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Are Advanced Practice Registered Nurses In Mississippi Participating In Practices That Advocate The Nursing Profession

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**Are Advanced Practice Registered Nurses in Mississippi Participating in Practices that
Advocate the Nursing Profession**

by

Sarah Adams, Melanie Bush, Lacy Estes, Lisa King, & Paige Long

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Clinical Research Project
Submitted in Partial Fulfillment of the Requirements for the
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Columbus, Mississippi
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Graduate Committee Approval

The Graduate Committee of Sarah Adams, Melanie Bush, Lacy Estes, Lisa King, and Paige
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hereby approves this research project as meeting partial

fulfillment of the requirements for the Degree of

Master of Science in Nursing

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Director of Graduate Studies

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Abstract

Previous research studies have focused on patient outcomes related to healthcare interventions, but there is little research available regarding nurses' involvement in activities that would advance the profession. Advanced Practice Registered Nurses' (APRN) contributions to the healthcare system lead to direct improvement of patient outcomes through research, mentoring new professionals, and participating in professional organizations. The theoretical motivation behind the study is Ray's Theory of Bureaucratic Caring that proposed healthcare personnel consider incorporation of the business aspects of healthcare to propel nursing into the future. Ray dared nurses to become leaders in the field, understand the corporate aspects of health care, evolve bedside nursing through research activity, and build future nurse leaders with political and mentorship works. The study considers characteristics Ray demanded nurses take to control the future of the profession and advance the nurse's role in healthcare. The study will assess current level of involvement of APRNs in three activities that directly advance the profession. Survey questions will address demographic information and the degree of participation in the three specific activities. The study will use a quantitative approach through randomized surveys distributed through face-to-face encounters, Survey Monkey, social media, and email. Inclusion criteria is limited to practicing APRNs within any specialty with a master's level education or higher.

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**Are Advanced Practice Registered Nurses in Mississippi Participating in Practices that
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CHAPTER 1

Dimensions of the Problem

Introduction to the Problem

Advanced practice registered nurses (APRNs) can influence the nursing profession by participating in efforts to advocate for advanced nursing issues. Nurses have the opportunity to change how nurses advocate for patients, nurses, and the nursing profession. As an advocate to the nursing profession, APRNs have a duty to identify problems within the healthcare system, raise awareness of the problems, provide solutions to the problems, and implement change aimed at resolving the problem. The nursing process of assessing, diagnosing, planning, implementing, and evaluating prepares nurses identify problems and provide solutions. The process is applicable to all aspects of nursing, not just direct patient care. Advanced practice registered nurses are experts in the nursing field and should not be afraid of advocating for patients, the profession, or the individual APRN; however, in the state of Mississippi, the role of the APRN has not progressed to the same level of the role nationally (Pender, 2017).

This study determined how many APRNs in Mississippi are advocating for the profession. One way to assess APRN involvement is by researching how many APRNs are taking an active role in both local and national nursing organizations. Having positive professional behaviors, including mentoring new graduate nurses, continuing personal education, participating in and implementing evidence-based practices, and being an active member of professional nursing organizations, are other ways nurses can advocate for the profession (Ray,

1989). Evidence-based research into the previously mentioned areas of advocacy will identify any needs and present a solution to address the anticipated need for more APRNs in advocacy practices.

Background of the Problem

The role of APRN has evolved since the late 1800s (Stewart & DeNisco, 2019). Many credit Wald with advancing nursing practice to the next level by establishing the public health nurse (Mason et al., 2016; Stewart & DeNisco, 2019). The role of the nurse practitioner was formally developed in 1965 by Ford and Dr. Silver (Stewart & DeNisco, 2019). Since development, the role has been met with resistance from both the medical and public communities. Efforts to advance practice rights continue to be met with mixed support. Although the role has rapidly progressed in practice and acceptance since the 1970s, there is still much that can be done to allow APRNs to practice to the full extent of training and capabilities.

Standardization of education has been successful in advancing the APRN role. The American Association of Colleges and Nursing (AACN) prepared the *Essentials for Master's Education in Nursing* that includes nine separate essentials used to standardize master's level education programs (Stewart & DeNisco, 2019). Multiple essentials from the list correspond to advocacy efforts by the Master of Science in Nursing (MSN) prepared practitioner.

Another noteworthy development in the advancement of APRN practice was the 2011 publication of *The Future of Nursing: Leading the Change, Advancing Health* by the Institute of Medicine, which called for nurses to be leaders in redesigning healthcare (Mason et al., 2016). Both works have helped propel nursing practice, but there is still much advancement to be made

for the APRN profession. An effective way to overcome the obstacles is for APRNs to be involved in advocacy efforts for personal and professional growth.

Statement of the Problem

As of 2019, there were 270,000 APRNs in the United States with an estimated 5,500 licensed in Mississippi (American Association of Nurse Practitioners [AANP], 2019). Mississippi APRNs practice under limitations other APRNs in different states do not (Pender, 2017). The restrictions support the problem that Mississippi APRNs are not advocating for the profession.

