

# AMERICAN ACADEMY OF NURSE PRACTITIONERS

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## AANP 2006 Membership Survey

AANP conducted the 2006 AANP Membership Survey in April 2006. This survey largely replicated surveys previously fielded in 2000 and 2003 and was conducted to obtain members' perspective about what services and issues are most important to them. The survey also provided an opportunity to update data on variables such as NP income, job satisfaction, and plans to retire.

The full AANP members with active emails were sent an electronic message inviting their participation and providing instructions, along with a link to the online version of the survey. They were also given the option of completing a paper version of the survey, which could be returned by mail. Each full member for whom no active email was available was mailed a hard-copy of the survey and instructions. This group was also given the option of completing the online survey. A total of 14,876 surveys were either emailed or mailed and 5308 completed surveys (36% response) were returned within the two-week window allowed for data collection.

The distribution of respondents across specialties and years of experience was similar to that of the overall AANP members. Tables 1 compare AANP general membership and survey respondent by these characteristics. Respondents had a mean 8.9 years of NP experience. Asked to describe their main practice setting, the most frequently selected option was private physician practice. The distribution of the respondents across the most frequently selected practice settings is depicted in Table 2. For the first time, retail-based clinic was included as an option and was selected by 0.35% of respondents.

Overall, respondents were extremely satisfied (52.7%) or somewhat satisfied (41%) with their current positions. Over 83% of respondents indicated that 60% or more of their time was spent in clinical practice. While almost 82% indicated that they had no current plans to retire within the next five years, this percentage is smaller than seen in previous surveys, indicating that more NPs are now considering retirement than in the past.

Two items addressed income. Response distribution by annual salary and hourly rate of pay are depicted in Table 3 and 4, by specialty. Most (72.5%) respondents were salaried and 22% described their employment status as contracted hourly employee. The remainders indicated that they were self-employed.

Sixty-eight percent of respondents indicated that they used the Internet daily and 72% used E-mail daily. This is a significant increase from the 2003 results, in which 45% and 54%, respectively, used the Internet and E-mail daily. In the latest survey only a very small percentage indicated that they did not use Internet (1.3%) or Email (1.9%) at all. A series of options asked respondents to identify the purposes for which they used internet. Chart 1 depicts the responses to this item, with comparisons to 2003. The most dramatic increases occurred in the use of Internet for CE activities and clinical consultation.

The survey asked how important certain issues were for AANP to address. Chart 2 compares the respondents' rankings of importance in 2006 with responses in 2003. Table 5 compares responses regarding which difficulties respondents indicated they encountered in practice, by specialty.

As in 2003, the 2006 Membership Survey respondents indicated that their top reason for maintaining membership in AANP was to support the profession (Table 6). The Journal of the American Academy of Nurse Practitioners (JAANP) was frequently selected as a reason for maintaining membership. Approximately 96% of members indicated that they read the hard-copy of JAANP and just over 9% received the electronic table of contents for JAANP, which is released before the hard-copies are actually mailed.

Regarding the usefulness of various AANP online resources, AANP CE and clinical update links were ranked as the two most useful online resources, followed by legislative/regulatory resources, patient education materials, and pharmaceutical updates. CE was ranked as the most useful AANP and AANP affiliate service, followed by the AANPSmartbrief, Computer-based certification, online AANP services, and the AANP PAC.

A number of items explored continuing education. The majority (78%) of respondents preferred in-person lectures as a means of earning CE. However, the respondents indicated that they had completed a wide variety of types of CE over the preceding two-year period. Journal-based activities being most frequently selected (53%), followed by computer/internet based programs (45%) and local NP meetings (44%). Others selected by 20-41% of respondents included: PriMed meetings, state-level NP meetings, DVD/CD programs, AANP national conferences, other national NP conferences, non-journal print activities, and live webcasts. Management of clinical conditions and pharmaceutical conditions were the top ranked topical areas of interest (82% and 79% respectively), followed by evidence based practice (64%) and health promotion (43%). Between 32 and 36% identified interest in each of the following areas: Regulation/Health Policy, Psychosocial, Complementary/Integrative, and Practice Management/Business Skills. Due to the importance of CE as a member benefit, a follow-up comprehensive learning needs assessment survey was distributed to approximately 6000 members in September 2006. Data analysis is pending, but will provide guidance for future AANP educational initiatives.

