has full prescriptive privileges that include the administration and prescription of pharmacologic and non-pharmacologic interventions without a requirement for collaboration, supervision, or oversight by any other health care provider. In addition, CNP prescriptive privileges are not limited to a defined formulary (Background, para. 5)

In Ohio, the Nurse Practice Act and Administrative Rules prevent independent practice and limit prescriptive authority. Consequently, APRNs are not practicing to their fullest scope of education and training and thus, cannot fill the gap created by the decrease in number of physicians and expanded coverage by the PPACA (Nurse Practice Act, 2014).

Grassroots advocacy efforts have led to many states obtaining full practice authority. As of March 2015, there are twenty states plus the District of Columbia, that have granted full practice authority to advanced practice registered nurses and one additional state with legislation awaiting Governor's signature (AANP, 2015). The attainment of

independent practice and prescriptive authority in these states aligns with the National Council of State Boards of Nursing APRN Consensus Model (AANP, 2013). Gutcehl, Idzik and Lazear (2014) recently published an article reviewing the evidence that supports the use of grassroots advocacy as an effective method to remove APRN practice barriers. The authors specifically note successful grassroots efforts resulting in removal of practice barriers in Alabama, Maryland, New Hampshire, Pennsylvania and Vermont.

In 2008, Teater conducted interviews of nine Ohio state legislators to determine the influence of grassroots advocacy via interest groups on legislator voting decision.

According to Teater (2008), "Legislators report lacking adequate information on many issues and seek to fill this gap in knowledge by consulting with interest groups who are deemed experts on the issue" (p. 218). Furthermore, in this study, legislators identified an interest group as "a group of citizens who have a collective interest" and thus interest groups are interchangeable with constituents (Teater, 2014, p. 216).

SECTION FOUR

Problem Statement

The problem addressed in this project is that the Nurse Practice Act and Administrative Rules in Ohio prevent independent practice and limit prescriptive authority and consequently, APRNs are not practicing to their fullest scope of education and training; thus, APRNs cannot fill the gap created by the decrease in number of physicians and increased number of persons covered by PPACA (Nurse Practice Act, 2014). In order to remove practice limitations and aid in increasing access to care in Ohio, APRNs need to advocate for the authority to provide care to the fullest extent of their educational preparation.

SECTION FIVE

Purpose

The overall goal of this DNP project is to encourage APRN advocacy efforts that will hasten health policy change leading to full practice authority for Ohio APRNs. The objectives of this project include evaluating the knowledge base of Ohio pediatric nurse practitioners (PNP) regarding advocacy, evaluating whether or not Ohio pediatric nurse practitioners desire full practice authority and determining the current level of PNP involvement as health policy advocates as it relates to years of experience and age. The project will also aid in determining the best method for dissemination of information related to health policy.

SECTION SIX

Project Implementation

Conceptual Framework

There are a number of theories and conceptual models that describe the process of policy development as it relates to health care. The models provide an understanding of the policy making process and aid in explaining development and implementation of policy (Christoffel, 2000). For example, Kingdon's Policy Streams Model (1995) describes the importance of utilizing the "window of opportunity" to change policy, but does not specifically describe the importance of advocacy knowledge as a strategy during this limited period of time (Berkowitz, 2012). The Advocacy Coalition Framework (ACF) developed by Sabarier and Jenkins-Smith (1999) is another policy framework that describes the policy making process. One construct within this theory is influence of external events on policy (Gagnon, Turgeon and Dallaire, 2006). While this component of the ACF begins to define the significant influence public opinion and advocacy efforts have on policy, it does not

discuss the importance of having knowledge of the advocacy process, and it is knowledge of this process that leads to one's ability to influence policy change.

In 1979, Lindblom described the concept of incrementalism in relation to health policy (Berkowitz, 2012). This is a concept that supports the process of health policy change across the United States. For example, in the State of Ohio over the past several years, there has been slow or incremental expansion of APRN practice as evidenced by the previously mentioned attainment of Schedule II prescriptive authority, authority to write admission orders and the authority to sign return to play forms for post-concussive patients (COHCA, 2012; 2013; 2014). As APRNs in the state begin to seek full practice authority, it will be imperative to effectively influence legislators to deviate from this historical track of incremental policymaking.

