Business practice knowledge of advanced practice nurses in Nevada

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Thesis Approval
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ABSTRACT

Business Practice Knowledge
Of Advanced Practice
Nurses in Nevada

By

Sandra J. Wheaton

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Advanced practice nurses (APNs) are entering into employment practice relationships and working in a variety of clinical practice settings without the benefit of adequate preparation in organization management, business and finance. While the evolution of APN clinical expertise is well documented, their knowledge base in organizational management, business and finance is not. This exploratory, descriptive study discovers what business knowledge APNs in Nevada possess and their perception of its adequacy for practice.

A 28-item questionnaire was mailed to all APNs registered with the Nevada State Board of Nursing. Eleven items describe the population. The remaining items address the research questions: 1. What business knowledge do APNs possess regarding practice as APNs? 2. Do APNs perceive their current level of business knowledge to be adequate for their current practice as APNs? The data reveal that Nevada APNs are unaware of their organizational and financial business management knowledge deficiency.
ACKNOWLEDGEMENTS

The completion of this project was accomplished only by the grace of God and a few people who worked as hard as I did. These few tolerated my many moods while standing firm to support and guide me. I can never repay the debt, but will always feel an immeasurable gratitude. To my mentor, confidant and friend, Jean Lyon—thank you. To my husband, Jim, thanks for believing in me when I could not, thank you. To my friends and peers who listened with empathy while I vented my frustrations, thank you. And to my children who gave up weekends of fun to help me with my research, thank you.
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CHAPTER 1
INTRODUCTION

Advanced practice nurses (APNs) in Nevada are entering into employment practice relationships with physicians in a variety of practice settings. Such a relationship requires understanding basic business and organization functions to insure the best possible business arrangement for the APN. Components critical to business savvy are skills such as negotiating employment contracts, understanding organization management, and understanding fiscal management including economics, finance and accounting (Wing, 1998). An APN’s knowledge base should also include an understanding of the long-term implications of business agreements and how clinical practice succeeds or fails as a business. With an adequate foundation in business, APNs will thrive as professionals and continue to move health care toward the goals of providing quality health care in a competitive economic market.

Problem

Advanced practice nurses are entering into employment practice relationships and working in a variety of clinical practice settings without the benefit of adequate preparation in organization management, business and finance.
Purpose

The purpose of this study is to discover what business knowledge APN’s in Nevada possess, where and when they acquired their knowledge, and whether they perceive their knowledge base to be adequate in regards to their practice situation. The type of business management knowledge an APN possesses is critical to financial success or failure, unless he or she is an employee with no accountability for the success of the practice. Something as simple as signing an employment contract that limits future employment could be devastating if the APN decides to leave the practice.

Determining when and where business management knowledge was gained offers insight to the APN’s level of preparation for the complexities of business in medical practice and subsequent satisfaction with his or her current employment situation. Many have discovered after entering practice that basic business knowledge was necessary for their personal success and growth in their practice situation. Frequently, APNs enter into practice considering only their ideals—to help people. Baxter, (1998), states nurses want to help people, most other professions want to make money. Most nursing programs agree with this thought and therefore do not generally include business management content in their curricula. APNs who understand they are entering business and prepare themselves to participate in business are able to place themselves in a desirable employment situation from the start. They are also more cognizant of practices involving contracts, cost containment, resource procurement and other economic considerations of business.

Finally, assessing APNs perception of their current business knowledge will lend valuable input to future studies regarding the business success of APNs. Many may
perceive they have adequate knowledge without realizing the long term consequences of their actions such as jeopardizing their ability to change practice locations within the same geographic locale because of contract limitations. Some may believe they do not need to know about business as management since such matters are “handled” by others who are educated in business as a primary career.

Significance

The use of APNs as health care providers has increased dramatically in the last decade (Leccese, 1998). This is partially in response to the proven cost effective quality care provided by APNs and partially due to public demand for a more holistic approach to their health care needs (Lugo, 1997). The number of APN programs in the United States has increased in the last five years, resulting in an increase in the number of APN graduates entering the work force. The demand for APNs crosses many employment settings including private practice, clinics and health maintenance organizations. However, according to economic theory (refer to Figure 1, Appendix C), as the numbers of APNs increase, the positions available may decrease leading to increased competition for those positions. Only those with an ability to participate in business management and understand their economic position will be successful over the long term.

Third party reimbursement for primary care services is decreasing. A decline of reimbursement from all sources combined with increases in operational overhead costs has led to a decrease in profit margins for the provider, as would be predictable in economic theory and thus adding to a more competitive atmosphere. Clinical expertise is not sufficient. Business savvy is critical to the continued and future success of the professional APN (refer to Figure 2, Appendix C).
Advanced practice nursing frequently has removed the nurse from direct patient care into management or teaching positions. Even clinical nurse specialists, while in the clinical setting, were not directly responsible for patient care, rather the management of nursing care. However, with the advent of nurse practitioners several decades ago, APNs began a new role placing them back in a direct and cooperative relationship with patients. As all advanced practice nursing roles continued to evolve and expand, few have required any significant level of business knowledge.

Growth of public acceptance, and frequently preference, of primary health care delivery by APNs has hinged on their clinical credibility. The literature provides ample documentation on the change in the APN’s role and development of clinical competence. Only in recent years, however, have APNs been faced with the challenge of participating directly in the business decisions of practice. Consequently, little can be found in the literature to offer APNs guidance in or validation of their current and future practice situations.

Legal changes broadening the scope of practice and changes in financial resource acquisition, which now allow direct reimbursement to APNs, have contributed to the
need for APNs to enter practice with at least a minimum knowledge base in business. Such a knowledge base includes knowing what resources are available, how to access those resources for patients and how to be reimbursed for services provided by the APN. Therefore, the literature review will be focused on the history and evolution of the APN role, the evolution of health care delivery, scope of practice of APNs in Nevada and nationally, current curricular content, the current issue, and business management skills necessary for success in practice.

**History and Evolution of the APN Role**

Advanced Practice Nursing currently includes nurses with a Master’s degree in Nursing: nurse midwives, clinical nurse specialists, nurse practitioners of varying specialties and nurse anesthetists. This portion of the literature review centers on nurse practitioners (NPs) as this group is the focus of the study. However, all of the above mentioned APNs have the same potential need for basic business management skills.

The first nurse practitioner program, born out of a need to provide primary health care services to an under-served rural population, began in 1965 at the University of Colorado through nurse and physician cooperative efforts (Bennett, 1984). This role was initially viewed as a physician extender role with an educational preparatory emphasis on health promotion and disease prevention. Recognition of the successful delivery of quality, cost efficient care provided by graduates of this program helped to spur a national increase in the numbers of APNs.

Nurse practitioner programs flourished in the next decade in a response to a surge in health care demands. Recommendations were made by the New Mexico Health Systems Agency in 1979 in the Health Systems Plan Summary, to provide cost efficient
care to the underserved counties by increasing the number of mid-level practitioners, specifically nurse practitioners (Bennett, 1984). Many other predominately rural states made similar plans and in effect, increased the need for more NPs and more NP programs.

