



2009 AANP Membership Survey

Introduction

AANP conducted the 2009 AANP Membership Survey online over a two-week period in April-May 2009, with 2268 responses (17% response). The survey was designed to primarily replicate the survey conducted in 2003 and 2006, with some adaptations made.

Results

Respondents were similar in characteristics to the AANP membership in specialty, experience levels, educational preparation, and certification. Family NPs made up the largest category of respondents (63%), with adult NPs (21%) being the second largest category. Table 1 compares the respondents to the general AANP membership.

Table 1. Main Clinical Specialty

Main Specialty	Percentage Respondents	Percentage Full Members
Acute Care	5.5	6.5
Adult	21.2	22.5
Family	62.6	61.7
Gerontological	3.1	2.6
Neonatal	0.3	0.2
Oncology	N/A	1.0
Pediatric	2.2	1.8
Psychiatric/Mental Health	1.3	1.4
Women's Health	3.8	2.1

Compared to previous surveys, the most common clinical setting continues to be private physician practice (26.4%). Other settings selected by 3% or more of respondents are depicted in the following table. Note that in this survey, the hospital inpatient setting was actually classified as either hospital inpatient critical care (2.0%) or hospital inpatient other (7.5%). See table 2 on following page.

Table 2. Main Clinical Setting

Setting	2009	2006	2003
Private Physician	26.3	31.6	30.9
Hospital Outpatient Clinic	9.4	10.0	6.9
Community Based Primary Care	8.8	10.3	12.8
Hospital Inpatient	9.5	9.2	7.8
Rural Health Clinic	5.6	4.5	4.7
Emergency Dept/Urgent Care	4.8	4.2	4.2
Private NP Practice	3.4	3.7	3.8
Retail-Based Clinic	3.4	0.4	NA
Long Term Care Facility	3.0	3.6	4.2

Respondents described themselves as either a salaried employee (69.8%), hourly employee (22.1%), independent contractors (3.6%), self-employed (3.5%), or the practice owner (1.0%). Table 3 compares to prior surveys

Table 3. Employment Category

Employment	2009	2006	2003
Salaried Employee	69.8	Salaried Employee 72.5	75.7
Hourly Employee	22.1	Contract/Hourly Employee 22.0	19.0
Independent Contractor	3.6		
Practice Owner	1.0	Self-Employed 5.5	5.5

AANP is interested in considering pending retirement as a variable in NP workforce determinations. While 1.6% of respondents described themselves as currently retired, 1.1% indicated that they planned to retire within a year and 2.4% and 11.7% indicated plans to retire in 2-3 or 4-5 years, respectively. The responses to this item were similar to those in previous surveys (See table4).

Table 4. Retirement Plans

	2009	2006	2003
Already Retired	1.6	1.2	1.0
Within a year	1.1	1.1	0.5
2-5 years	14.1	15.9	10.3
No current plans	82.3	81.9	88.2

Regarding use of technology, 60% of respondents indicated that they used a PDA or smartphone in clinical practice. Most frequently, these devices were reported to be used for drug information (53.9%) and diagnostic studies (27.1%), as well as lab values (22.2%), CE/education (18.7%), communications (16.4%), coding (14.3%), web-browsing (8.9%), and electronic charting (1.5%).

The members indicated that they most preferred to receive AANP communications through targeted email messages (67.6%), compared to other methods such as the newly introduced weekly e-bulletin (24.1%), USPS mail (6.3%), and obtaining messages from the website (2.0%).

The majority indicated that they had learned about AANP either from their NP program/faculty (26.7%) or colleague/another NP (22.5%) (Table 5). Asked why they first chose to join AANP, most selected support of the profession (70.0%), to stay abreast of the profession (64.3%), and/or CE/education (55.2%). (See Table 6)

Table 5: How Learned of AANP

How Learned	%
NP Program or Faculty	46.7
Colleague or Another NP	22.5
AANP Conference Registration Material	7.4
AANP Website	6.8
AANP Member Recruitment Material	6.3
AANP Advertisement	4.3
AANP Exhibit	1.2
Article about AANP	0.6
Other	4.2

Table 6. Reason Joined AANP

Reason to Join	%
Support Profession	70.0
Stay Abreast of Profession	64.3
CE/Education	54.2
Access Information	50.5
Certification Discount	33.1
Conference Discount	27.5
Health Policy Work	27.4
Access General AANP Svc	22.1
Access to JAANP	15.2

Asked to identify who paid their AANP dues, most (71.6%) indicated that they were personally responsible for their membership dues. Table 7 compares the responses to this item with prior membership surveys. It is noteworthy that over 40% of respondents to the 2008 NP Compensation Survey identified that professional association dues were among their benefits of employment.