Everett Rogers' Diffusion of Innovation Theory will be used to guide this project. While Rogers theory is not specific to health policy, the theory is "... often regarded as a valuable change model for guiding ... innovation where the innovation itself is modified and presented in ways that meet the needs across all levels of adopters. It also stresses the importance of communication and peer networking within the adoption process" (Kaminski, 2011, Theory in Nursing Informatics Column, para. 1). Within this theory, Rogers' (2003) defines innovation as an "idea, practice, or object that is perceived as new by an individual or some other unit of adoption" (p. 12). Additionally, diffusion is defined as "the process by which an innovation is communicated through certain channels over time among members of social systems" (Rogers, 2003, p.5). Another important concept in this theory is in regards to the change agent. The change agent is the individual who influences people (adopters) to make a decision about an innovation that supports making a change (Cain & Mittman, 2002).

The process of applying these concepts to the theory is mapped out in the “S-Curve”, where the idea reaches the majority beginning with innovators spreading ideas by “word of mouth” and ending with those who are skeptical of the idea, but eventually adopt the idea (Kaminski, 2011). Throughout this process there are five stages to adopting an idea. Knowledge or awareness is the first stage. Within this stage, the idea is apparent but is not complete. The next stage is persuasion or interest. In this stage, the interest in the idea leads to information seeking. The third stage is the decision or evaluation stage. In this stage, the individual takes the new idea and information learned and applies it to current or future situations and the idea is attempted. Finally, the fourth and fifth stages of adopting a new idea require the innovator to implement the idea and continuously use the idea (Kaminski, 2011).

The Diffusion of Innovation theory is applicable to the DNP project in the following manner: The change agent, or the DNP student, desired to influence advocacy efforts (the innovation) for APRNs as Ohio begins the process of pursuing full practice authority. According to Rogers’ theory (2003), the change agent introduces the idea to people who will have “consequences that will be desirable, direct and anticipated” (p. 31). The DNP student will introduce this idea to pediatric advanced practice nurses, who will be directly and positively affected by full practice authority.

The DNP student began movement through the stages of adopting the innovation. The first adoption stage, “knowledge and awareness” was realized through personal experience and professional observations in the health care environment. The stage of “interest” was accomplished by completing a needs assessment and a literature review. The project continued into the third and fourth stages of “evaluation” and “implementation” with the DNP student beginning to influence others (change agent). These stages carried the project further when the DNP student introduced the topic of advocacy to a peer

network (NAPNAP) by evaluating APRN knowledge of advocacy, involvement in advocacy and ability to define full practice authority. Additionally, success of this project will aid in dissemination of information regarding advocacy and full practice authority, ultimately influencing advocacy efforts.

Methodology

The DNP project used a mixed methodology design that included the collection of quantitative and qualitative data to investigate APRN knowledge and involvement in advocacy; particularly the desire for full practice authority. More specifically, the project examines the knowledge base of Ohio pediatric nurse practitioners (PNP) regarding advocacy, evaluates whether or not Ohio pediatric nurse practitioners desire full practice authority and determines the current level of PNP involvement as health policy advocates as it relates to age and years of experience. The project will also aid in determining the best method for dissemination of information related to health policy. Knowledge gained will be used to support advocacy efforts of pediatric APRNs in Ohio through Ohio NAPNAP newsletter, educational sessions at conferences and continuing education offerings at this DNP's institution.

Setting

The DNP project was conducted via survey questionnaire between October 8th and November 5th of 2014.

Sample

Non-random purposive sampling was used. The sample consisted of nurse practitioners that belonged to the Ohio Chapter of the National Association of Pediatric Nurse Practitioners. Inclusion criteria for participants were: nurse practitioner caring for pediatric patients, and membership in NAPNAP. At date of implementation of the survey there were 407 active NAPNAP members. The Ohio NAPNAP chapter is one of the largest

chapters in the United States. According to the Pediatric Nursing Certification Board there are 971 pediatric nurse practitioners in Ohio who are actively certified and licensed (M. Jones, personal communication, October 29, 2014). The American Nurses Credentialing Center certified over 3, 000 pediatric nurse practitioners and 255 pediatric clinical nurse specialists in 2013, nationally (ANCC, 2013).