Nurse practitioners were increasingly accepted by the public and continued to gain professional status in the health care community. The expansion in role included an expansion in location from rural to urban settings. However, as NPs expanded their role and gained increased responsibility and autonomy from physicians, ambivalence and controversy between NPs and physicians and other nurses grew, creating conflict between the groups. One of the problems cited by nurses and physicians was a lack of consistency in educational preparation. Nurse practitioner programs ranged from four months to three years in length. The minimum nurse practitioner entrance educational preparation required by a given state ranged from an Associate degree in Nursing to Master’s degree (Gilliss, 1996).

Evolution of Health Care Delivery

Health care disciplines have accepted the challenge of preparing their professionals to address the financial management issues and subsequent methods of cost containment. It is no secret that HMOs, Medicare and other third party payers are placing more stringent controls on funds for health care. Many physicians, who started practice before health care reform, are now taking advantage of programs designed to provide the business component of practice not originally taught in medical schools. One such program, called the “Hopkins Business of Medicine”, is offered by the Johns Hopkins School of Medicine and School of Continuing Studies Division of Business and
Management. Appeals to physicians to learn business skills are made through advertisements such as "Managed care is reshaping our traditional health care delivery system. In response, today's physicians must be as competent in the practice of fundamental business skills as they are in their power to research and treat illness and disease" (DeAngelis & Gabor, 1998). These programs are reaching out to physicians in an effort to inform them of current practice issues. Advanced practice nursing programs should extend their educational programs similarly, or in some way provide this information, in an effort to continue the advancement of their own practices (Wing, 1998).

Todd Lincoln, DO and adjunct faculty at University of Phoenix Medical School (personal communication, June 21, 1998) stated he also believes fundamental business skills are necessary for financial survival in practice, whether in private practice or as an employee of another provider, such as an HMO or hospital ER. He supports that belief by providing an introductory lecture to medical students, emphasizing the importance of having fundamental business skills, such as negotiating financial agreements with HMOs, other third party payers and other health care providers.

The requirement of business skills as a component of health care cost containment is not, however, limited to primary care. Physicians from many different practices have become concerned by a decrease in autonomy and income since health care reform began (Anders, 1998). Anders reports in The Wall Street Journal that some physicians, realizing they do not have an adequate background in business, believe the only way to save their practice is to return to school for an MBA. The physicians attending UC-Irvine's MBA program are in classes with students from many different types of businesses thus
allowing for other perspectives when dealing strictly with business issues. This approach makes it clear that medicine is a business requiring business skills and education appropriate to gaining those skills.

It is clear that APNs engaging in the same business enterprise, especially in primary care, need a strong financial background. It is equally apparent that APNs vying for the same resources as other groups will be in conflict if a cooperative relationship is not established quickly; a relationship that shares the resources. Medicare has opened the door for APNs to bill independent of physicians, however APNs must be educated on the financial and legal aspects of being a Medicare service provider. Coordination of services and subsequent billing is the most logical solution to promote positive consequences for both physicians and APNs regarding the business management of any practice setting.

Primary care physicians in private practice have been the models for APN owned and operated practices across the United States. In Nevada, while APNs are required to have a physician collaborator, they should be aware that participation in managing a practice demands a basic knowledge of running a small business. One of the issues that must be addressed prior to entering practice is the basic concept of income resources such as Medicare. Flanagan (1993) recommends education on business management from multiple sources as a beginning and a continuing method of surviving in business. Possessing business savvy was deemed an essential consideration for private practice. Business savvy includes realizing the potential implication that Medicare direct reimbursement to APNs means greater independence in practice for the APN and decreased health costs for the patient. APNs must be able to function effectively using both clinical skills and business skills.
Scope of Practice of APNs in Nevada and Nationally

APNs have a legal and ethical responsibility to follow current regulations of practice and to continually update themselves to any changes in practice. Generally, APNs have kept pace with changes in practice by discussing the State Board of Nursing regulated scope of practice issues with peers, reading of journal articles, attending specialty seminars and other educational alternatives.

Pearson, (1998) has published an update each year of the last ten years on the current legislative standing of each state on legal authority, reimbursement, and prescriptive authority. The most liberal authority to practice includes States (n=23), that have title protection and the Board of Nursing as the sole authority over scope of practice, requiring no physician collaboration or supervision. Nevada, however, does require physician collaboration or supervision. Three states do not have title protection. Prescriptive authority ranges from prescriptive privileges including controlled substances, independent of physician involvement in 18 states to no prescribing authority in two states, Georgia and Illinois. Nevada requires physician involvement and does not allow APNs to prescribe controlled substances. As states recognize the safety and efficacy of APN practice, more states will enjoy the broadest scope of practice and prescriptive authority.

Current Curricular Content

In the 1980’s, the changes in role and educational expectations were many and discomfort among physicians and nurses grew. Physicians wanted to maintain control of the nurse practitioners. However, the American Nurses Association responded clearly
that medicine had no prerogative to speak for another profession. State nursing boards seeking to preserve the relatively new profession of nurse practitioners, began to adapt their Nurse Practice Acts and define NP practice or advanced practice nursing. For example, in 1986, the New Mexico Board of Nursing clarified for its state the role of the nurse practitioner in the State Nurse Practice Act with the following: "The nurse practitioner role is continually changing and the extent to which he/she may practice depends on the determination that the change is appropriate to nursing practice and new knowledge skills, and judgment are developed logically from the nurse practitioner’s present practice qualification (US Congress, Office of Technology1986)." The Nurse practice Acts gave legitimacy to the independent role of the nurse practitioner by officially clarifying the role of nurse practitioners. Clarification of roles in a legal statement prevents many of the associated conflicts between people and groups. Nurse practitioner programs adapted their curricula to include the new practice acts for their respective states.

Most recently, NP programs have reorganized their curricula to provide three basic core requirements: "graduate level core (e.g., research, theory, ethics, leadership and socio-cultural concepts of care); advanced practice core (e.g., health assessment, physiology, pharmacology, health promotion, management of health problems, and nutrition); and specialty content (e.g., family assessment and intervention for family NPs, child development for pediatric NPs, epidemiology for community health specialty nurses, and special topics in primary care for family NPs" (Gilliss, 1996). Recently programs began to address health care policy and economics. Since January 1, 1998, NP’s have had the legal right to bill directly in all states for the services they provide.
These and other economic issues must be addressed in the current educational programs, as this is a practice advancement milestone, provides critical knowledge for APNs, and can contribute to the success of APNs.

In review of NP programs and the literature, Wing, (1998), reveals many programs are now offering business administration content in their curricula. The problem as Wing sees it is a lack of preceptorship for the same content. Thus she is encouraging educators to take this information a step further and provide a supporting preceptorship for the class content.