Table 7. Dues Source

	2009	2006	2003
Member	72.6	75.1	77.6
Employer	26.1	23.4	21.3
Shared	2.3	1.5	1.1

Respondents were asked to select which, if any, other NP, nursing, or specialty nursing organizations they belonged. As in the past, the most frequently selected organization was ANA (24.5%).

Approximately 9% selected either ACNP or AACN. Approximately 42% indicated that they belonged to their state NP organization and 27% to a local NP group. AANP was considered their main membership organization by over 77%. The percentage of respondents who agreed that AANP was their main membership organization (77.4%).

Table 8 compares rankings of responses to items asking about issues of importance from a list provided. The responses have been similar over time.

Table 8. Importance of Issues

Issues	2009	2006	2003
Clinical Issues	77.7	79.8	32.3
CE/Education	75.4	70.3	57.3
Legislation/Regulation	57.0	63.9	63.2
Healthcare Reform	46.6	NA	NA
Role Recognition	44.4	49.0	NA
Reimbursement	32.8	44.4	50.6
Marketing/Role Recognition	29.8	23.3	49.3
NP Preparation	23.6	26.7	24.2
NP Research	20.7	34.7	35.0

Responses to the item regarding which difficulties members encountered in practice are depicted in Table 9, with comparisons with earlier surveys.

Table 9. Difficulties Encountered

Difficulties	2009	2006	2003
PCP Recognition	33.3	35.8	41.2
Ordering Home Health	23.0	NA	NA
Receiving Samples	15.6	21.3	16.8
Ordering Hospice Care	14.3	NA	NA
Medicare Reimbursement	13.5	14.8	15.1
Ordering DME	12.6	12.8	13.4
Medicaid Reimbursement	11.8	NA	NA
Medicare PCP Recognition	11.7	NA	NA
Hospital Privilege	11.5	14.8	12.9
Ordering Diagnostic Studies	10.5	11.6	12.0
Mail Order Pharmacy	9.4	NA	NA
Malpractice Insurance	8.8	NA	NA
Health IT Costs	7.3	NA	NA
Providing LTC	7.0	7.0	8.4
Workers Comp	5.8	10.0	5.5

Similar to the reasons for initially joining the organization, the respondent members identified maintaining their membership to support of the profession (66.3%) and access free/discounted CE (57.1%). The following table compares the 2009 responses with those from earlier surveys.

Table 10: Maintenance of Membership

Reason to Maintain Membership	2009	2006	2003
Support of Profession	66.3	83.7	82.3
Free/Discounted CE	57.1	54.3	42.9
Health Policy Representation	44.7	44.7	51.3
Information Resource	43.4	46.9	52.3
JAANP	41.7	53.3	37.8
Health Policy Updates	40.3	30.9	34.6
Reduced AANP Conf Fees	33.9	34.8	30.3
SmartBrief	31.2	NA	NA
Networking Opportunities	30.9	36.2	34.5
Access to Research/Survey Data	29.3	NA	NA
Reduced Certification Fees	27.3	26.7	26.5
Practice/Policy Consultation	18.0	26.7	26.5
Members Only Access	16.8	18.4	12.5
AANP Career Center	13.9	NA	NA
NP Finder	8.1	NA	NA
AANPF Scholarships & Grants	5.8	4.7	5.2
Malpractice Coverage	4.7	NA	NA

Regarding the types of JAANP articles members preferred, the majority selected case study (55.5%). Education and research articles were chosen by 27.9% and 19.1% of respondents, respectively, followed by clinical/practice articles (12.2%), columns (9.9%), theoretical/conceptual (6.4%), and international (3.7%). Over 92% of respondents usually read the hard-copy of JAANP, as opposed to the online version. Only 5% of respondents indicated that they did not usually read JAANP. Asked the types of articles they would like to see more of, almost 62% selected CE articles, with 46% requesting topical issues as demonstrated in Table 11.

Table 11: Articles Types Requested

Article Types	%
Articles for CE	61.8
Topical (Themed) Issues	46
Expert Panel	27.1
Research	21.9
Brief Reports	19.9
Regular Columns	13.5
Online Supplemental Material	13.4
Book Reviews	9.8
Letters to Editor	6.3
Invited Reviews	4.9

Table 12 depicts the responses to a series of items asking respondents to rate the usefulness of various AANP and AANP affiliate services and web resources.