Study Instrument

According to Sinkowitz-Cochran (2013, p. 1158), “surveys provide a powerful tool for standardizing the collection of information across a population of respondents”. The questionnaire that was used to conduct the survey was designed through Survey Monkey ®. The end result generated a survey of 19-questions (Appendix A). Questions were derived from the literature review on political activism of nurses, including DNP involvement in healthcare policy and advocacy and were intended to assist in recognizing APRN knowledge of advocacy, involvement in advocacy (i.e. institution, local, state, federal), knowledge of and need for APRN full practice authority and lobbying experience. One question requested participants preferred method of receiving information about health policy issues affecting APRN practice. The final four questions gathered demographic information, which included years of experience as an APRN, generation, and type of practice. These questions will be used to determine if there is a correlation between age and years of practice with knowledge of advocacy and APRN full practice authority.

Questions were asked in multiple formats, including eight multiple choice; six open-ended questions and five questions asked in a yes/no format. The survey was pilot tested and reviewed by the expert DNP project committee for content validity and to assess for instrumentation bias (Terry, 2012). Additionally, the survey was sent to board members of Ohio NAPNAP for review and suggestions for clarity.

Procedure

The doctoral project was proposed and accepted by the student's DNP committee in July, 2014. Institutional review board approval was obtained for this study through Otterbein University in September, 2014. The project was budgeted at \$420 to support cost for data collection tools and data analysis software (Table 1). Additionally, the incentive to aid in higher response rate also resulted in an expense. Grant funding was obtained through the Otterbein University student research fund to cover the costs of data software, Survey Monkey ® subscription and also incentive for survey completion.

Table 1 Budget

Expenses	Cost	SRF Request	Additional Funding
Survey Monkey Subscription (50% student discount)	\$150	\$150	NA
Nvivo Subscription	\$120	\$120	NA
Target Gift Card	\$150	\$130	\$20
Totals	\$420	\$400	\$20

In July, 2014 the Ohio Chapter of NAPNAP agreed with the DNP student's request to recruit from membership. A letter that indicated support from the Ohio NAPNAP organization was received in conjunction with the survey link and explained the reason for the survey and why respondents' input is so valuable (Sinkowitz-Cochran, 2013) (Appendix B). The letter also indicated that completion of the study also implied consent to participate. The questionnaire was distributed to Ohio NAPNAP membership through the "My Communities" email communication tool on the National NAPNAP webpage. The communication tool sends email correspondence to all active members of Ohio NAPNAP. Review of several articles on optimal timing for survey invite suggested that surveys sent

mid- week in the mid- afternoon yielded higher response rates (Landis-Shack, 2014; Quinn, 2009). The survey invite was sent on Wednesday, October 8, 2014 at 3:30PM. A reminder email was sent to Ohio NAPNAP members on Wednesday, October 22, 2014, again at 3:30PM. Data collection ceased on November 5, 2014. Data analysis began in December and completed in March, 2015. Initially, the DNP student intended to use NVivo for data analysis. However, a statistician volunteered to aid in data analysis and used SAS®, version 9.3 (SAS Institute, Cary, NC).

In 2008, Flanigan, MacFarlane and Cook published a study that included a discussion on how surveys with physicians and other medical professionals should be conducted. The literature review revealed that because of demanding work schedules and flood of unsolicited mail medical professionals receive, response rates were nearly 10% lower than the general population. Since the target population of this DNP project is APRNs, work demands and email quantity are likely very similar. Therefore, to aid the number of responses a gift lottery for a \$150 Target gift card was held the week of December 1, 2014.

