Recruiting Rural Nurses to Become Advanced Practice Registered Nurses in Rural Colorado

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Clinical Problem: Access to Care

Healthy People 2020 Goal:

“Improve access to comprehensive, quality health care services...Increase number of practicing nurse practitioners.”

(healthypeople.gov, 2014)
Background & Significance

• ACA and Medicaid Expansion
• High utilization of ED’s
• Newly insured’s report challenges in finding a primary care provider.

• Rural population in Colorado continues to grow...
• Rural provider #’s shrinking.

(Colorado Health Institute, 2014)
CINHAL, PsycInfo, PubMed – 438 articles identified

69 articles retained for review

Keywords included; rural, nurses, providers, physicians, nursing students, underserved, recruitment, retention, primary care, shortage, APRN, family nurse practitioners, and nurse practitioners.
SYNTHESIS

- Maldistribution of PCPs in Colorado and nationally
- Rural and Underserved communities most at risk
- Loan repayment programs help mitigate the shortages for awhile
- Limited retention of providers after loans are paid off.
- Providers who are from a rural and or underserved community are more likely to be retained and work in that or a similar community

* 166 placements have occurred between 2005 and 2015.
TYLER COLLABORATIVE MODEL FOR EVIDENCE-BASED PRACTICE

Health Care Institutions, foundations, and advocacy groups

Multi-Disciplinary Collaborative (MDC)

Nurse Educators and State based Educational Institutions

Nurse Physician Advisory Taskforce for Colorado Healthcare

State DORA/Gov. Office

State Legislature

Collaborate with Regis University to create cohort

Collaborative Research Project to Address Access to Care in Rural and Underserved Areas

Report Results and apply for further funding to expand the project - Publish

Measure Sustainability and Retention

Synthesis of Evidence and creation of grant proposal and project plan supported by that evidence

Implement Recruitment and Survey Participants

Evaluation

STEP 1

STEP 2

STEP 3

STEP 4

STEP 5

STEP 6

Building Relationships

Problem Diagnosis

Acquiring Resources

Choosing a Solution

Gaining Acceptance

Stabilization of the process to implement EBP

UNFREEZING

MOVING

REFREEZING

PLANNED CHANGE PROCESS
Stipend
Coaching
School application assistance
Clinical placement assistance
Employment assistance
Community matching funds
Contractual obligation to serve community
Partnership with a Rural and Underserved APRN Program
• Arizona State University Independent Review Board - Exempt

• Nursing Community APGAR Questionnaire – Likert Scale Survey with 2 open-ended questions sent out via Survey Monkey.

• 50 factors grouped into five classifications of 10 factors each

• Convenience sample – 36 surveys sent out – 34 returned - 94.4% response rate

• Kolmogorov-Smirnov Test – Non-parametric – Goodness of Fit Distribution
• 70% - Caucasian
• 94.4% - Female
• 97% - Currently living/working in a rural/underserved community
• 76% - Raised in a rural/underserved community
• 11.1 years – Average years as a Registered Nurse
• 37.7 years – Average age
Classifications indicated as significant in the K-S

Management and Decision Making – Importance – p=.006 (N=28)
- Mean Score=36.10 (SD = 3.90)

Practice Environment – Importance – p=.002 (N=33)
- Mean Score=37.00 (SD = 3.15)

Overall Total Score of NCAQ Instrument – p=.001 (N=14)
- Mean Score = 196.71 (SD = 53.40)

Only Significant Outcomes
Figure 1 - NCAQ Mean Scores Indicating Highest Advantages and Challenges
NCAQ with Highest Importance Ratings

- Autonomy and Respect
- Professional Development Opportunities/Career Ladder
- Job Satisfaction/Morale Level
- Emphasis on Patient Safety/High Quality Care
- Positive Workplace Culture/Supports Mentoring

Importance Means
What are your greatest barriers to returning to school and becoming an APRN provider in your community?

- Cost
- Financial
- Family
- Money
- Community
- Commitment
- Funding

What can overcome these barriers?

- Scholarships
- Financial assistance
- School, flexible
- Cost
- Financial support
Significance and Implications for Practice

Rural Nurses are willing to return to school to become APRN providers and build a local provider pipeline.

They need:

Financial, Community, and Statutory Support

Could create a new model for building a provider workforce in healthcare shortage areas.
Limitations

• NCAQ format
• Ensuring Objectivity
Colorado APRN Rural and Underserved Fellow Placements...

...as of October 1, 2017...
Unexpected Challenges

- Unaccredited BSN education
- Employer flexibility for clinical placement time
- Community matching funds
Opportunities for Further Research

Phase 1: Rural APRN Recruitment

Phase 2: Rural APRN Graduation Rates

Phase 3: Rural APRN Retention – five years post graduation
“Grow Your Own” rural APRN recruitment strategies have great potential to create an APRN primary care provider model in rural and underserved communities.

REQUIREMENTS: Financial, Community, and Statutory Support


Questions?