Table 12: Ratings for AANP and Affiliate Services and Online Resources

Services	Very Useful	Somewhat Useful	Not Useful	Not Aware	Don't Use
Update Prof Info	47.5	30.7	2.3	5.7	13.8
CE Center	48.2	31.6	1.1	5.1	13.2
CE Portfolio	24.1	26.6	3.5	16.0	29.8
Clinical Links	39.5	35.8	1.3	8.7	14.7
Conference News	42.7	38.4	1.9	2.3	6.4
Membership Renewal	67.4	22.6	0.9	2.4	6.7
Patient Ed Resources	35.3	30.2	2.1	13.7	18.7
Healthcare Alerts	29.5	43.3	1.9	9.9	15.3
Legislative Alerts	40.0	41.4	1.6	5.3	11.7
Research & Ed Resources	24.7	49.8	2.0	6.7	16.8
Pharmaceutical Updates	31.2	39.1	2.1	10.5	17.1
NP Finder	14.1	29.9	5.3	6.5	44.3
Career Links	15.1	30.4	4.8	7.2	42.6
Sponsored CE	62.1	29.9	0.8	2.4	4.8
PAC	36.1	44.7	3.8	4.2	11.1
JAANP	20.4	37.5	7.8	7.7	26.5
Online Services	34.8	45.4	3.0	3.6	13.2
SmartBrief	47.6	33.7	4.6	3.1	11.0
AANPF	9.3	22.8	13.0	12.2	42.7
Computer-Based Cert	31.8	14.8	5.6	9.8	38.1

Respondents were asked to identify how they maintained pharmaceutical knowledge. As with previous surveys, the most commonly selected means were CE/conferences (87.8%) and publications/professional journals (72.7%). Most respondents had completed a computer or internet CE activity in the past two years (Table 13). However, they continue to prefer in-person lectures (Table 14).

Table 13: CE Activities Completed

CE Program	2009	2006
Computer/Internet	62.8	44.6
Local NP Group	49.7	44.3
Journal Based	49.6	53.0
Specialty Conference	45.2	NA
State Level Conf	33.1	35.6
AANP Nat'l Conf	28.2	24.3
Other Nat'l Conference	27.1	25.1
DVD/CD Rom	24.3	32.3
Other Print	23.8	24.0
Other	14.2	NA

Table 14: Preferred CE Activity

Activity	2009	2006
In-Person Lecture	78.7	77.7
Computer/Internet	56.5	43.9
Printed Material	47.8	53.0
DVD/CD Rom	24.4	32.55
Other	1.1	3.1

Regarding attendance at professional conferences, the majority indicated that their employers covered the cost of registration fees (52.1%) and provided paid time off (62.9%). Otherwise, it was more likely that the member was responsible for the associated cost than their employer. Regarding the importance of different variables in their determination of whether to attend a conference, the educational content was most highly ranked (95%). See Table 15.

Table 15: Decision to Attend Conference

	Extremely Important	Somewhat Important	Not at All Important
Educational Content	95.0	5.0	
Travel Expenses	67.8	29.9	2.4
Location	66.5	31.3	2.3
Registration Fee	64.8	32.5	2.7
Employer Cost Assist	56.3	31.4	12.3
Skills Workshop	45.6	46.1	8.4
Arranging Practice Coverage	37.5	36.7	25.9
Networking	35.0	54.1	10.8
Leg/Policy Update	30.6	61.4	8.0
Keynote	24.5	61.2	14.3
Comp Exhibit Hall	24.4	58.9	16.6
IS Meal Symposia	14.9	51.5	33.6

Asked how satisfied they were with AANP services, the vast majority were either extremely satisfied (36.7%) or satisfied (61.3%). Almost all indicated that they very likely (72.3%) or somewhat likely (25.5%) to recommend membership in AANP. Almost all were likely to renew their AANP membership (98.2%). The members (42%) were interested in having more volunteer opportunities.

Asked whether or not they have voted in the most recent AANP election, 58% indicated that they had not voted. Approximately 43% specified lack of familiarity with the candidates as a reason for not voting.

Items were included regarding hourly rate of pay and salary. The mean hourly rate reported by members was \$43.90, which is an increase from 2008 (\$42.58) and 2007 (\$41.58) compensation surveys. The mean total NP income for members practicing clinically more than 35 hours per week was \$90,200. This was slightly less than the total income reported in 2008 (\$92,110). However, the wording between the two surveys was slightly different, as the 2008 survey collected data on both annual NP salary and

total income. It is plausible that the total income is a mixture of annual salary and total income. The mean annual NP salary was \$84,250 in 2008.

Summary

The 2009 AANP Membership Survey provides detailed information on the AANP Full Members, including their preferences for AANP services and perceptions of the benefits derived from their membership. Questions regarding the survey should be referred to AANP's director of research and education at mjgoolsby@aanp.org