Significance of the Research

This study will be useful in determining the extent APRNs are working to advance the nursing profession. In discovering the advocacy practices currently being implemented, measures can be taken to improve areas that may be lacking adequate efforts.

Purpose of the Study

The purpose of this study was to determine whether Mississippi APRNs are advocating for the nursing profession by participating in professional organizations, mentorship, and scholarly inquiry.

Conceptual Framework

For the purpose of this research study, the researchers chose to utilize Ray's Theory of Bureaucratic Caring, which encompasses caring and bureaucracy (Coffman, 2018). Ray's Theory of Bureaucratic Caring applies to the current research project by allowing an all-encompassing approach to analyzing factors involved in the nurse practitioners' decision to join a nursing organization. The study by Coffman (2018) is focused on the advocacy of nurses in

nursing organizations and what influences a nurse's decision whether or not to join a nursing organization. The appropriateness of the theory is used to guide the current study. When researching the advocacy efforts of APRNs, researchers must understand how caring and bureaucracy are interconnected. The issues to be researched in the current study include participation in a professional nursing organization, participation in research and scholarly inquiry, participation in nursing or health policy development, and participation in mentorship opportunities. Each issue falls under a care structure identified by Ray in the Theory of Bureaucratic Nursing. Professional advocacy should encompass the caring and bureaucratic perspectives of nursing and nursing's place in the healthcare system.

Research Questions

1. Are APRNs active members of professional nursing organizations?
2. As individuals, do APRNs engage in practices that advocate for the APRN profession, such as mentorship, participating in scholarly inquiry, or attending organizational meetings?

Definition of Terms

There were several terms to be defined as they were used in the application of the study.

Advanced Practice Registered Nurse

Theoretical. A nurse who has completed an accredited graduate-level education program; passed a national certification examination; acquired advanced clinical knowledge and skills preparing the individual to provide direct and indirect care to patients; whose practice builds on the competencies of registered nurses by demonstrating greater depth and knowledge, greater synthesis of data, and increased complexity of skills and interventions leading to greater

role autonomy; is educationally prepared to assume responsibility and accountability for health promotion and maintenance, as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacological and nonpharmacological interventions; and has obtained a license to practice in one of four APRN roles including certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist, or certified nurse practitioner (Stewart & DeNisco, 2019).

Operational. A licensed and certified nurse practitioner, registered nurse anesthetist, nurse-midwife, or a clinical nurse specialist practicing in the state of Mississippi.

Active Member

Theoretical. A person in a group who takes on an active role in opportunities and participation in a task that would serve to benefit the group as a whole.

Operational. An APRN involved in a professional organization that advocates, educates, and grows the profession. The APRN is active and participates in meetings, develops ideas, and serves the group.

Professional Nursing Organization

Theoretical. An organization representing the nursing profession based on advocacy, promoting growth, education, providing a voice in legislative advancements, networking, and resources to actively practicing and retired nurses usually requiring a membership fee.

Operational. A group of professional nurses with a variety of backgrounds and degrees who have joined together to pursue a common purpose or goal.

Advocate

Theoretical. Ethic of nursing practice that requires supporting a cause or and is instilled at the heart of the nursing profession (Merriam-Webster, 2019).

Operational. “An individual or group that pleads, defends, or supports a cause or interest of another” (Stewart & DeNisco, 2019, p. 61).

Mentorship

Theoretical. A mentor who takes time to teach, counsel, and influence an individual for a profession in a controlled setting.

Operational. A practicing APRN who guides a person currently enrolled in a degree of study toward achieving APRN status with personal instruction, training, and supervision in a clinical setting.

Scholarly Inquiry

Theoretical. Asking a question or seeking information to obtain higher knowledge about a subject.

Operational. Purposefully seeking to obtain information or broaden personal knowledge base for the purposes of advancing the practice or profession.

Assumptions

The following assumptions were made by the current researchers regarding this study:

1. Respondents will be willing survey participants.
2. Participants responded honestly to items on the survey.
3. All participants have a master’s level knowledge regarding the nursing practice and relevant science.

Summary

Mississippi APRNs are not currently practicing to the full extent of APRN abilities. The researchers identified concepts that may improve practice capabilities for APRNs and the nursing profession. The purpose of this study was to determine whether Mississippi APRNs are advocating for the nursing profession by participating in professional organizations, mentorship, and research. The researchers used Ray's Theory of Bureaucratic Caring as the theoretical framework for the study to correlate the relationship of an individual APRN to the larger bureaucratic facet of nursing practice. The researchers developed questions to guide the investigation. Responses were analyzed and may be used to discover ways to improve and unite the advocacy efforts of Mississippi APRNs. The information will be used to guide APRNs in ways that the APRNs can become more effective advocates for patients, individuals, and the nursing profession.

CHAPTER II

Literature Review

An important component of any research is looking back to see where previous research has been performed in order to know the direction needed to guide present research. Historically, research for specific reasons that might hinder an APRN to advocate for the profession has not been performed nationally; however, there are small state and organizational studies that have been carried out and can help propel the current study. Looking at past research components of APRN leadership, mentoring, and political involvement, researchers determined there needs to be vast improvement in all three categories to improve advocacy for the future of nursing utilizing the concept of Ray's Theory of Bureaucratic Caring.