Nursing educational programs are monitored annually by the National League for Nursing Accrediting Commission to insure that components essential to a quality education are maintained (NLNAC, 1998). Recommendations regarding educational standards are made annually beginning in 1998. Unfortunately, a year will pass before programs would be advised to include legal issues, such as the Medicare reimbursement issue, in their program. APN students who are graduating and planning to take the APN certification exam will be at a disadvantage. The certification exam for nurse practitioners is revised with each exam to include information on current issues relevant to nurse practitioners (AANP personal communication with office of Dr. Jan Towers Oct. 23, 1998). If students do not receive the same information in their curriculum, they will need to derive the information from other sources such as current periodicals.

The Current Issue

The latest significant change in APN practice has been the additional responsibility of billing separately for services rendered to Medicare patients, whether employed by a Health Maintenance Organization (HMO), or in private practice with
partial ownership of that practice. APNs in rural practices and extended care facilities have known this responsibility to be a reality for many years. APNs stay current on the issues affecting their practice, such as legislative changes that increase prescriptive authority and practice autonomy, by reading professional journals or attending conferences (Pearson, 1998). The Nurse Practitioner Journal, edited by Pearson, has been following legislation that shapes the role of the NP for ten years. Each year they provide an update on the latest change. In 1998, Medicare reimbursement was the hot issue. APNs and students who read this journal were aware of this milestone in the advancement of all APN practices.

In the 1990s, health care reform stimulated a greater social consciousness regarding the management of health care costs (AACN, 1993). The recommended solution in part, was to increase the number of nurse practitioners in the delivery of primary health care. In August of 1997, U.S. Congress passed legislation giving APNs the right to bill Medicare directly for services (Sharp, 1997). Unfortunately, this new access to resources comes with its own set of bureaucratic red tape, that is, gaining a Provider Number and interpreting how services are reimbursed. Sessions held on Medicare reimbursement at The American Academy of Nurse Practitioners’ National Conference 1998 offered some assistance in getting through the process of obtaining a Provider ID number—a process that can cause enormous frustration and require an extensive amount of time. “All NPs, CNSs and PAs must have their own PIN (Provider Number) to bill Medicare, even if they are employed by another provider and even if their employer has already billed for their services using the employer’s PIN with a modifier” (AANP Conference 1998). Submitting bills and actually receiving payment can
be just as frustrating due to the bureaucratic nature of the paperwork. Offering this type of information before APNs enter practice will not only prevent frustration, but also prevent the loss or delay of income as part of learning the process.

White, (1998) points out that health care is a business and students must be prepared in their educational programs to manage the business aspects of their future roles. Medicare reimbursement is certainly a business issue related to health care. The educational process should prepare APNs to deal with reimbursement issues prior to graduation from the APN program if these students are to survive in the new health care environment as professionals. In a longitudinal study of 35 NP’s through the transitional first year of practice, Brown and Olshansky (1998) noted significant discomfort in new NPs who had no prior business experience or introduction to fundamental business practices. One NP expressed feelings of stress and concern regarding an unanticipated requirement to participate in resource procurement for the practice in which she was employed. Brown and Olshansky discussed decreasing transitional anxiety by planning for the transition. Certainly, addressing operational financial concerns prior to entering into practice would have eased this particular transitional anxiety.

Daily operational cost is only one of the many financial business concerns of running an independent practice. A survey of Houston NPs revealed great concern over start up costs of a practice, government laws and regulations, personal time and energy limits, and other business problems that require a working knowledge of business just to survive (Kerr, 1997). Preparedness can make the difference between third party reimbursement being a business opportunity or a business problem.
Business Management Skills
Necessary for Success in Practice

APNs are professionals in a business environment. They must possess competency in business skills regardless of employment setting if they are to survive and compete in today’s managed care environment. Negotiating employment contracts, understanding financial statements and budgets (McNeil & Mackey, 1995) and understanding the organization management (Wing, 1998), of their practice setting are necessary survival skills.

Negotiating the employment contract may be the single most important component of basic business skills. Leccese (1998) argues that most nurse practitioners, who happen to be 96% women, have not been socialized to be good negotiators, rather “they are uninformed or have an ingrained attitude of servitude”. Few are able to expound on their worth by referencing all their years of experience as an RN prior to becoming an APN. Also, some potential employers are still unclear regarding the scope of practice of an APN. The interview is the chance to make that first impression worth thousands of salary dollars by providing written as well as verbal supportive information. It is also the time to consider the consequences of signing a contract that could limit employment possibilities in the future.

The practitioner however, must know what he/she needs from employment and what is available. The APN must know his/her weaknesses and strengths, what motivates him or her and whether or not this particular situation suits his/her needs, financial, personal goals and scheduling needs, and professional fulfillment needs. This is referred
to as business savvy by the American Nurses Association (1993). An accurate assessment of these items helps to minimize future frustrations with participating in a business.

Understanding organizational and fiscal management includes knowing the financial resources of the practice as well as how the organization structures the financial flow. APN’s in Nevada are able to participate in financial incentives of the practice such as bonuses for exceeding gross income requirements and sharing financial risks of the practice. The APN should be aware that overhead costs may directly and adversely affect their personal net income. Participation in decisions made about distribution of overhead costs can prevent unreasonable financial contribution requirements to pay these costs. It will also provide clear expectations for productivity levels on the part of the APN. Again these issues should be covered in the employment contract. A wise and well prepared APN will take the time to participate in budget meetings and learn how to read balance sheets which account for the fund management of the practice.

Another consideration in understanding the organization management is agreement between the APN and the APN’s employer on the level of participation the APN will be allowed. Some employers maintain 100% authority over the financial directions of the practice, especially if the APN came to the practice strictly as an employee. This may be preferable to those who desire less accountability for the success or failure of the practice as a business.
CHAPTER 3
CONCEPTUAL FRAMEWORK

The basis of this study hinges on the concept of managing a practice using basic business skills within a health care economics framework. Health care economics is, however, an impressively broad field of study. Therefore, two theories combined provide a focus for the business skills necessary for an APN in any practice setting. The two theories are Organizational Management and Health Care Economics.

Organizational Management

Organizational management involves many dependent as well as independent variables operating on three levels: organizational systems level, group level and individual level (Robbins, 1989). The organizational system level is defined by a combination of human resource policies and practice, cultural systems, work stress and organizational structure. This combination creates varying levels of resultant productivity, absence, turnover and satisfaction. These resultants are the end products in every level. Viability of an organization, and consequently of it’s employees, is realized through the attainment of the goals for productivity. Productivity, as defined by Robbins, (1989), is a performance measure including effectiveness and efficiency. This is further supported by Buppert, (1999), who reports that nurse practitioner performance is evaluated on levels of productivity, utilization, patient satisfaction and
clinical decision making. Performance is then judged by those served: employers, patients, health plan auditors, peers and researchers. Organizational management defines the goals of the practice and measures the success of the practice based on the needs of those served by the practice. The goals set forth establish the definition of productivity.