The 2006 AANP Membership Survey provided the organization's members an opportunity to provide valuable input. As the oldest, largest, and only full-service organization for NPs of all specialties, AANP is member-driven and it is important to obtain guidance from the membership. In response to this survey, other projects have been implemented to further enhance the benefits and services available to AANP members.

Table 1. Clinical Specialization of Members and Respondents

<b>Main Specialty</b>	<b>2006 Member Survey Respondents</b>	<b>2006 Member Specialties</b>
ACNP	4.6	5.7
<b>ANP</b>	20.5	20.1
FNP	57.9	55.8
GNP	4.1	2.9
NNP	0.2	0.2
PNP	2.6	2.9
MHNP	1.3	1.2
WHNP	4.3	3.4
ENP	1.7	1.4
OCCNP	0.8	0.8
ONCNP	1.7	1.1
SNP	0.2	0.3

Table 2. Main Practice Settings

<b>Practice Setting</b>	<b>Percentage</b>
Private Physician Practice	31.6
Community and Public Health, Combined	10.3
Hospital Outpatient Clinic	10.0
In-Patient Hospital	9.2
Rural Health	4.5
Emergency/Urgent Care	4.2

Table 3. Annual Income, NPs with &gt;20 hrs/wk direct pt care, by specialty

Specialty	<\$50,000	\$50,000- 59,999	\$60,000- 69,999	\$70,000- \$79,999	\$80,000- 89,999	\$90,000- 99,999	\$100,000+
ACNP	0	5.1	11.2	24.5	31.6	13.3	14.3
ANP	4.3	8.4	20.2	25.1	19.0	10.1	12.8
FNP	6.8	8.4	23.4	28.5	16.7	8.9	6.4
GNP	9.6	11.0	17.8	26.0	15.1	8.2	12.3
PNP	10.0	4.0	20.0	24.0	26.0	10.0	6.0
PMHNP	0	7.4	14.8	25.9	14.8	25.9	11.1
WHNP	5.1	12.7	29.1	24.1	20.3	2.5	6.3
OTHER: ED	2.4	7.1	9.5	23.8	11.9	21.4	23.8
OTHER: ONC	0	0	26.8	29.3	22.0	12.2	9.8
ALL	1.4	8.2	23.0	30.8	17.4	9.1	10.1

Table 4. Hourly Income: All respondents practicing, by specialty

Specialty	<\$25	\$25-29	\$30-34	\$35-39	\$40-44	\$45-49	\$50+
ACNP	0	4.3	17.2	32.3	21.5	11.8	12.9
ANP	2.3	6.8	20.3	31.9	16.8	10.3	11.7
FNP	2.3	10.5	26.5	29.1	16.5	7.8	7.2
GNP	2.4	9.6	26.5	19.3	20.5	12.0	9.6
PNP	5.7	3.8	11.8	24.5	24.5	15.1	15.1
PMHNP	0	7.1	10.7	17.9	10.7	21.4	32.1
WHNP	3.4	10.2	22.7	33.0	13.6	5.7	11.4
OTHER: ED	0	2.3	6.8	22.7	22.7	13.6	31.8
OTHER: ONC	0	8.3	19.4	30.6	19.4	13.9	8.3
ALL	2.2	8.9	23.4	29.2	17.2	9.2	9.9