First, researchers examined how much Ray wanted the profession of nursing to propel into the business world. Ray first recognized healthcare's transformation when a shift of healthcare providing healing into corporate enterprises was noted (Ray, 1989). Historically, healthcare and nursing have centered around healing the patient. The structure and function of the healthcare system providing healing has not been studied or changed. With the monopolization of healthcare, Ray decided to bring in the view of holistic care mixed with an understanding of the business sense or bureaucracy. Ray wanted to incorporate economic, political, legal, and technological barriers, and focus on the structure of the nursing culture or facility. Ray targeted the study of administration and facilities with the intent to create an environment that provides nurses an organizational structure where identity can be maintained, and the fear of alienation can be dissolved. In order to make sure the nursing profession maintains a voice, executives with business knowledge and leadership abilities need to be

incorporated into nursing administration. Ray's ultimate focus was to engage and enhance the nursing profession and bring innovation back to the forefront through professional growth (Ray, 1989).

According to Ray (1989), in order to advance the nursing profession, a need to examine and exemplify leadership characteristics exists. Each APRN needs to identify leadership components required to increase the recognition of nursing practice. If the nursing hierarchies can provide a firm foundation and lead by example, more leadership traits may then trickle down to bedside registered nurses, licensed practical nurses, and certified nurse assistants (Ray, 1989). Lamb et al. (2018) conducted a study on the perceptions of leadership capabilities and concluded most participants lacked the general knowledge associated with leadership from an APRN's perspective. An APRN's primary focus was patient care and oftentimes, other leadership roles within the scope were overlooked (Lamb et al., 2018). Though patient care should always be at the forefront, leadership traits are a dimension to the role that must not be overlooked in order to promote the longevity of nursing practice.

Leadership can be exhibited through many traits. One promotion of nursing practice that incorporates leadership through the medical community is medical advancements and research. Research that promotes wellness and new discoveries has evolved nursing practice from the beginning. Modern-day nursing practice has now evolved into evidence-based concepts of care. The works of nursing predecessors must be continued for the nursing profession to remain esteemed, notable, and evolving. In a recent study conducted by Minnick et al. (2019), an investigation was performed into the degree contributions of Doctor of Nursing Practice (DNP) colleges. Though many DNPs received extensive research education throughout the DNP

curricula, over half the participants acknowledged no materials had been published outside of school. Minnick et al. (2019) further identified only a very minute number of participants were involved in an organizational change project.

A study conducted by Harbman et al. (2017) took a bridge program of MSNs post-graduation and placed the individuals with an experienced APRN with a solid understanding of research. Harbman et al. (2017) concluded that by completing further in-depth education of research and bonding with an expert in the field of research, APRN participants gained a better understanding and confidence in partaking, utilizing, and implementing evidence-based practice. Both studies bring to light the importance of further research and education regarding the roles and duties of APRNs in the contributions to research and medical advancements.

In a related study regarding leadership attributes, O'Rourke and Higuchi (2016) identified selected qualities noted in leadership roles of individuals with substantial involvement and promotion of change and evolution of the nursing branches. Identifying common traits is necessary to cultivate traits into education and experience. This will, in turn, strengthen nurse leaders and ensure a generation of nurses who can lead the profession to advancements and change required for the future of healthcare. Utilizing research and asking APRNs to internally question whether individuals possess the discussed attributes may establish why APRNs lack leadership needed to propel the APRN role further.

Another way to advocate and promote nursing is cultivating within the nursing profession, especially by boosting the mentorship role. Jnah and Robinson (2015) noted graduating qualified and prepared APRNs requires appropriate preceptors to facilitate clinical learning. Jnah and Robinson (2015) evaluated a student's perception of a preceptor versus a

mentor and found the fewer hours a student completed, the less the student viewed the preceptor as a mentor. Students randomly placed with a preceptor thought less of the preceptor than students placed with a preceptor of choice (Jnah & Robinson, 2015). Mentoring has been included in the education of nursing since the dawn of the profession.

Another study, conducted by McNamara et al. (2014), dove deeper into the effectiveness of mentoring, coaching, and action learning in clinical leadership through competency evaluations. McNamara et al. (2014) evaluated nursing mentors on self-awareness, advocacy and empowerment, decision making, communication, quality and safety, teamwork, and clinical excellence. These skills have been proven beneficial to the nursing profession by advanced nurse leaders who maintain the qualities and promote the need for continued use of mentoring, coaching, and action learning in clinical leadership development programs. A study conducted by Horner (2017) investigated the mentoring of newly hired APRNs to solidify a relationship in job satisfaction and longevity in the field. Horner (2017) found new hire APRNs, whether new to the role or new to a facility, were ultimately more satisfied. Having a mentor lessened turnover rates and improved the APRN's longevity in the field of nursing (Horner, 2017). Both studies prove how effective and empowering mentoring can be at advocating and building the nursing profession. Studies into the participation of mentorships are much needed to ensure a climate that is cultivating growth.