The goals representing productivity may be high numbers of billings without regard for time and attention given to each patient. Or, the goals may be meeting the needs of a particular consumer group, such as immunizing all school age children or raising the functional status of elderly patients. These later goals certainly require more time and education for the patient. A firm grasp of these concepts is critical to the management of the organization, as the goals directly affect effective and efficient productivity, utilization, turnover, and satisfaction of the advanced practice nurse and those served.

**Health Care Economic Theory**

The cost of health care has increased dramatically over the last decade and so has the competition for the health care dollar. Without economic resources, health care would become solely the financial burden of the taxpayer. The aim of health care reform is to regain control of health care spending by implementing the use of APNs, as one example. APNs do in fact have a “market share” and therefore must have some knowledge of health care economics if they are to survive and even thrive in a business environment. For that reason, health care economics was chosen as one theoretical framework for this study.

Health care economics does not follow the normal market equilibrium theory as third party payers such as HMOs are paying a larger portion of the bill than ever before.
The standard economic analysis of equilibrium price and output determination examines the relationship between supply and demand (Lyon, 1991). (Appendix C) Normative theory (Appendix C, fig 1) predicts that an equilibrium of price and output will occur (Lyon, 1991). This is demonstrated as an intersection on the graph between supply and demand. If reimbursement, as in capitation, exceeds the cost of care given, there will be a surplus of funds. The surplus will cause a re-evaluation of price resulting in a decrease in supplied funds and restoration of equilibrium. However, if demand for services suddenly increases, funds do not increase proportionately (Appendix C, fig 2 A & B), rather, capitation holds firm the original reimbursement. Only after re-negotiation of price can equilibrium be restored. This may result in a deficit that is momentary or devastating to a business. Simply put, the normal homogeneity of economics is violated in health care because whether demand increases or decreases, the reimbursement price remains stable.
CHAPTER 4
METHODS AND PROCEDURES

This chapter includes a discussion on research design, sample, instrumentation, the pilot study, data collection and the intended form of data analysis.

Research Design

The literature offers little information on the business practices and knowledge of APNs. The goal of this study was to survey APNs in the state of Nevada to discover their perceptions of the business knowledge they possess and whether they believe it is adequate for their current practice situation. "Most research and evaluation studies of nurse practitioner practice have used data collection instruments developed for that specific study, choosing and defining variables of interest to them and developing ad hoc measurement instruments with psychometric properties that are largely unknown. The primary focus of such studies and the instruments used in them has been on activities related to the measurement and management of medical problems" (Pescott et al, 1981, p223). Therefore, this study used an exploratory descriptive design. The results of a descriptive study can provide the basis for future studies on the business practices of APNs in Nevada.

The research questions to be answered in this study are: 1- What business knowledge do APNs possess regarding practice as APNs? 2- Do APNs perceive their
current level of business knowledge to be adequate for their current practice as APNs?

Population

The survey was mailed to all currently licensed APNs in the state of Nevada (n=284). All respondents were included in the study. The use of just one state, Nevada, offers homogeneity of the licensure regulations of the respondents that vary from state to state and could also provide an uncontrolled biasing of the data. The population is described according to length in years of practice, type of practice situation (clinic, private office, HMO, etc.), location of practice (rural, urban, suburban), number of hours per week practicing and whether or not the APN’s position includes direct patient care.

Data Collection Methods

Survey Questionnaire

The survey questionnaire, developed by the author, was influenced in part by a content expert and in part by offerings in the literature regarding general business management skills necessary for health care professionals (Flannagan, 1993; McNeil & Mackey, 1995; White, 1998; Wing, 1998).

The questionnaire consists of 28 questions and is divided into sections containing 11 questions on demographics, 14 questions related to work/practice business knowledge and 3 questions related to source of business knowledge attainment. The demographics section asked for a description of the population according to type of APN, practice situation, years of practice, hours per week worked and if the respondent has practiced as an APN in states other than Nevada. The remaining questions focus on the business knowledge that APNs perceive themselves to possess, when and where they gained their knowledge, their perception of adequacy of knowledge and whether they participate in
the business management of their current APN practice situation. The items are
descriptive as this study is an exploratory descriptive study. The items provide nominal
and ordinal data.

Pilot

The questionnaire was reviewed by a content expert for content validity. This
expert is a doctorally prepared nurse. She has practiced in the state of Nevada as a family
nurse practitioner, taught at the University of Nevada, Reno as Assistant Professor in the
School of Nursing, and currently holds the position of Chief Nursing Executive of a local
hospital with the responsibility of hiring APNs.

The pilot questionnaire was mailed to fifteen APNs practicing in Arizona. They
were asked to complete the questionnaire and then to assess the items for any problems in
the survey design to allow for item correction prior to conducting the actual study.
Assessment of the questionnaire includes: 1-questionnaire clarity; meaning whether
questions were understood by the respondents, 2-questionnaire comprehensiveness; if the
questions and response choices were sufficiently comprehensive to cover a reasonably
complete range of alternatives related to the business practice knowledge of APNs, and 3-
questionnaire acceptability; avoiding invasion of privacy or violation of ethics and
morals. A second mailing of the pilot was planned if significant changes were necessary.
Using a group of APNs from another state, such as Arizona, allowed the entire population
of Nevada APNs to be available for the study and thus eliminating any possibility of bias.
**Study and Data Collection**

The population included all licensed Advanced Practice Nurses in Nevada. The list was purchased from the Nevada State Board of Nursing. All APNs who returned the survey questionnaire were included in the study. Two hundred and eighty-eight survey packets were mailed to advanced practice nurses in Nevada. The mail packet included a cover letter explaining the study, the questionnaire and a stamped self-addressed envelope with return mailing instructions (see Appendix A and Appendix B).

**Research Questions**

Each research question was addressed separately. Research Question 1 “What business knowledge do APNs possess regarding practice as APNs?” was measured by items 12, 13, 16-26 and 28. Research Question 2 “Do APNs perceive their current level of business knowledge to be adequate for their current practice as APNs?” was measured by items 14, 15 and 27.

**Human Subjects Assurance**

Human subjects assurance was obtained from the Social/Behavioral Human Subjects’ Rights Subcommittee and the Human Subjects’ Rights Committee of the Department of Nursing at the University of Nevada, Las Vegas, prior to distribution of the survey. Each participant received a cover letter explaining the nature of the study, the identity of the researcher, what their participation included, the risks as a participant, the benefit to the profession, and the right to withdraw at any time. The researcher did not know the identity of the participant unless the participant elected to include their name. No names were requested on the questionnaire. Data were coded without any identifying marks. The researcher maintained control of the data. All data were reported in an
aggregate form. Participants were also informed that they could obtain a summary of the findings if they sent their name and address to the researcher. No such requests for results were made. Information on who to contact with questions about the study or their rights as a participant were also included. (See Appendix A for a copy of the Informed Consent.)
CHAPTER 5

FINDINGS

Pilot

Fifteen questionnaires were mailed to APNs in Arizona and five were returned, a 33% response. Only one change or clarification was made as a result of feedback from the pilot study. Question number three originally asked who supervised the APNs. Because in the state of Nevada physicians do not supervise APNs, but work in a collaborative relationship, the recommendation was to change the question to read "who do you report to". This change was made as it more clearly reflects the relationship of the APN in the employment setting. A subsequent mailing was not necessary because of the minimal change made to the questionnaire.