SECTION SEVEN

Outcomes and Analysis

Data Analysis

Data was analyzed by adapting a well-known methodological process known as constant comparison or grounded theory. Grounded theory was first developed by Glaser in 1967 and is a general research tool that allows a researcher to find explanation for an area of concern and gain an understanding of how the concern is resolved or processed (Scott, 2009). The methodological stages of grounded theory which were used by this DNP student are presented in Table 2 below:

Table 2. Methodological Stages of Grounded Theory Analysis

1. Identified area of interest is nurse practitioner involvement in and knowledge of professional advocacy
2. Collected data using an electronic questionnaire that resulted in qualitative and quantitative data.
3. Data was open coded using integers to represent quantitative responses
4. Memos were written throughout the process to find themes among open ended questions; subjects were then reviewed individually and the thematic variables were coded using 0 to represent not an identified theme and 1 to represent an identified theme
5. Conducted selective coding and theoretical sampling. After review of the themes, relational stats were collected to aid in defining the issues.
6. Memos/stats were reviewed to give further explain of why APRNs are not involved in advocacy, why they are not knowledgeable or why they may not desire to have full practice authority.

The results of the questionnaire were reviewed at completion of the survey period and initially analyzed by Survey Monkey ®. The DNP student reviewed results and additionally began to analyze responses to open ended questions for themes. Data was sent to statistician for review and for assistance in coding responses. Initially, analyses were run to address the research questions 1) Are APRNs knowledgeable about professional advocacy? 2) Are APRNs involved in professional advocacy? 3) Do APRNs in Ohio desire to have full practice authority? Results of these questions were reported as frequencies and are shown in Tables 3, 4 and 5, respectively.

Table 3 Knowledge about Advocacy

Would you be comfortable participating in "advocacy" efforts on behalf of the APRN profession and patients and families at the state or federal level?	
Comfort	Frequency Total N = 78 (%)
No, I don't feel comfortable, but would love to learn.	17 (21.7%)
No, this is not something that interests me at this time.	28 (35.8%)
Yes, but I would need a refresher on how to do this.	16 (20.5%)
Yes, call me anytime.	17 (21.7%)

Table 4 Methods of Involvement in Advocacy

APRN involvement in Advocacy	N (%) Total N=78
Letter writing campaigns	40 (51.3%)
Meetings with legislators/policy makers	11 (14.1%)
Aided in changes within institution	31 (39.7%)
Other	3 (3.8%)
Not involved	23 (29.5%)

Table 5 APRNs Knowledge of Ohio Practice Law

Do Ohio APRN's have Full Practice Authority?	
	Frequency Total N = 78 (%)
I am not sure	3 (3.9%)
No	67 (85.9%)
Yes	8 (10.3%)

After review of the initial research question, this DNP student found it pertinent to the problem of interest to further investigate the demographics of the APRNs who are knowledgeable and involved in advocacy and those who are not; as well as those who seem familiar with the nurse practice act and full practice authority and those who are not. Additionally, the DNP student desired to find out if an association existed between APRN's who thought that the Nurse Practice Act in Ohio allowed for full practice authority for advanced practice nurses and those APRN's who were not involved in advocating for the profession. Chi-Square and Fisher's exact tests were used to look for associations between these variables. Lastly, the DNP student sought to determine the best method of communication and education to those who identified advocacy as an area of interest.

Results

Seventy-eight advanced practice registered nurses who were members of the Ohio Chapter of the National Association of Pediatric Nurse Practitioners responded to the survey. Forty-four of the respondents had more than 10 years of experience and 66 of the respondents were reportedly between 35 and 68 years of age. The majority of participants (80%) reported that they felt their practice was independent and did not require daily dependence on collaborating physician. Sixty-four percent of respondents have a full-time clinical role and over 87% are primary care providers certified in pediatrics.

Full Practice Authority

Of the 78 respondents, 67 APRN's were aware that Ohio law does not allow for full practice authority for nurse practitioners; while 11 were "not sure" or thought that nurse practitioners already had full practice authority. Of these eleven respondents, four of them reported 3 years of experience or less and interestingly, six APRN's reported more than 10 years of experience (Table 6). Of those that believe Ohio APRN's already have full practice

authority or are not sure, 73% practice independently and do not rely on a physician daily to care for patients. Interestingly though, three APRNs were able to identify barriers to delivery of care in day-to-day practice due to having to collaborate with a physician or to get prescriptions approved.