The last, but exponentially more important component, the research explored was the political involvement of APRNs. Ray's Theory of Bureaucratic Caring became one of the first theories to incorporate political involvement into nursing culture. Ray identified how the healthcare world now had a lot of bureaucracy elements, especially monetary gain. Since the

addition of bureaucracy, political involvement has exploded. Many states now author and mandate practice acts and nurses' scope of practice. Nurses must be more aware and vocal in political campaigns, especially with the concept of full practice on the table. The nurses' scope of practice changes from state to state based on the individual state's legal implementation and interpretations of nursing practice. State practice acts vary greatly from allowing full practice authority to states that limit the APRN's ability to order computer tomography (CT) scan, such as in Georgia (Clement 2018).

In a 2018 study by Clement, an investigation was conducted on the aspects that predisposed decisions about the scope of practice of APRNs in the state of Georgia. Clement (2018) proclaimed that restrictions, such as the simple ordering of CT scans, were confined to only emergent cases while still having to be under close supervision with collaborating physicians. Clement (2018) found strictures this tight limited and delayed care provided by APRNs. This led Clement to investigate why legislators would condone and approve such tight reign over APRNs when healthcare and patient loads needed more providers. Legislators based most decisions on professional statements, or the lack thereof (Clement, 2018). Through interviews conducted, Clement (2018) proclaimed hearing from APRNs would be the most influential aspect to curve a legislator's decisions. Boosting membership in a professional organization could help build a voice for lobbying of the nursing profession (Clement, 2018).

In 2015, Ryan and Rosenberg sought to find if APRNs stepped outside the usual roles to participate in political processes. Most of the APRN participants had political involvement, with one-third of respondents contributing political involvement in a professional committee (Ryan & Rosenberg, 2015). In 2015, a study was also conducted in Florida that found fewer than one-

fourth of participants claimed political involvement, but researchers were also able to identify the link between professional membership and increases in political involvement. The finding only further solidifies that more research is needed on a national basis to understand the political participation of APRNs. Nurses account for the largest segment of healthcare workers and can impact health systems to improve access to healthcare and patient outcomes (Kung & Lugo, 2015). More investigation is needed to determine how active and involved APRNs are in political activities. If professional organizations can boost political involvement and unite voices, more than one-third APRNs should partake in memberships (Rowley et al., 2019). Rowley et al. (2019) reported members of professional organizations had significantly more educational opportunities versus non-members because non-members were limited to only educational resources sought out individually. The lack of resources limits a provider's standards of care due to a delay in the most up-to-date treatments from the lack of availability (Rowley et al., 2019). Education suffered and non-members lacked the professional support from networking that professional organizations provided. Rowley et al. (2019) contributed the lack of education of non-members to the many benefits professional organization participation could provide. In the North Mississippi area, identifying factors that contribute to opting out of membership can be utilized to boost memberships and unite nursing voices.

Political involvement must be boosted for the legislature in favor of building and advancing the role of APRNs to pass. In a 2015 study by Duncan and Sheppard, research was conducted into issues that could hinder an APRN's involvement in political lobbying that could propel the state of Nevada into full practice authority. Through an interview process, Duncan and Sheppard (2015) were able to identify eight barriers that hindered advancement. Barriers

included unclear vision, decreased physician support, inability to address all stakeholders, weak coalition with leadership and legislative experience, no vital resources, weak APRN role recognition, decreased community and regulatory organization support and lack of social media (Duncan & Sheppard, 2015). The statement regarding the lack of leadership and legislative experience is a barrier that could hinder professional growth in all realms, not just full practice authority. If APRNs can increase professional political involvement and provide legislators with appropriate education and desires needed to approve full practice authority, change may occur (Duncan & Sheppard, 2015). If Mississippi APRNs ever want to be considered for full practice authority or any role advancement, researchers must examine the rates of political activism and hindrances.

Though recent studies have been conducted pertaining to the professional advocacy of nursing, no standard has been identified across the board. The sporadic state-based research conducted only further concludes the much-needed state by state assessment of nursing advocacy. When weaknesses are identified, true strength can be obtained. In order to carry out the heart of Ray's theory, nurses must join together to advocate for the advancement of the profession as a whole at every level.

CHAPTER III

Methodology

The purpose of this study was to identify the level of participation by advanced practice nurses in activities that advance the nursing profession. There are many activities that allow APRNs to advance the nursing profession. Although enrollment in professional organizations is one way of advocating, additional participation through mentoring, precepting, and participating in evidence-based practice are other ways. This study was conducted to gain information regarding the activities nurse practitioners participate in outside of organizational enrollment that can have significant implications on the nursing profession.

Design of Study

The researchers utilized a descriptive, quantitative survey design to examine the level of participation of APRNs in activities that advocate for the profession of nursing. Data for this research project were collected from a convenience sample of APRNs with varying specialties, tenure, and ages. Data were gathered via web-based, anonymous surveys with participation requests that were distributed through Email. After survey collection was completed, researchers analyzed organizational enrollment and level of participation in activities. The design of the study was appropriate given the limited time to collect data, participant accessibility, and the possibility of gaining relevant information through the given survey method.

