

2009-10 AANP National NP Sample Survey: An Overview



Introduction

In late 2009 and early 2010, the American Academy of Nurse Practitioners (AANP) completed the 2009-10 AANP National Nurse Practitioner Sample Survey. The purpose of this survey was to identify the characteristics and practices of nurse practitioners (NPs) and included questions on topics such as NP specialization, education and certification, practice communities and settings, and prescriptions and diagnoses. The survey consisted of 76 questions and replicated similar surveys conducted by AANP in 1989, 1999, and 2004. This report depicts a basic overview of the findings. Articles with further detail on survey results are forthcoming in the *Journal of the American Academy of Nurse Practitioners*.

Methods

AANP sent an email invitation including a link to the online 2009-10 National Nurse Practitioner Sample Survey and mailed a paper survey to a stratified random sample of 25,000 NPs. The sample was drawn from the AANP National NP Database, which documented essentially the universe of NPs in the United States. At the time the sample was selected, the database contained approximately 135,000 individual NPs recognized to practice in the United States; thus, the sample represented 18.5% of the total NP population.

Table 1 Main Specialty

	<i>2009 NP Database (percentage of NP population)</i>	<i>2009-10 NP Sample Survey (percentage of practicing respondents)</i>
Acute Care	5.3	7.2
Adult	17.9	21.0
Family	49.2	42.0
Gerontological	3.0	4.8
Neonatal	2.3	2.0
Pediatrics	9.4	8.8
Psych/Mental Health	2.9	3.8
Women's Health	9.1	10.4

In order to maximize participation by practicing NPs, the stratified random sample was limited to NPs who indicated that they practiced clinically in the 2007 or 2008 AANP National NP Practice Site Survey. The sample was further stratified to reflect the clinical specialty distribution of the overall NP population, with a slight oversampling of smaller specialties and undersampling of the largest specialty, family nurse practitioners. While many respondents had multiple specialties, each identified one area of clinical practice as their main specialty, and the main specialty was the variable by which the sample was stratified. Table 1 compares NP specialty percentages of the 2009 NP database with that of the survey respondents.

Completed surveys were returned by 13,562 practicing NPs (56.4% response rate). This report is limited to the NP respondents who were in active clinical NP practice; therefore, respondents who returned surveys who were not currently practicing were not included in analyses.

Results

The NP Practice Survey included demographic questions to characterize the NP population. Most respondents were women (93.5%) and most were not Hispanic or Latino (97.3%). Respondents were able to identify more than one race, and they described themselves as White (86.1%), African-American (2.9%), Asian (2.2%), American Indian (1.2%), and Native Hawaiian/Pacific Islander (0.2%). The average age of respondents was 50.8 years.

While Table 1 displays main specialty, Table 2 shows the top 12 subspecialties of respondents. The largest subspecialty area was cardiovascular (6.8%).

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Table 2 Subspecialty

	<i>Percentage of Respondents</i>
Cardiovascular	6.8
Emergency	4.2
Occupational Health	2.8
School Health	2.5
Endocrinology	2.2
Pain Management	2.2
Gastroenterology	1.8
Palliative	1.8
Pulmonology	1.8
Wound Care	1.8
Neurology	1.7
Oncology	1.7

Table 3 Community Size when Main NP Practice Located

<i>Population</i>	<i>Percentage of Respondents</i>
<1,000	1.5
1,000 – 9,999	8.1
10,000 – 24,999	8.2
25,000 – 49,999	12.1
50,000 – 99,999	15.6
100,000 – 249,999	16.6
250,000 – 499,999	11.6
500,000 – 999,999	11.0
1,000,000 or more	15.3

NPs from all states and the District of Columbia responded to the survey. Approximately 70% of the respondents practiced in a community with a population size of 50,000 or greater (see Table 3). Of these respondents, 55% worked in suburban communities and 35.3% worked in inner-city locations. The remainder chose the “other” category and included locations such as small towns or urban areas. 17.8% of respondents practiced in rural areas, with 1.5% practicing in areas with a population less than 1,000.

Table 4 lists the 15 most frequently reported main practice settings of survey respondents. The largest group of respondents practiced in private MD/DO practices (27.9%), followed by hospital outpatient clinic (12.1%), and in-patient hospital, other (5.9%). The in-patient hospital, other setting included all in-patient hospital settings except for those working in critical care or on a hospitalist team.

Respondents averaged 12.6 years since completing their NP degree and had practiced as NP, on average, for 12.1 years. They had been in their current practice an average of 7.1 years.