Study Analysis

Data were collected from the questionnaires and compiled using an SPSS computer program. Analysis involved frequency distribution and percentages. Tables were used as deemed appropriate to enhance the understanding by the reader.

Study

A total of 288 surveys were mailed to advanced practice nurses licensed in Nevada; one hundred and forty eight surveys were returned, for a 51% response rate.
Demographics

Of the 148 surveys returned, 128 (87% of respondents) stated they were nurse practitioners. Twenty-six respondents stated they were not nurse practitioners. Ten of these were clinical nurse specialists, eight certified nurse midwives and eight were another type of APN. Six respondents placed themselves in more than one category such as nurse practitioner and certified nurse midwife.

Educational preparation was reported as a Masters in Nursing by 58% and another 26% had a minimum of a Bachelor’s degree in Science. Seventy-nine percent of the respondents have a collaborating physician. The majority of respondents work in primary care in either a private office (42%) or a clinic (37%). The remaining respondents work in hospitals (10%), extended care facilities (4%) and various other situations (16%) with some working in more than one location. Practice site management was distributed between HMOs (8%), physician owners (29%), corporations (17%), hospital management (14%), management staff hired by owners (4%) and other which consisted primarily of Veterans Administration employees (26%). Fifty-six percent of respondents practice in urban settings, such as Las Vegas or Reno. Forty-two percent of respondents have been in practice for greater than 10 years, but only 12% of those responding have been in their present practice situations 10 years. Eighty percent of APNs work more than 30 hours per week and 98.6% have direct patient contact.

The summary of demographics presents an overall picture of APNs in Nevada as Masters prepared nurse practitioners with a physician collaborator, working in primary care more than 30 hours per week in an urban setting. Most have greater than 10 years
experience but fewer have been in their current practice situation for 10 years. Almost all (98%) respondents have direct patient contact, indicating they work in a clinical position.

Research Question 1

The first research question asked “What business knowledge do APNs possess regarding practice as APNs?” This question was further delineated to include fourteen questions that address business knowledge, (questions 12, 13, 16-26, 28).

Item 12

Respondents stated that the most influential factors that determined their present employment situation were specialty preference (60%), flexible scheduling (38%) and location (30%). Only 8% of respondents based employment selection on the opportunity for future partnership. Voting rights in financial and management decisions were important to 12% of the respondents.

Item 13

The majority of APNs (63%) were able to bargain for salary and schedule requirements. Fewer were able to bargain for other things such as malpractice insurance (37%), continuing education (35%), bonuses (20%), how much they must contribute to overhead costs (6%), on-call requirements (25%), participation in organizational management (16%), amount of time with each client (33%) and how many clients they were expected to see per week (32%).

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Item 16-17

Item 16 asked respondents if they knew how to calculate their financial contribution to the practice. Sixty-six percent answered that they could make this calculation; 20% who were very knowledgeable and 46% with some knowledge.

On item 17, which asked for knowledge to calculate financial liability, 42% stated they had some knowledge. Seventeen percent stated they were very knowledgeable. Fully two thirds of all respondents state they are able to calculate their financial contribution and liability to their current practice site.

Item 18,19, 23 and 24

When asked if they could read financial reports or vote on financial and management decisions, fewer responded in the affirmative. Twenty-one percent reported they could read the reports. Thirty percent reported they have an actual vote. The majority (89%) of respondents admit little or no knowledge regarding the financial management philosophies of their practice. Twenty-seven percent do not agree with the current financial management philosophies of their practice site.

Item 25 and 26

Seventy percent responded that business savvy includes all the choices listed on the survey which are: 1). Understanding your client population needs, 2). Marketing yourself to employers, 3). Marketing yourself to clients and 4). Creating an employment contract that meets your needs without limiting future options. Thirty-three percent of the respondents agreed that productivity in their practice was defined as seeing large volumes of patients. Fifty-one percent stated productivity is achievement of meeting a focused group need. Most of the 16% choosing other, wrote that a combination of volumes of
patients and achievement of meeting a focused patient need were essential to productivity.

**Items 20, 21, 22 and 28**

Thirty-six percent stated they are very knowledgeable regarding the financial mix of their practice site’s patient population. Thirty-one percent claim a high degree of knowledge regarding income sources of their practice. Ninety-eight percent state they have at least some knowledge of outside patient resources. Forty-six of those stated they are very knowledgeable. Only eleven percent of respondents stated they have no knowledge of reimbursement practices at their practice site.

**Research Question 2**

The second research question of the study was “Do APNs perceive their current level of business knowledge to be adequate for their current practice as APNs?” (Items 14, 15, 27).

Seventy-one percent of respondents said either that they do not have enough knowledge to participate in the business of the practice (16%) or that such knowledge was not necessary (55%). Almost half (48%) of respondents stated that what business knowledge they possess, they received after gaining employment. Eleven percent gained business knowledge through extra class work before or after attending their basic APN program. Only 7% gained business education from a preceptorship and 11% from the academic APN program. Nearly all respondents (88-95%) report using at least three methods of staying current in their profession.

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Conclusion and Recommendation for Future Study

Review and analysis of the data reveal serious inconsistencies in what APNs believe they know and what they state they know when questioned about specific components regarding business management and participation in their practice. APNs stated they were generally knowledgeable regarding the business practices in their current practice situation and the necessary components of business savvy.

Almost half of the respondents state they have some knowledge of calculating their financial contribution and liabilities to their practice sites while another 20% feel very knowledgeable. However, only 21% stated they are very knowledgeable in reading financial reports, 31% were aware of practice site incomes and confidence in their knowledge of reimbursement practices included 25% of the respondents. Nearly 70% of the respondents believe they are able to calculate contributions and liabilities without knowing how to read the financial report, without knowing where the money comes from or how to be reimbursed.

Another concerning result was 36% of respondents had no knowledge of practice site income resources or knowledge of financial management philosophies. This group of respondents further reported they did not believe this knowledge was necessary. Only 11% of respondents reported feeling very knowledgeable regarding the financial philosophies of their practice. Yet, 34% report agreement with those philosophies and 30% actually have a vote in the financial management of their practice. The only conclusion is that the APNs in this situation are voting on issues they do not understand. This is dangerous as they may well be voting for their own financial limitations.
Business savvy was determined to be an important component of being successful in business. Seventy percent of respondents reported they believe business savvy includes all the components listed: understanding client population needs, how to market themselves to employers and patients, and the importance of non-limiting contracts. Yet few chose their current position with business savvy as an important part of their consideration. APNs reported salary and scheduling as the two most important considerations. Only 6% reported that their portion of overhead contribution was an influence in their contract negotiation. Eight percent were interested in future partnership when selecting an employment situation. Fourteen percent reported choosing their current position because of availability. Therefore it is reasonable to conclude that more APNs, who are savvy in the knowledge that businesses are competitive and may require marketing, would choose their employment based more heavily on growth potential than initial salary.