Setting

This survey research design was conducted via electronic mail to active Mississippi APRNs. The survey was available to participants on SurveyMonkey. Surveys were given to

APRNs who met research participation inclusion criteria. The only inclusion criteria were that participants were an APRN who retained an active license in Mississippi.

Population and Sample

This research study included APRNs in the state of Mississippi. The researchers targeted APRNs of all ages, any given specialty, and with varying years of experience. A convenience sample of the targeted population was selected to participate in the survey questionnaire.

Protection of Subjects

Permission to conduct the study was initially obtained from the Institutional Review Board at Mississippi University for Women. Recruitment for research participation was achieved through collaboration with Mississippi Nurses Association and North Mississippi Medical Center via an email-based introduction to the research study. Consent to participate was assumed due to voluntary participation as described in the initial contact email. Handwritten data forms or any other form of communication was not used during this research study. Surveys were distributed to participants by email with consent being obtained by voluntary participation in the survey. See Appendix A for the letter of recruitment sent to participants.

Instrumentation

The data was collected using a researcher-designed survey that contained questions regarding participant background information including tenure, specialty, and age of participant (see Appendix C). The second portion of the survey consisted of one question regarding current enrollment in a professional organization and then multiple-choice questions related to the amount of participation in activities that advocate for the nursing profession outside of

organizational enrollment. Participants were asked to mark the answer that most closely corresponds to the current level of participation in each activity.

A total score was provided for the level of activity participation. The higher the total sum, the higher the level of participation regarding activities that advance the nursing profession. The entire survey was multiple choice, which allowed data to be simplified without outliers of information.

Methods of Data Analysis

Data collection by email was submitted via SurveyMonkey, and no identifiers were used. Computer-collected data allowed participants to remain anonymous. Participants were not required to sign a consent form since the submission of the survey by computer indicates consent by participation. This allowed the collection of data to remain anonymous to all researchers.

Data Collection

Invitation letters containing links were sent to MNA and NMMC for distribution to APRNs. The collaboration allowed APRNs, both members and nonmembers of MNA, and current employees of NMMC to participate. After distribution of the invitation, participants completed the survey via SurveyMonkey. The group members were not required to collect any information from participants at any time. The survey was made available online through SurveyMonkey for participants to easily access the survey at a time of convenience. The collaboration added extra security of additional anonymity for participants.

CHAPTER IV

Results

This study was designed to test the hypothesis that APRNs in the state of Mississippi are not fully using available authority to advocate for the profession. By evaluating current practices of APRNs in Mississippi through the survey, this study will be useful in determining the extent APRNs are working to advance the nursing profession. The survey consisted of 10 questions, each helped define the experience and individual advocacy efforts practiced by APRN respondents. The survey was distributed via email to APRNs who were either acquainted with a surveyor; an APRN employee of North Mississippi Medical Center in Tupelo, Mississippi; or an APRN on record with the Mississippi Board of Nursing. Data was collected using the SurveyMonkey system. The data was then downloaded from SurveyMonkey as an excel file and imported into Statistical Package for the Social Sciences (SPSS) to conduct the descriptive analysis and chi-square of independence.

The analysis also addressed the research questions from chapter one. Are APRNs active members of professional nursing organizations? As individuals, do APRNs engage in practices that advocate for the APRN profession, such as mentorship, participating in scholarly inquiry, attending organizational meetings, or holding organization office positions? This chapter will provide a profile of study participants and discuss statistical results in relation to the research questions.

Profile of Study Participants

The 10-question survey had 232 anonymous participants. Of the 232 respondents 221, or 95.3%, indicated the respondent was an APRN working in the state of Mississippi. The survey

was designed to evaluate the specific demographic of APRNs in Mississippi, thus the sample size used for the statistical analysis was 221. Practice areas surveyed were general and included family practice or specialty practice. Specialty practice was neither further divided, nor was the option to disclose the specific area of specialty practice provided. The sample of APRNs had 53.8% (119 APRNs) working in family practice and 46.2% (102 APRNs) working in a specialty area, indicating slightly more respondents work in a family practice setting.

Years of practice as an APRN was also evaluated with the use of a multiple-choice question. At the time of the survey, the majority of respondents, 42.1% (93 APRNs) had been in practice as an APRN for one to five years, 20.8% (46 APRNs) had been in practice for six to 10 years, 13.6% (30 APRNs) had been in practice for 11 to 15 years, and 23.1% (51 APRNs) had been practicing for 16 years or longer. The researchers also surveyed the age of respondents with the use of a multiple-choice question. The age groups of respondents were as follows: 15.8% (35 APRNs) were 25 to 34 years old, 30.8% (68 APRNs) were 35 to 44 years old, 27.6% (61 APRNs) were 45 to 54 years old, and 25.8% (57 APRNs) were 55 years old or older at the time of the survey. The majority, or 84.2% of respondents, were over the age of 35, with the largest fraction of respondents, 30.8%, fitting into the 35 to 44 years of age group.