Table 6 Association between Experience and Knowledge of Ohio Practice Laws

	Do APRNs in Ohio have Full Practice Authority?		
Years of Practice	Yes/Unsure	No	Total
10 or less years	5	29	34
More than 10 years	6	38	44
Total	11	67	78

P-value=1.00

The number of years of experience is not significantly associated with knowing whether or not APRNs have full practice authority (p=1.00).

The vast majority of Ohio NAPNAP members are aware the Ohio law does not allow for full practice authority, and it was clear that most members believe that a nurse modernization act would be a positive change (Table 5 and Table 6). Ten respondents identified safety issues as a result of limitations to APRN practice. Themes that emerged from review of open-ended responses were safety issues with ordering durable medical equipment, issues with delay in implementation of care and the inability to order medications. However, identification of safety issues was not significantly associated with desire for full practice authority for Ohio APRN's (Table 7).

Table 7 Association between Identification of Safety Issues and Desire for Full Practice Authority

	Does Full Practice Authority Positively Impact Patient Care?		
Safety Issues Identified?	Yes	No/Unsure	Total
Yes	10	0	10
No	34	8	42
Total	44	8	52

P-value=0.33

Identifying safety barriers was not significantly associated with if APRNs thought having full practice authority would positively impact patient care (p=0.33).

However, thirty- three respondents identified delays in care delivery as a result of limitations in APRN practice and this finding was significantly associated with the desire for full practice authority (Table 8). Themes that emerged were inability to delegate medication administration to unlicensed medical personnel, the need to collaborate with a physician on plan of care, the inability to write for a medication, the inability to write for home care orders, and the lack of authority to discharge a patient.

Table 8 Association between Identification of Delays in Care Delivery and Desire for Full Practice Authority

	Does Full Practice Authority Positively Impact Patient Care		
Delay of Care Identified?	Yes	No/Unsure	Total
Yes	32	1	33
No	23	7	30
Total	55	8	63

P-value=0.02

Identifying delay of care due to barriers was significantly associated with if APRNs thought having full practice authority would positively impact patient care ($p=0.02$).

Again, however, looking at the 11 who said no it would not be a positive change or “not sure”, nearly 50% of these respondents had over 10 years of experience, nine work independently, only one identified an issue with delay of care delivery, specifically discharging patients and none were able to identify safety issues in day to day practice.

Advocacy

Advocacy involvement was reported by over two-thirds (70%) of the respondents at varying levels including: letter writing campaigns (51%); meetings with policy makers (14%); institutional advocacy (38%). Two respondents felt that membership in professional organizations was considered involvement in advocacy. Of the 23 respondents who are not involved, 15 report less than 10 years of experience and 8 report more than 10 years of experience. The number of years of experience was significantly associated with involvement in advocacy ($p = 0.02$)(Table 9). Reasons for not being involved were reported to be lack of support, lack of information, new to the role, not an area of strength and overwhelmingly, lack of time (56%). Eleven of the 23 respondents (48%) who were not

already involved in advocacy said that they are interested in participating despite not being comfortable or knowledgeable (Table 9). Those who are not involved in advocacy but would like to be, belong to every generation, have varying years of experience and the majority work full-time in the clinical arena. Overall, 64% of respondents said they are ready to be involved in advocating for the profession or would love to learn.

Table 9 Association between Experience and Advocacy

	Involved in Advocacy		
Years of Practice	Yes	No	Total
10 or less years	19	15	34
More than 10 years	36	8	44
Total	55	23	78

P-value=0.02

The number of years of experience was significantly associated with involvement in advocacy ($p=0.02$).

Communication

The respondents preferred method of communication about advocacy opportunities and education across all generations was email (69%). Other first preference methods of communication are as follows website postings (21%), conference educational sessions (6%), Facebook (4%), and Twitter (0%).

SECTION EIGHT

Conclusion, Summary and Recommendations

Discussion

There appears to be a lack of knowledge of the issues as well as a lack of knowledge and training to be a successful advocate. While many respondents to the survey were able to identify delays in care (n=33), several reported issues that were not a result of the Ohio nurse practice act. For example, many reported issues with the ability to order homecare or durable medical equipment (n=6) While this is a barrier to care, it is not a barrier that results from the state nurse practice act, rather an issue at the level of the federal government. Also several nurses reported issues with the ability to order stimulant medications for patients in Kentucky (n=4). This again is not a barrier that is a result of the Ohio nurse practice act.

