

# Advanced Practice Registered Nurses in Vermont

## 2013 BOARD OF NURSING RE-LICENSURE SURVEY

Summary prepared by: University of Vermont AHEC Nursing Workforce, Research, and Development

### Board of Nursing APRN License Information

As of April 1, 2013 there were 575 active Advanced Practice Registered Nurses (APRNs) licensed in Vermont. This indicates a 27% increase (123 APRNs) from 2011.

### Re-licensure Survey Purpose

The UVM Area Health Education Center's (AHEC) Nursing Workforce initiative conducts a biennial re-licensure survey of Vermont's APRNs in order to provide Vermonters, healthcare employers, educators and policymakers with useful information on the status of this important segment of the nursing workforce.

### Methods

The invitation to participate and a paper survey were included in re-licensure materials sent out by the Vermont Board of Nursing to 593 APRNs licensed in Vermont as of January 1, 2013. A reminder postcard was sent at two weeks and a replacement paper survey was mailed to all APRNs who did not initially participate at four weeks. A paper survey was also available at the Board of Nursing.

### Results

The survey was completed by 340 APRNs (57% response rate). Of those, 294 APRNs reported working in Vermont and were used in this analysis. (N=294)

#### Sample Demographics

- 93% female; 7% male (Nurse anesthetists are 44% male and Certified Nurse Midwives are 100% female)
- 95% Caucasian
- Mean age of 52.5 years (range: 27–71 years). The clinical nurse specialist has the highest mean age (61 years)
- Most commonly reported years as an APRN was 11-15 years (23%)
- Primary location of practice for 65% of the APRNs was in Chittenden (36%), Rutland (8%), Washington (7%), Windham (7%), and Caledonia (7%) counties.

### Education

The majority were first qualified with a baccalaureate in nursing (48%), but 13% entered nursing at the master's level, 20% with associate's degree, 13% with a diploma, and 5% as a LPN. The master's degree in nursing was the most common (76%) highest degree earned. A doctor of nursing practice (DNP) was reported by 3%, a PhD in nursing by 1%, and 3% with a doctoral degree in another field. Six individuals (2%) reported enrollment in doctoral education programs.

### LICENSED/CERTIFIED AS

Nurse Practitioner (231)	75%
Certified Nurse Midwife (27)	9%
Clinical Nurse Specialist (26)	9%
Certified Registered Nurse Anesthetist (23)	8%

### PRACTICE SETTING FOR DIRECT PATIENT CARE\*

Setting	Percent*	Response
Physician/APRN Practice	26%	97
Hospital-Based: Outpatient	24%	91
Hospital-Based: Inpatient	16%	60
Other*	13%	50
Community Health Center (FQHC)	9%	35
Solo APRN Practice	5%	18
School or College Health Center	3%	12
Extended Care/Nursing Home	2%	9
APRN Practice Group	1%	5
Business or Work Site	0.3%	1
Home Health Agency	0.5%	2

\*Other included Mental health clinics (7), Rural health clinics (7), Planned Parenthood (3), Corrections (3), and others (30).

The most commonly reported number of years working in their current position was 1 to 5 years (31%). Eleven percent have worked in their current positions for more than 20 years. Full time employment is reported by 61%.

The majority (77%) reported working in only one position. One percent reported being “traveling” nurses. Hospital privileges were reported by 30%. Eighty-seven (87%) percent reported that they will accept new patients, with 77% accepting new Medicare patients and 83% accepting new Medicaid patients.

### Primary Job Responsibilities

- 92% reported direct patient care as their primary activity
- Patient populations that APRNs work with include: adult (43%), all ages (28%), pediatrics (12%), geriatrics (13%), and neonates (4%).

### Job Satisfaction

- 94% reported satisfaction with their APRN position with 61% reporting being “very satisfied”.
- Of those reporting they were likely to leave their current position in the next year, the most common reasons were: Management practices (15%), Retirement (14%), Job Stress (14%) and Salary and Benefits (13%).

### Discussion

In 2011, a Board of Nursing rules change affecting APRN licensure was approved. As of April 30, 2012, APRN’s full practice authority (after a two year period of collaboration with another APRN, MD or DO), was fully implemented. This was a change from the requirement of having a collaborating MD identified in order to be licensed as an APRN in VT. The Physician/APRN practice setting continues to be the most popular place for APRNs to practice and this is consistent with previous APRN surveys since 2003<sup>1</sup>. Only a few respondents reported a solo APRN practice (n=18) or an APRN group practice (n=5). This represents only a slight change from 2011 in an area of interest after the rules change.

The mean age of the VT APRN workforce has increased over the past decade from 48.5 to 52.5 years and the APRN workforce still lacks gender and racial diversity. Educational preparation at the Master’s level continues to climb (76%). The majority of APRNs are nurse practitioners and the most common specialty in this group is family nurse practitioner (43%); this has been consistent over the past decade. In this sample, working in one employment setting was slightly more common (77%) than it had been in the past (57–68%). APRNs continue to report high satisfaction with their current position and the vast majority responded they were unlikely to leave their position in the next year. However, compared to the previous four surveys, fewer reported “salary/benefits” as a reason for leaving and more reported management practices.

### Summary

This APRN workforce cares for Vermonters of all ages with varied healthcare needs in a range of settings. This workforce will undoubtedly be important for increasing access to healthcare for Vermonters in the years ahead. More accurate accounting of the Vermont APRNs will be possible with mandatory electronic re-licensure “census” surveys in the future.

### For more details:

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Visit [www.vtahec.org](http://www.vtahec.org) to download APRN license specific workforce presentations.

References: 1 Palumbo, MV., Marth, N., Rambur, B. *Advanced Practice Registered Nurse (APRN) supply in a small state: trends to inform policy (2011). Policy, Politics & Nursing Practice. May 25, 2011 online publication, DOI: 10.1177/1527154411404244.*