Statistical Results

Are APRNs Active Members of Professional Nursing Organizations?

For the first research question, the researchers sought answers with survey questions five and six. Question five asked if the respondent was currently a member of a professional nursing organization. Of the 232 respondents, 76% (168 APRNs) reported being a member of a professional organization. The survey did not ask or list specific nursing organizations.

The data suggest a high rate of membership; however, the data does not determine if the respondents were *active* members of a professional nursing organization. The level of activity was determined by question six, which asked how many organizational meetings the APRN had attended in the past year. Table 1 indicates the number of professional nursing organization meetings attended by the survey participants.

Table 1

Number of Professional Nursing Organizational Meetings Attended by APRN Survey Participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	99	44.8	52.7	52.7
	1-2	59	26.7	31.4	84.0
	3-4	24	10.9	12.8	96.8
	5+	6	2.7	3.2	100.0
	Total	188	85.1	100.0	
Missing	n/a	31	14.0		
	System	2	.9		
	Total	33	14.9		
Total		221	100.0		

The sample has fairly high levels of membership to professional organizations with 76.7% (n) of respondents indicating membership at the time of the survey. Although the majority, 44.8% (n), of respondents did not attend a professional meeting, 40.3% (89 participants) attended one or more meetings. The results do not indicate a significant majority does or does not attend professional nursing organization meetings.

Do APRNs in Mississippi Engage in Practices That Advocate for the Profession?

There are other ways to advocate for the advanced practice nurse profession besides being a member of a professional nursing organization. Additional advocacy practices included

in the survey were mentorship and participation in scholarly inquiry. Participation in scholarly inquiry was further broken down into participation in evidence-based research, reading professional journal articles, and subscribing to a professional nursing journal.

Survey questions seven, nine, and ten addressed the APRN’s participation in scholarly inquiry. Question seven asked if participants had participated in evidence-based nursing research studies, excluding the current study. The majority, 68.8% (152 participants), reported the individual had participated in other evidence-based nursing research studies. Table 2 exhibits the number of studies survey respondents indicated participation in while in the APRN role.

Table 2

Number of Evidence-Based Nursing Research Studies

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	69	31.2	31.2	31.2
	1-2	96	43.4	43.4	74.7
	3-4	37	16.7	16.7	91.4
	5+	19	8.6	8.6	100.0
	Total	221	100.0	100.0	

Survey question nine asked how many evidence-based articles participants had read within the last year. Most of the APRNs, 98.6% (218 respondents), indicated reading at least one article regarding new evidence-based practice standards within the past year. Question 10 on the survey asked about the APRNs subscription to a professional journal, of which 77.8% (172 APRNs) currently subscribed to a professional journal.

Another question the survey asked participants was how many new APRNs participants had mentored or precepted within the past year. The results indicate 57.9% (128 APRNs) had

precepted at least one new APRN within the last year. Of those who served as a mentor or preceptor, 38.9% (86 APRNs) mentored or precepted one to two new APRNs, 11.3% (25 APRNs) had precepted three to four new APRNs, and 7.7% (17) had precepted or mentored five or more new APRNs within the last year. While 41.2% (91 APRNs) of respondents did not precept or mentor a new APRN within the last year.

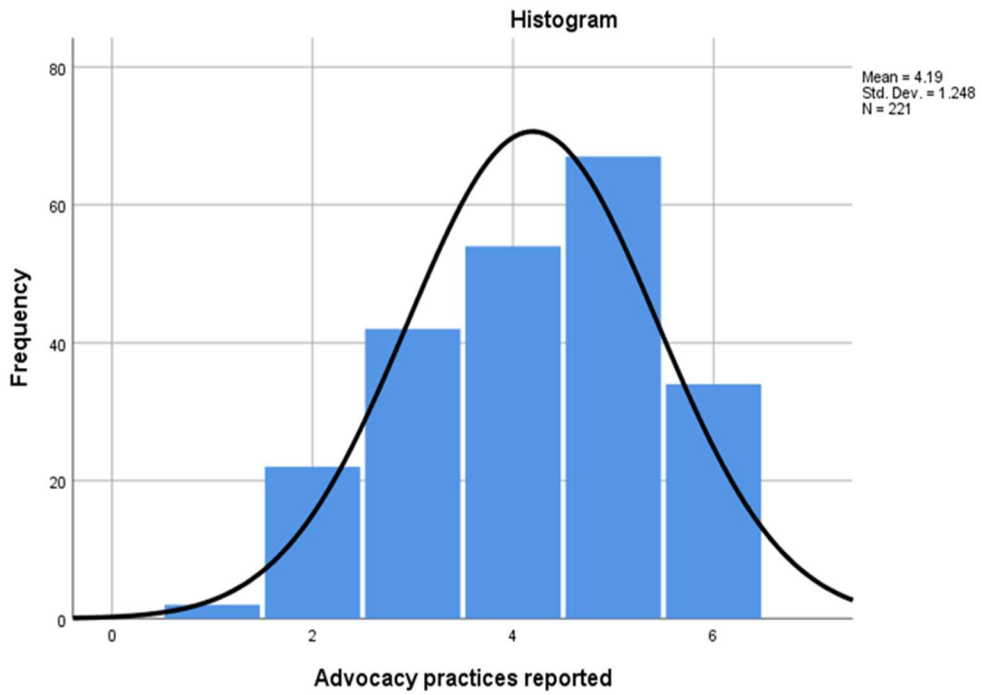
Overall, the survey assessed the following practices that advocate for the APRN profession: current membership in a professional organization, attending an organizational meeting, participating in evidence-based research, serving as a mentor to new APRNs, reading professional journal articles, and subscribing to a professional nursing journal. If a respondent indicated participation in any one of the activities, the respondent was assigned a point for each activity. The points were totaled for each participant to create the advocacy practices score, which could range from no participation in advocacy practices (0) to participation in all practices listed (6). For the 221 APRNs, the statistics (mean, mode, and standard deviation) for the number of advocacy practices reported are as shown in Figure 1.