Overall 70% of respondents to the survey report being involved in advocacy, with the vast majority reporting involvement in letter writing campaigns. Of those not involved in advocacy, over half report that they are interested in participating. According to the results of this DNP project, it appears that years of experience, as a pediatric nurse practitioner is associated with involvement in professional advocacy. As seen in literature about professional advocacy, time appears to be the largest barrier to involvement in advocacy efforts. Professional advocacy requires a significant commitment and many nurses are not able to devote the time needed for successful advocacy (Priest, 2012).

Eighty-six percent of respondents felt that full practice authority in Ohio would have a positive impact on patient care delivery and another 9% were not sure. Those respondents who were not sure about the impact of full practice authority primarily had independent practice without having to rely on the collaborating physician. However, two reported supervisory practice that requires daily dependence on the collaborating

physician to care for patients. Three had previously been involved in professional advocacy efforts, which suggest that barriers to care have been encountered, though only one was able to identify a current barrier. The four respondents who did not identify full practice authority as a positive impact on patient care, practiced independently without reliance on the collaborating provider, had not encountered delays in care or safety issues with patient care delivery. Perhaps the biggest concern that surfaced from this study is the lack of knowledge regarding the nurse practice act in Ohio. Nearly 10% of respondents said that Ohio was either a full practice authority state or that they were not sure if we had full practice authority; and over half of these respondents have been in practice for more than 10 years.

Ohio has historically been a state that makes changes incrementally, but APRN's have been relatively successful in the past decade in removing barriers to care. There have been multiple changes to the Ohio Board of Nursing Formulary, the addition of Schedule II prescribing, the authority to sign birth certificates and the authority to clear a child after concussion to return to athletic play, just to name a few. Is it possible that the number of practice changes over the past decade have led experienced APRN's to assume there are no barriers left to providing care? Perhaps it is that the limitations to the nurse practice act are not encountered by these APRN's? Or, the worst case, maybe these APRN's have not read the nurse practice act.

Nurse practitioners may be willing to be professional advocates, however if they are not armed with the appropriate information, despite good intentions, their efforts could harm a campaign for change. According to Priest (2012), "one of the major barriers to successful nursing advocacy is a lack of education and training in advocacy during formal nursing education" (p.36). Part of this training is learning the issue and how it affects the patients of all APRN's, not just one individual APRN. Overall, it is concerning that 44% of

respondents do not report any educational preparation or encouragement to participate in professional advocacy. At a time when change in healthcare is necessary to provide better care for patients, it is imperative that APRN's feel empowered by the profession and feel a responsibility to advocate on behalf of patients and families.

Conclusion and Recommendations

The findings of this DNP questionnaire support the literature that indicate nurses are not involved in advocacy due to lack of time and lack of knowledge of the issues. The time commitment with involvement in professional advocacy is a considerable one. However, the impact of grassroots efforts to change legislation has proven to be effective and may result in an increase in clinical availability that allows the APRN to care for more patients.

Lack of knowledge of the issues is concerning. All nurses should be familiar with what they can and cannot do for patients. According to the National State Council for Boards of Nursing (2015), "the nurse practice of nursing is a right granted by the state...the laws of the nursing profession can only function properly if nurses know the current laws governing practice in their state" (para. 5).

In addition, the findings indicate a need to keep advanced practice nurses better informed of the law, changes to regulations and to encourage involvement in professional advocacy (Lewenson, 2012; McKay & Hewlett, 2009, Priest, 2012). The advanced practice nurses that participated in this project were all members of a professional organization, which allows the opportunity to communicate with membership through various methods of media. But what about those who do not belong to an organization or work at a large institution who ensures compliance and informs employees of changes to practice? How do they stay informed? How do they get involved?