Table 4 Main Practice Setting

	<i>Percentage of Respondents</i>
Private MD/DO Practice	27.9
Hospital Outpatient Clinic	12.1
In-Patient Hospital Other	5.9
Community Health Center	5.8
Other	4.5
In-Patient Hospital Critical Care	3.9
Private NP Practice	3.9
Veterans Administration	3.6
Rural Health Center	3.2
Extended Care/Long Term Care Facility	3.0
College Health Service	2.9
Emergency Room	2.4
Other Freestanding Primary Care	2.2
In-Patient Hospitalist Team	2.2
Retail Based Clinic	2.0

Table 5 Educational Background

<i>Degree</i>	<i>Percentage of Respondents</i>
NP Preparation	
Baccalaureate	1.4
Master's	73.9
Post-Master's	15.7
Doctorate	0.9
Other	8.0
Highest Earned Degree	
Non-graduate degree	7.0
Nursing Master's	82.4
Other Master's	4.0
Nursing Doctorate	4.7
Other Doctorate	1.9

Overall, 89.6% of respondents had obtained a graduate level degree for their NP preparation (see Table 5). A majority of NPs (93%) had earned a graduate degree in nursing or another discipline as their highest earned degree.

The average base salary for a full-time NP (those who practiced clinically 35 hours or more per week) was \$89,450. The average total income, or salary plus any additional pay for on-call time and/or incentive bonuses, etc., for a full-time NP was \$97,340. The average hourly wage of all NPs, regardless the number of hours worked per week, was \$45.06. This hourly rate when converted to its full-time equivalent salary (2080 hours annually) was \$93,720, which may be a better indicator of NP earning power. For more

information on salary and benefits, see the “2009-10 NP Sample Survey: Compensation and Benefits” online report.

83.7% of respondents spent more than 75% of their time in direct clinical practice. A large majority of respondents (85.8%) saw 1 to 4 patients per hour (see Table 6). 32.6%, the largest group of respondents, saw 3 patients per hour. Similarly, a majority of NPs (70.4%) saw 10 to 25 patients per day (see Table 7).

Almost all respondents (97.6%) prescribed pharmacologic agents for patients. NPs in full-time practice (35 hours or more per week) prescribed an average of 22 prescriptions per day. Table 8 includes the top 15 agents prescribed by respondents regularly, or more than 15 times per week. 64.7% of respondents also prescribed or recommended herbal agents to their patients.

Respondents were presented with a list of common health problems and were asked to select those that were treated in their practice. The top 15 diagnoses treated by NPs are shown in Table 9. The most commonly treated health problems included UTI (70.8%), abdominal pain (69.4%) and GERD/heartburn (68.9%).

The amount of time physicians were present at the practice site to consult with NPs about patient problems varied greatly (see Table 10). While 26.1% practiced in a setting where a physician was on-site 100% of the time, 23.7% reported practicing in a setting where a physician was onsite 10% of the time or less.

Table 6 Average Number of Patients Seen per Hour

	<i>Percentage of Respondents</i>
1	4.9
2	20.9
3	32.6
4	27.4
5	7.3
6	3.2
7+	3.7

Table 7 Average Number of Patients Seen per Day

	<i>Percentage of Respondents</i>
<10	15.7
10-14	24.1
15-19	26.1
20-24	20.2
25+	13.9

Table 8 Top Agents Prescribed Regularly by NPs

	<i>Percentage of Respondents</i>
Antihypertensives	27.3
Antimicrobials	27.1
Dyslipidemic agents	22.7
Diabetic agents	21.8
Analgesic NSAIDs	19.7
Vaccines/immunizations	19.2
Diuretics	17.7
Bronchodilators	17.4
Contraceptives	16.1
GERD/PUD agents	16.0
Vitamins/nutritional agents	14.0
Analgesics, other	14.0
Analgesic Narcotics	13.9
Antihistamines	12.2
Antidepressants	12.1

Table 9 Top Diagnoses Treated by NPs

	<i>Percentage of Respondents</i>
UTI	70.8
Abdominal pain	69.4
GERD/heartburn	68.9
Acute upper respiratory illness	68.1
Anemia	66.7
Anxiety	65.1
Sinusitis	63.0
Depression	62.9
Acute lower respiratory illness	62.4
Hypertension	61.5
Headache/migraine	61.0
Back pain or neck pain	60.9
Asthma	59.8
Allergic respiratory illness	58.7
Dermatitis	57.5

Table 10 Percent of Time Physician Present on Site

	<i>Percentage of Respondents</i>
0%	12.9
1-10%	10.8
11-24%	4.4
24-44%	4.7
45-59%	6.6
60-74%	5.1
75-89%	12.5
90-99%	17.0
100%	26.1

The respondents had a low incidence of malpractice experience. Only 6.6% of respondents had been named in a malpractice suit, and only 2% were named as the primary defendant.

Summary

The 2009-10 NP Sample Survey provides a rich source of data describing NP characteristics and practices. Respondents were very similar to the overall NP population, based on comparisons with the AANP National NP Database (2009). Future articles will further describe and analyze data collected on compensation, prescribing, and acute care. Further analyses will also be done trending data from the NP Sample Surveys conducted in 1989, 1999, and 2004.