This research study was a parametric study. The researchers knew the survey was distributed to APRNs throughout Mississippi. Of the participants, 42.1% (n) had been in practice for one to five years, and 84.2% (n) were over the age of 35 years. There was no statistically significant difference between APRNs and membership to a professional organization. There was also no statistically significant difference in advocacy practices versus family practice APRNs and APRNs who practice in a specialty. Additionally, there was no statistically significant difference in years practicing as an APRN and involvement in professional

organization. In summary, since there was no statistical significance, the tool is not considered reliable.

Figure 1

Participation in Advocacy Practices for the APRN Profession



CHAPTER V

Implications

Summary and Conclusions

Many APRNs have shown an ability to influence the profession by advocating advanced nursing issues. The research has continued to show the importance of advocating for the profession. This study has identified areas of concern and opportunities to improve how APRNs can advance current nursing practice. This was done by determining how active the individual was in the participation of certain activities that advance the profession. The more knowledgeable APRNs are of issues affecting the profession, the more providers contribute creating change. Making sure APRNs have resources and knowledge available will ensure the APRNs are advocating for the profession.

The goal of this research study was to determine whether Mississippi APRNs are advocating for the nursing profession by participating in professional organizations, mentorship, and scholarly inquiry. The research study surveyed 221 Mississippi APRNs in order to determine if the APRNs were active participants in activities that advanced the profession. The information obtained during the study can be used to identify weak areas that need to be addressed so APRNs will be knowledgeable of ways to advance the profession.

In one related study, researchers discovered the lack of study of this particular issue indicating a need for the research to be done. Ray (1989) mentioned in order to advance the nursing profession, individuals needed to exhibit certain leadership characteristics. Lamb et al. (2018) conducted a study that focused on research of leadership from the APRN perspective. The APRNs' main focus was patient care and caused a lack of leadership role acknowledgement and

traits needed to advocate the profession (Lamb et al., 2018). Patient care always prevails in the profession; however, leadership roles and abilities must not be forgotten if APRNs are to promote nursing practice as Ray suggested.

In a study by Minnick et al. (2019), the contributions made by DNP colleagues were investigated. Many DNPs did not publish any nursing articles or journals outside school requirements. Nursing must continue to have additional research conducted and published for continued growth and evolution. Identification of the problem indicated further investigation and education is needed in order to promote the nursing profession and to be an advocate.

Another study conducted by Harbman et al. (2017) concluded that through additional education of research and making research field contacts, APRNs gained better insight into the impact of obtaining additional knowledge through research and applying that research into evidence-based practice. This confirms the need for more research conducted by APRNs and the implication to advancement of the nursing profession.

O'Rourke and Higuchi (2016) identified traits commonly noted in individuals who maintained leadership roles in the nursing profession. Of importance is whether or not an individual has certain leadership skills and abilities to assume the role as a leader of the profession and future of healthcare.

The first step in achieving a level of excellence is determining if an APRN is capable of the leadership role in order to be an advocate for the profession. Jnah and Robinson (2015) evaluated the effectiveness of mentoring and precepting on advancement of the nursing profession. Researchers discovered that qualified and prepared nurse practitioners who can effectively execute the role as a teacher, mentor, and coach does impact how the student

perceives the preceptor as a mentor. Fewer hours spent with a preceptor meant the student was less likely to view the APRN as a mentor. Researchers also discovered that a student precepting with a preceptor of choice also impacted the student's view of the preceptor as a mentor. The students thought less of an assigned preceptor. Mentoring through education of new APRNs is one-way APRNs can advocate for the profession.

McNamara et al. (2014) also discovered nurse leaders must maintain skills and qualities of an effective leader to continue to be effective mentors and coaches, which further supports the research of Jnah and Robinson (2015) and has strong implications for continued improvements on the profession. Promoting the need for continued coaching, mentoring, and active learning in clinical leadership development programs are ways the APRN can advocate for the profession. Researchers also discovered that competency in self-awareness, advocacy, empowerment, decision making, communication, quality and safety, teamwork, and clinical excellence all contributed to the positive experience perceived by mentees of mentors.