Given the inconsistencies reported in the data, one must conclude that APNs in Nevada are not aware of the financial business knowledge they lack. They do not know what they do not know. APNs in Nevada believe they understand financial calculations which require understanding financial reports that they do not understand. APNs believe they understand business savvy as an important component of business, yet are not concerned with participating in business practices.

Recommendations for future studies include reviewing the present APN business practices and comparing them to ANP practices after changes have been instituted in APN basic educational programs to include business issues. Entering practice with basic survival business knowledge places APNs in a position to be more competitive in an
increasingly competitive market, more competent in securing a desirable position with
growth potential, and more efficient in accessing and securing resources for patients. It is
essential for APN programs to adjust their curricula to include business basics for the
practicing APN. Even the introduction of business basics as part of a professional issues
class would be beneficial in assisting APNs in their transition from the role of student to
the role of nurse practitioner. It is equally essential for APNs, new and experienced, to
recognize the importance of being an active participant in their practice. This is especially
true if APNs hope to continue the current trend of a broadening scope of practice,
increasing APN autonomy and maintaining regulation by the Board of Nursing rather
than by other regulating bodies.
REFERENCES


32

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TERMS AND DEFINITIONS

Advanced Nurse Practitioner (APN) – Registered nurse with specialized skills, knowledge and experience; and is authorized by the board to provide services in addition to those that other registered nurses are authorized to provide (Buppert, 1999).

BSN – Bachelor of Science in Nursing.

Certified Nurse Midwife (CNMW) – Narrow range of services (well-women gynecologic care, management of pregnancy and childbirth, antepartum and postpartum care) to a medium sized base of patients (Buppert, 1999)

Clinical Nurse Specialist (CNS) – APN with a medium range of services (consultation, research, education, administration, coordination of care, case management, direct patient care with in the definition of registered nurse) to a narrow patient base (people under the care of a medical specialist) (Buppert, 1999).

Collaboration, federal definition of – a process in which a nurse practitioner works with a physician to deliver health care services within the scope of practice of the practitioner’s professional enterprise, with medical direction and appropriate supervision as provided for in jointly developed guidelines or other mechanism as defined by the law of the state in which the services are performed (Buppert, 1999).

MSN – Master of Science in Nursing
Nurse Practitioner (NP) – Wide range of services (evaluation, diagnosis, treatment, education, risk assessment, health promotion, case management, coordination of care, counseling) to a wide base of patients, depending upon area of certification; family nurse practitioner (FNP) can have a patient base of any age, gender or problem (Buppert, 1999).

Success – Actively participating in nurse practitioner practice for greater than one year.
APPENDIX A
INFORMED CONSENT

Dear Advanced Nurse Practitioner,

I am a graduate FNP student attending the University of Nevada, Las Vegas School of Nursing. I am requesting that you participate in this study as apart of my thesis research. The purpose of this study is to discover what knowledge APNs possess regarding the business practices of APNs in Nevada.

Completing the survey should take no more than five minutes of your time. On the demographics, please correct any erroneous information and complete any blanks. For questions on the demographics and the survey questionnaire that have check off blanks, place an “X” in the space provided. Please return the questionnaire via mail in the enclosed pre-addressed stamped envelope.

Potential benefits of the study include identification of current business practices of APNs in Nevada. Information of this type helps to advance the practice of nursing through current research.

The potential risk associated with this study is minimal, as participants will not be named in the study by personal name or institutional name. There are no personally identifying marks on the questionnaires. Demographic information will refer to the state of Nevada as a group. All data will be reported in aggregate form. Records are confidential as the researcher will maintain control of all data.

The risk/benefit ratio is viewed by the researcher as a greater benefit than risk as described above. There is little risk to any person or institution in this study. The benefits however are related to advancing the practice of nursing.

For further information regarding this study, prior to completion of the survey and/or for follow up of results, contact:

Sandra J Wheaton, BSN e-mail 70214,3263@compuserve.com
or by phone at (775) 747-2109.

For information regarding the rights of research subjects, contact:
University of Nevada, Las Vegas
Office Sponsored Programs at (702) 895-1357.

Please be assured that participation is strictly voluntary. Participation in the survey implies consent, however you may withdraw from participation at any time. You may chose to decline participation in the study. There is no cost to participants of this study.

Thank you for your participation,

Sandra J. Wheaton, BSN, FNP student
APPENDIX B
STUDY QUESTIONNAIRE
DEMOGRAPHICS

1-Type of APN : (Mark all that apply)
   __NP
   __CNS
   __CNMW
   __Other (Please specify) ________________________

2-Your highest level of educational preparation for Advanced Practice Nursing is: (Choose one)
   __BSN
   __BSN with certification in your specialty
   __MSN
   __MSN with certification in your specialty
   __Other (Please specify) ________________________

3-You are supervised by: (Mark one)
   __Physician collaborator
   __Office Management
   __Hospital management
   __Outside management
   __Other (Please specify) ________________________

4-Practice type:
   __Private office
   __Clinic
   __Hospital
   __Extended Care facility
   __Other (Please specify) ________________________

5-Your current employment / practice is managed by: (Mark one)
   __HMO
   __Physician owners
   __Corporation
   __Hospital management
   __Management staff (in house) hired by owners
   __Other (Please specify) ________________________

6-Practice setting
   __Rural
   __Urban
   __Suburban/local community
   __Other (please specify)

7-Years in practice since graduation from an APN program
   ____________________________-

8-Years in practice at your present employment
   ____________________________-

9-Do you practice in States other than Nevada?
   __YES
   __NO

10-You are employed as an APN :
    __>36 hours per week
    __30-36 hours per week
    __<30 hours per week
    __not employed as an APN

11- In your present practice situation, the primary responsibility of your position
    __involves direct patient interactions
    __does NOT involve direct patient interaction
SURVEY

12-Reason for selection of your present employment situation: (Check all that apply)
   __ It was the only position available
   __ It is the specialty you prefer
   __ This position offers the most flexible schedule
   __ This position offers the highest salary
   __ This position offers the most benefits
   __ You were employed there prior to becoming an APN
   __ This is the best geographical location for you
   __ This practice offers an opportunity for future partnership.
   __ This practice accepts me as a voting participant in financial and office management decisions.
   __ Other (Please specify)

13-You were able to negotiate your employment contract on the following issues: (Check all that apply)
   __ Salary
   __ Schedule
   __ Bonus policy
   __ Overhead contribution
   __ Continuing education funding
   __ Malpractice insurance
   __ Health insurance
   __ On-call requirements
   __ Participation in management of the practice
   __ Time allotment per client
   __ Average number of clients you are expected to see/week

14-Your current level of business knowledge is (Mark one)
   __ Adequate to participate fully in the business aspects of your current practice situation
   __ Not necessary, someone else handles all the business issues
   __ Inadequate to participate in management of the practice