Limitations

There were several limitations to this study. First and foremost, the study used convenience sampling (DNP student's professional organization members) via electronic survey media. The survey return rate was low at just under 20%. There were a few respondents that reported an inability to complete the survey due to difficulties with the survey administrator, which may have impacted the rate of return. Additionally affecting the response rate, the letter sent to recruit participants requested involvement of pediatric nurse practitioners, however, not all members of the organization are board certified PNP's. For example, there were several participants that emailed they could not complete the survey because they were family nurse practitioners who worked in pediatrics. This limitation of the study was replicated in the questionnaire tool itself (even though scrutinized by an expert panel for validity) as some of the wording might not have been implicit enough to be generalizable to all Ohio NAPNAP membership.

Implications for Practice

Nationally there are many worries regarding issues with access to care as a result of the healthcare expansion. Additionally, the looming primary physician shortage has raised this level of concern. The National Council for State Boards of Nursing and the APRN Consensus Workgroup have written recommendations to implement a new national licensure, accreditation, certification and education (2008). In order to follow these recommendations, state nurse practice acts have to change and nurses and nurse practitioners alike need to aid in a successful advocacy campaign by getting involved.

Based on the findings of this study, professional organizations need to do a better job keeping members informed of the importance of efforts made to change practice laws. The vast majority of members still indicate good old-fashioned email as a preferred communication method. Professional organizations have the ability to email membership

via a list serve, making this communication fairly easy as long as members take responsibility to update contact information. Additionally, nurse practitioners must have a better understanding of the nurse practice act and implications to practice prior to licensure. State boards of nursing could include changes to law with the bi-annual licensure as a mandatory module for completion. While law and rule is denoted in continuing education it may be too generalized. Additionally, universities should make health policy and advocacy a larger focus. Advocacy, albeit part of the curriculum, is a forgotten entity by many.

This DNP student intends to take the results of this study back to the Ohio NAPNAP board and will begin providing education about the issue of full practice authority via monthly email. Additionally, a Facebook page has been created and a conference session is being discussed. While these ideas may reach the Ohio NAPNAP membership, it does not impact all APRN's in Ohio. Ultimately to be successful in a campaign for full practice authority in the state proponents need to have a better understanding of why not all APRN's desire to have full practice authority and how to get more APRN's involved in advocacy when time is such an evident barrier. Reflecting upon this project, this DNP student would like to suggest the following words by Eileen O'Grady and Loretta Ford (2012), "When Florence Nightingale defined the role of the nurse, she saw patient advocacy in its broadest sense and considered influencing and educating policymakers as foundational to the role. As we follow her example, it is imperative to advocate on behalf of our patients with one strong voice" (p. 400).

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APPENDIX A

APRN Advocacy and Practice

Welcome to My Survey

My name is Mandi Cafasso and I am a DNP student at Otterbein University. My scholarly project is to assess Pediatric Nurse Practitioners knowledge of health policy issues and involvement in advocacy for the profession in the state of Ohio, using a brief survey. The information gathered from this project will be used to develop methods to better inform APRN's in Ohio about health policy issues and also provide support for grassroots advocacy efforts.

The survey will take you about 15 minutes to complete and is voluntary. All information will remain confidential and by completing the survey you will have provided informed consent and agree to have your responses used for the study. You may withdraw at any time without penalty. No identifiable information will be collected with the survey. If you choose to provide your email address to be **eligible for a \$150 Target gift card**, I assure you that your name will not be associated in any way with the research findings. If you would like additional information concerning this study before or after it is complete, please feel free to contact me by phone or email.

The survey will be open from Wednesday October 8 through Wednesday November 5. Drawing for the gift card will be held the first week of December.

Thank you in advance for your participation.

Mandi Cafasso, RN, MSN, CNP
Cincinnati Children's Hospital Medical Center
Mandi.cafasso@otterbein.edu
513-803-0161

APRN Advocacy and Practice

1. Do advanced practice registered nurses (APRN) in Ohio have full practice authority (defined by the National Organization of Nurse Practitioner Faculties as independent practice without mandate of a practice agreement, and full prescriptive privileges)?