Table 5. Ranking of Difficulties encountered

	ACNP	ANP	FNP	GNP	PNP	MHNP	WHNP	ALL
Hospital Admissions	<b>17.8</b>	11.9	<b>15.7</b>	<b>15.9</b>	7.6	<b>15.2</b>	9.9	14.8
Hospital Privileging	<b>15.3</b>	11.9	<b>13.2</b>	<b>15.0</b>	10.6	12.1	9.9	13.1
Mail Order Pharmacies	12.7	13.4	<b>15.0</b>	12.1	9.1	<b>21.2</b>	<b>14.4</b>	14.0
Medicaid Reimbursement	10.2	12.4	<b>14.6</b>	<b>20.6</b>	12.1	<b>33.3</b>	<b>15.3</b>	13.6
Medicare Reimbursement	12.7	14.1	<b>15.5</b>	<b>21.5</b>	6.1	<b>24.2</b>	<b>15.3</b>	14.8
Malpractice Insurance	<b>9.3</b>	<b>9.6</b>	<b>8.9</b>	<b>11.2</b>	6.1	<b>15.2</b>	<b>9.9</b>	8.4
Ordering Diagnostic Studies	10.2	10.0	<b>13.4</b>	6.5	<b>16.7</b>	6.1	<b>14.4</b>	11.6
Ordering Durable Medical Equipment	9.3	11.7	<b>15.5</b>	<b>15.9</b>	<b>18.2</b>	3.0	9.9	12.8
Ordering Home Health	18.6	<b>22.6</b>	<b>24.1</b>	21.5	<b>22.7</b>	<b>24.2</b>	11.7	22.3
Ordering Hospice	11.9	13.6	<b>15.5</b>	<b>18.7</b>	9.1	<b>18.2</b>	9.0	13.9
Ordering Medical Nutrition	<b>5.9</b>	4.9	6.8	6.5	9.1	3.0	5.4	5.8
Providing Long Term Care Services	<b>11.0</b>	<b>8.3</b>	<b>7.1</b>	<b>14.0</b>	1.5	3.0	4.5	7.0
Receiving Samples	<b>22.0</b>	20.3	<b>22.1</b>	<b>26.2</b>	18.2	15.2	20.7	21.3
Primary Care Provider Recognition	27.1	35.4	<b>39.5</b>	30.8	<b>47.0</b>	<b>36.4</b>	34.2	35.8
Medicaid Primary Care Provider Recognition	6.8	11.1	13.0	19.6	9.1	21.2	9.0	12.4
Workers' Compensation	3.4	<b>10.5</b>	<b>10.5</b>	5.6	3.0	<b>15.2</b>	4.5	10.0

Table 6. Reasons for Maintaining AANP Membership

Reason	% Respondents 2006	% Respondents 2006
Support Profession	83.7	82.3
Discounted CE	54.3	42.9
JAANP	53.3	37.8
Info Resource	46.9	52.3
Health Policy Representation	44.7	51.3
Conference Participation	38.0	32.3
Networking Opportunities	36.2	34.5
Reduced Conference Fee	34.8	30.3
Legislative Update Newsletter	30.9	34.6
Research Survey Data	30.6	
Reduced Certification Fee	27.6	23.6
Practice/Policy Consultation	26.7	26.5
Members Only Section	18.4	12.5
AANPF Grants/Scholarships	4.7	5.2

Chart 1. Uses of Internet

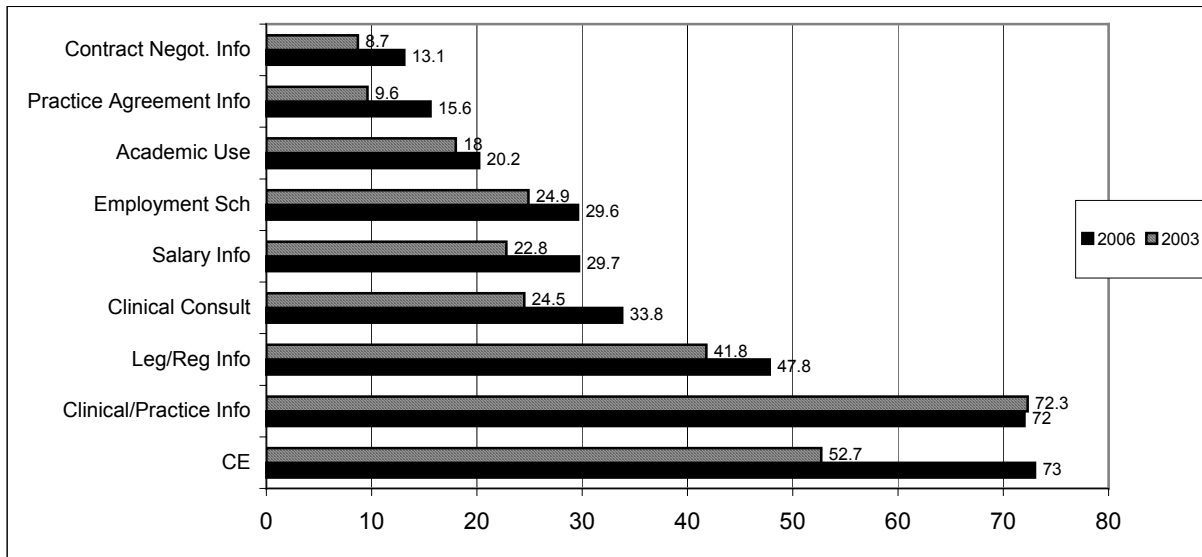


Chart 2. Issues for AANP