15-You gained this business knowledge: (Check all that apply)
   __ Through content covered in your APN program
   __ By attending classes on business after (or before) completing your APN program
   __ Content provided by clinical preceptors while attending your APN program
   __ After being employed as an APN
   __ Other (Please specify)

16-Do you know how to calculate your financial contribution to your current practice situation?
   __ Some Knowledge
   __ Very Knowledgeable
   __ No Knowledge

17-Do you know how to calculate your financial liability to your current practice situation?
   __ Some Knowledge
   __ Very Knowledgeable
   __ No Knowledge

18-Do you have a vote in management and financial decisions in your current practice setting?
   __ YES
   __ NO

19-Are you able to read and understand financial reports regarding your current practice situation?
   __ Very knowledgeable
   __ Some knowledge
   __ No knowledge
   __ Not applicable
20- Do you know the (financial) mix of your practice site's patient population?
   __ Some Idea
   __ No Idea
   __ Very knowledgeable

21- Do you know what income resources your practice has?
   __ Some Idea
   __ No Idea
   __ Very knowledgeable

22- More often clients' access to resources is restricted by their insurance limitations and/or ability to pay. Are you knowledgeable regarding resources available to your clients (where to send the client, most affordable for the client, alternatives to usual resources, etc.)?
   __ Some knowledge
   __ No knowledge
   __ Very knowledgeable

23- Financial management philosophies generally include how to manage debt to asset ratio, overhead distribution and limitations, payer mix, etc. Are you familiar with the financial management philosophies in your current practice situation?
   __ Some Idea
   __ No idea
   __ Very knowledgeable

24- Do you agree with the financial management philosophies in your current practice situation?
   __ Yes
   __ No
   __ Don't know

25- Business savvy has been referred to in the literature as a critical component of business skills. To you this means: (Mark all that apply)
   __ Understanding your client population needs
   __ Marketing yourself to employers
   __ Marketing yourself to clients
   __ Creating an employment contract that meets your needs without limiting future options. (For instance no compete clauses limit future options.)
   __ Other (Please specify) ______________________________

26- Success in practice has been measured by productivity. Productivity is defined as meeting the goals of practice effectively and efficiently. That may mean:
   A. Seeing large volumes of patients with very limited time for each one.
   B. It could mean meeting a specific consumer group need without regard to the amount of time spent, such as educating patients and families in an effort to increase the functional abilities of the elderly.
   Productivity in your practice setting is defined as ______________________________.

27- How do you update your knowledge related to your practice? (check all that apply)
   __ Journals
   __ Seminars
   __ CEU classes
   __ Other (please specify) ______________________________

28 - Are you aware of the different reimbursement practices of different Health Maintenance Organizations?
   __ Yes
   __ No
APPENDIX C
ECONOMIC THEORY

Normative

A = Stable Supply
B = Increasing Demand
C = Proportional Relationship between A & B

Capitation

= Increasing Demand
= Stable Demand
= Stable Supply

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### APPENDIX D

#### STUDY RESULTS

<table>
<thead>
<tr>
<th>DEMOGRAPHICS OF APNs IN NEVADA</th>
<th>% OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. APN TYPE</strong></td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td>87 %</td>
</tr>
<tr>
<td>CNS</td>
<td>7 %</td>
</tr>
<tr>
<td>CNMW OTHER</td>
<td>5 %</td>
</tr>
<tr>
<td><strong>2. EDUC LEVEL</strong></td>
<td></td>
</tr>
<tr>
<td>BSN</td>
<td>58 %</td>
</tr>
<tr>
<td>MSN</td>
<td>26 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>16 %</td>
</tr>
<tr>
<td><strong>3. REPORT TO</strong></td>
<td></td>
</tr>
<tr>
<td>DR COLLABORATOR</td>
<td>79 %</td>
</tr>
<tr>
<td>OFFICE MANAGEMENT</td>
<td>6 %</td>
</tr>
<tr>
<td>HOSPITAL MGMT</td>
<td>4 %</td>
</tr>
<tr>
<td>OUTSIDE MGMT</td>
<td>1 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>10 %</td>
</tr>
<tr>
<td><strong>4. PRACTICE TYPE</strong></td>
<td></td>
</tr>
<tr>
<td>PRIVATE OFFICE</td>
<td>42 %</td>
</tr>
<tr>
<td>CLINIC</td>
<td>37 %</td>
</tr>
<tr>
<td>HOSPITAL</td>
<td>10 %</td>
</tr>
<tr>
<td>ECF</td>
<td>4 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>16 %</td>
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<tr>
<td><strong>5. PRACTICE MGMNT</strong></td>
<td></td>
</tr>
<tr>
<td>HMO</td>
<td>8 %</td>
</tr>
<tr>
<td>PHYSICIAN OWNER</td>
<td>29 %</td>
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<tr>
<td>CORPORATION</td>
<td>17 %</td>
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<tr>
<td>HOSPITAL MGMT</td>
<td>14 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>30 %</td>
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<tr>
<td><strong>6. PRACTICE SETTING</strong></td>
<td></td>
</tr>
<tr>
<td>RURAL</td>
<td>19 %</td>
</tr>
<tr>
<td>URBAN</td>
<td>57 %</td>
</tr>
<tr>
<td>SUBURBAN/LOCAL COMMUNITY</td>
<td>28 %</td>
</tr>
<tr>
<td>OTHER</td>
<td>1 %</td>
</tr>
<tr>
<td><strong>7. YEARS IN PRACTICE SINCE GRADUATION</strong></td>
<td></td>
</tr>
<tr>
<td>1 YR OR LESS</td>
<td>11 %</td>
</tr>
<tr>
<td>1-5 YRS</td>
<td>30 %</td>
</tr>
<tr>
<td>6-10 YRS</td>
<td>17 %</td>
</tr>
<tr>
<td>&gt; 10YRS</td>
<td>42 %</td>
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<tr>
<td><strong>8. YEARS PRACTICING IN CURRENT EMPLOYMENT</strong></td>
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</tr>
<tr>
<td>1 YR OR LESS</td>
<td>30 %</td>
</tr>
<tr>
<td>1-5 YRS</td>
<td>35 %</td>
</tr>
<tr>
<td>6-10 YRS</td>
<td>22 %</td>
</tr>
<tr>
<td>&gt; 10YRS</td>
<td>12 %</td>
</tr>
<tr>
<td><strong>8. PRACTICE IN STATES OTHER THAN NEVADA</strong></td>
<td></td>
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<tr>
<td>YES</td>
<td>18 %</td>
</tr>
<tr>
<td>NO</td>
<td>82 %</td>
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<td><strong>10. HOURS PER WK EMPLOYED AS APN</strong></td>
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<tr>
<td>&gt; 36 HRS</td>
<td>61 %</td>
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<td>30-36 HRS</td>
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<tr>
<td>&lt; 30 HRS</td>
<td>18 %</td>
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<tr>
<td>NOT EMPLOYED AS APN</td>
<td>2 %</td>
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<tr>
<td><strong>11. PRIMARY RESPONSIBILITY</strong></td>
<td></td>
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<tr>
<td>INVOLVES DIRECT PATIENT INTERACTIONS</td>
<td>98.6 %</td>
</tr>
<tr>
<td>DOES NOT INVOLVE DIRECT PATIENT INTERACTIONS</td>
<td>1.4 %</td>
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## BUSINESS KNOWLEDGE IN PRACTICE