- ☐ Yes
☐ No
☐ I am not sure

2. Do you think APRN's having full practice authority positively impacts patient care?

- ☐ Yes
☐ No
☐ I am not sure

3. In working with a physician, according to your collaboration agreement, do you feel your practice is:

- ☐ Independent. I do not rely on a physician daily to finish my work.
☐ Dependent. I rely on a physician daily to finish my work
☐ Supervised. I cannot finish my work without daily contact with a physician

4. Have you seen issues in delay of patient care delivery (i.e. delayed discharge, delay in medication administration/ prescriptions, etc.) because of barriers you have encountered in practice? If so, please explain.

5. Have you seen issues in patient safety because of barriers you have encountered in practice? If so, please explain.

6. Have you practiced in a state other than Ohio?

- ☐ Yes
☐ No

7. If yes, what state did you practice in?

8. Did your practice change in any significant way upon coming to Ohio? Please explain.

For purposes of this questionnaire "advocacy" will be defined according to the American Nurses Association (ANA) ethical standards Provision 7.1: "advancing the profession through active involvement in health care policy" (ANA, 2010).

9. Have you been involved in "advocacy" in the past 5 years in any of the following ways:
(Please check all that apply).

- ☐ Letter writing campaigns to legislators or other policy makers (Governor, President, state or federal agency such as Job & Family Services or CMS).
☐ Meetings with legislators or other policy makers.
☐ Aided in implementing changes in policy within my place of employment.
☐ Not involved
☐ Other (please specify)

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10. If you have not been involved in "advocacy", what has prevented you from doing so?

11. Would you be comfortable participating in "advocacy" efforts on behalf of the APRN profession and patients and families at the state or federal level?

- ☐ Yes, call me anytime.
- ☐ Yes, but I would need a refresher on how to do this.
- ☐ No, I don't feel comfortable, but would love to learn.
- ☐ No, this is not something that interests me at this time.

12. Aside from professional "advocacy", have you been involved in advocacy in your community for local issues- i.e. school issues; zoning or land usage?

- ☐ Yes
- ☐ No

13. Did you have any educational preparation/encouragement related to "advocacy" such as a health policy course or a role model or mentor?

- ☐ Yes
- ☐ No

14. How many years have you practiced as an APRN?

- ☐ 0-3 years
- ☐ 4-6 years
- ☐ 7-10 years
- ☐ More than 10 years

15. Which generation do you belong to?

- ☐ Veterans (over age 68)
- ☐ Baby Boomer (50-68 years)
- ☐ Generation X (35-50 years)
- ☐ Millennials (under 35 years)

16. What is the best way for Ohio NAPNAP to provide communication or education to you about legislative changes impacting practice? (Please rate in order of preference).

<input type="checkbox"/>	Ohio NAPNAP Website
<input type="checkbox"/>	Facebook
<input type="checkbox"/>	Twitter
<input type="checkbox"/>	Email Blast
<input type="checkbox"/>	Conference Session

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17. Other suggestions for communication/ education?

18. What best describes your role as an APRN? (Please select all that apply)

	Hours designated
Clinical Practice	<input type="text"/>
Education	<input type="text"/>
Management	<input type="text"/>

19. What best describes your certification? (Please check all that apply).

- ☐ CNS
☐ FNP
☐ NNP
☐ PNP- primary care
☐ PNP- acute care

Other (please specify)

If you would like to be entered into the drawing for \$150 Target gift card please provide your contact information below. This information will not be associated in any way with the research findings.

20. Please provide name and email address as a method of contact if you are to win the gift card.

APPENDIX B

My name is Mandi Cafasso and I am a DNP student at Otterbein University. My scholarly project is to assess Pediatric Nurse Practitioners knowledge of health policy issues and involvement in advocacy for the profession in the state of Ohio, using a 15 question survey. The information gathered from this project will be used to develop methods to better inform APRN's in Ohio about health policy issues and also provide support for grassroots advocacy efforts.

The survey will take you about 15 minutes to complete and is voluntary. All information will remain confidential and by completing the survey you will have provided informed consent and agree to have your responses used for the study. You may withdraw at any time without penalty. No identifiable information will be collected with the survey. If you choose to provide your email address to be eligible for a \$150 target gift card, I assure you that your name will not be associated in any way with the research findings. If you would like additional information concerning this study before or after it is complete, please feel free to contact me by phone or mail.

Thank you in advance for your participation.

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