<table>
<thead>
<tr>
<th>ITEM #</th>
<th>ABLE TO CALCULATE FINANCIAL CONTRIBUTION TO PRACTICE SITE</th>
<th>ABLE TO CALCULATE FINANCIAL LIABILITY TO PRACTICE SITE</th>
<th>ABLE TO READ AND UNDERSTAND FINANCIAL REPORTS</th>
<th>AWARENESS OF PATIENT POPULATION FINANCIAL MIX</th>
<th>AWARENESS OF PRACTICE SITE INCOME RESOURCES</th>
<th>KNOWLEDGE OF RESOURCES OUTSIDE PRACTICE SITE</th>
<th>KNOWLEDGE OF FINANCIAL MANAGEMENT PHILOSOPHIES</th>
<th>KNOWLEDGE OF REIMBURSEMENT PRACTICES</th>
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<tr>
<td>#</td>
<td>VERY KNOWLEDGEABLE (%)</td>
<td>SOME KNOWLEDGE (%)</td>
<td>NO KNOWLEDGE (%)</td>
<td>VERY KNOWLEDGEABLE (%)</td>
<td>SOME KNOWLEDGE (%)</td>
<td>NO KNOWLEDGE (%)</td>
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### ITEM 24

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<tr>
<th>ITEM #</th>
<th>AGREEMENT WITH MANAGEMENT PHILOSOPHY</th>
<th>VOTING RIGHTS IN FINANCIAL AND MANAGEMENT DECISIONS</th>
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<tr>
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<td>ITEM #</td>
<td>YES</td>
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<tr>
<td>24</td>
<td>24</td>
<td>34%</td>
</tr>
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<td>18</td>
<td>18</td>
<td>30%</td>
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## BUSINESS SAVVY

### ITEM # 25

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<tr>
<th>UNDERSTANDS:</th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>CLIENT POPULATION NEEDS</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>MARKETING TO EMPLOYERS</td>
<td>73</td>
<td>27</td>
</tr>
<tr>
<td>MARKETING TO PATIENTS</td>
<td>70</td>
<td>30</td>
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<tr>
<td>NONLIMITING CONTRACTS</td>
<td>76</td>
<td>24</td>
</tr>
<tr>
<td>OTHER</td>
<td>7</td>
<td>93</td>
</tr>
</tbody>
</table>
PRODUCTIVITY DEFINED

ITEM # 26

| SEEING LARGE VOLUMES OF PATIENTS WITH TIME LIMIT | 33% |
| FOCUS ON SPECIFIC CONSUMER NEED | 51% |
| OTHER | 16% |

EMPLOYMENT SELECTION

ITEM # 12
REASON FOR SELECTION OF PRESENT EMPLOYMENT SITUATION | % OF RESPONDENTS
1. IT WAS THE ONLY POSITION AVAILABLE | 14
2. IT IS THE SPECIALTY YOU PREFER | 60
3. THIS POSITION OFFERS THE MOST FLEXIBLE SCHEDULE | 38
4. THIS POSITION OFFERS THE HIGHEST SALARY | 26
5. THIS POSITION OFFERS THE MOST BENEFITS | 27
6. EMPLOYMENT AT THIS LOCATION PRIOR TO BECOMING APN | 19
7. THIS IS THE BEST GEOGRAPHICAL LOCATION FOR YOU | 30
8. AN OPPORTUNITY FOR FUTURE PARTNERSHIP | 8
9. VOTING RIGHTS IN FINANCIAL AND MANAGEMENT DECISIONS | 12
10. OTHER | |

ITEM # 13
ITEMS OF CONTRACT NEGOTIATION | % OF RESPONDENTS
1. SALARY | 64
2. SCHEDULE | 63
3. BONUS POLICY | 20
4. OVERHEAD CONTRIBUTION | 6
5. CONTINUING EDUCATION FUNDING | 35
6. MALPRACTICE INSURANCE | 37
7. HEALTH INSURANCE | 31
8. ON-CALL REQUIREMENTS | 25
9. PARTICIPATION IN MANAGEMENT OF PRACTICE | 16
10. TIME ALLOTMENT PER PATIENT | 33
11. REQUIRED PATIENT VISITS PER WEEK | 32

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### BUSINESS KNOWLEDGE SOURCE AND ADEQUACY

**ITEM 14**

**CURRENT LEVEL OF BUSINESS KNOWLEDGE**

<table>
<thead>
<tr>
<th>Description</th>
<th>% OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADEQUATE TO PARTICIPATE FULLY IN THE BUSINESS ASPECTS OF YOUR CURRENT PRACTICE</td>
<td>28</td>
</tr>
<tr>
<td>2. INADEQUATE TO PARTICIPATE IN THE BUSINESS MANAGEMENT</td>
<td>17</td>
</tr>
<tr>
<td>3. NOT NECESSARY, SOMEONE ELSE HANDLES ALL THE BUSINESS ISSUES</td>
<td>55</td>
</tr>
</tbody>
</table>

**ITEM 15**

**BUSINESS KNOWLEDGE GAINED**

<table>
<thead>
<tr>
<th>Description</th>
<th>% OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. THROUGH CONTENT COVERED IN APN PROGRAM</td>
<td>16</td>
</tr>
<tr>
<td>2. BY ATTENDING CLASSES ON BUSINESS AFTER (OR BEFORE) COMPLETING APN PROGRAM</td>
<td>16</td>
</tr>
<tr>
<td>3. CONTENT PROVIDED BY CLINICAL PRECEPTORS WHILE ATTENDING APN PROGRAM</td>
<td>7</td>
</tr>
<tr>
<td>4. AFTER BEING EMPLOYED AS APN</td>
<td>48</td>
</tr>
<tr>
<td>5. OTHER</td>
<td>18</td>
</tr>
</tbody>
</table>

**ITEM 27**

**METHOD OF UPDATING PRACTICE RELATED KNOWLEDGE**

<table>
<thead>
<tr>
<th>Description</th>
<th>% OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOURNALS</td>
<td>95</td>
</tr>
<tr>
<td>SEMINARS</td>
<td>88</td>
</tr>
<tr>
<td>CEU CLASSES</td>
<td>92</td>
</tr>
<tr>
<td>OTHER</td>
<td>24</td>
</tr>
</tbody>
</table>
VITA

Graduate College
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Sandra Jean Wheaton

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Thesis Title
Business Practice Knowledge of Advanced Practice Nurses in Nevada

Committee
Dr. Rosemary Witt, Examination Committee Chair
Dr. Melwack, Committee Member
Dr. Smith, Committee Member
Pat Alpert, Committee Member

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