An additional study by Horner (2017) involved discovering the positive impact mentoring of newly hired APRNs had on overall job satisfaction. Mentorship decreased turnover rates and improved APRNs' longevity in the field of nursing. This confirms the positive influence mentoring can have on the ability to advocate for the profession.

There are multiple factors and qualities that influence the APRN's ability and effectiveness in advocating the nursing profession. Further exploration of roles and responsibilities could identify other areas needing improvement and may possibly indicate new ways APRNs can be an active advocate of nursing. The study was unique in the ability to determine how active APRNs are in Mississippi and to what extent APRNs participate and take

on active roles in advocating for the nursing profession. Identification of ways APRNs can be active participants is crucial to identifying a need so appropriate interventions can be made to achieve excellence. For the purpose of this study, Mississippi APRNs were surveyed to determine if providers participated in activities that promote the nursing profession. Through the discovery of areas in need of improvement, APRNs are made aware of decisions to advocate for the profession.

Summary of the Findings

The researchers utilized SurveyMonkey to assess to what extent APRNs advocated for the nursing profession by determining if APRNs possessed qualities necessary to perform activities that achieve the goal. There were 221 APRNs who completed an anonymous 10-question survey, with 119 of respondents indicating practice in family care areas. The remaining 102 respondents practiced in specialty areas. The experience level of the APRNs surveyed ranged from one year to greater than 16 years. The ages of respondents ranged from 25 years to greater than 55 years. Of the 221 APRNs, 93 (42.1%) had one to five years of practice as an APRN, 46 (20.8%) had six to 10 years of practice as an APRN, 30 (13.6%) had 11 to 15 years of practice as an APRN, and 51 (23.1%) had 16 or more years of practice as an APRN. This is of particular importance to the study because the more experienced an APRN is, the more likely the APRN is to be more knowledgeable and able to effectively mentor new APRNs coming into the profession.

Of the respondents, 168 (76%) were members of a professional nursing organization and 53 (24%) were not members of any professional nursing organization. Of the APRNs who were members of professional organizations, 99 (44.8%) had not attended any organizational meetings

in the past year. Respondents who had attended one to two organizational meetings in the past year decreased to 59 (26.7%). A smaller number of participants were more active with 24 (10.9%) respondents attending three to four organizational meetings in the past year. The remaining six (2.7%) respondents had attended five or more organizational meetings in the past year. The information is important to current research because the number of members in professional organizations has the ability to impact to what degree the APRN can advocate for the nursing profession. In the article titled, “Factors influencing Georgia legislators’ decision-making on nurse practitioner scope of practice,” Clement (2018) stated that boosting membership in a professional organization could help build a voice for the lobbying of the nursing profession. The information obtained from the survey suggests a high rate of membership but does not confirm how active the participants were in the membership. The results did not indicate a significant majority either did or did not attend professional meetings. The results indicated Mississippi APRNs are members of professional organizations, but almost half do not regularly attend organizational meetings, answering the first research question, are APRNs active members of professional nursing organizations?

As individuals, do APRNs engage in practices that advance the APRN profession? The second research question was answered by data obtained through survey questions seven, nine, and ten, and 152 (68.8%) respondents reported participation in other evidence-based nursing research studies. Horner’s article, “Positively influencing job satisfaction and retention of new hire nurse practitioners,” also supports the finding by stating how effective and empowering mentoring can be at advocating and building the profession (Horner, 2017). Survey question nine asked how many new APRNs have been mentored or precepted within the past year. The

majority, 57.9% (128) mentored or acted as a preceptor one or more times within the past year. Survey question nine inquired about how many evidence-based articles participants had read within the last year. The majority, 98.6% (218 respondents) had read at least one article regarding new evidence-based practice standards within the past year. Question 10 asked about professional journal subscription status, of which 77.8% (172 APRNs) were current subscribers of a professional journal. The findings and supportive literature confirm the activities do indeed aid in advocacy of the nursing profession; however, the degree of activity within a professional nursing organization leaves room for further exploration and determination.

Discussion of the Findings

Upon completion of the survey, researchers found the results correlated with the assumptions and result findings of the articles referenced. Through research of current membership in a professional organization, organizational meeting attendance, participating in evidence-based research, serving as mentors to new APRNs, reading professional journal articles, and professional journal article subscription, researchers found data that supports the theories. Participating in these activities does advocate the nursing profession and the impact is directly related to the number of participants in each area of importance. The research also confirms the important role nurse practitioners have in making sure APRNs are taking steps necessary to advocate for the nursing profession. Overall, nurses need to take an active part in some of the areas that advocate for the profession; however, there is room for improvement in other areas if the APRNs use all resources available. Advocating for the nursing profession is taking a step further from just the patient care role to ensure the profession remains esteemed, notable, and evolving.

Limitations

The study utilized the email roll of Mississippi Nurses Association APRNs and North Mississippi Medical Centers APRNs. The study is limited to only APRNs who were presently or have been a member of the MNA. This could be a poor representation of Mississippi APRNs since the providers had already obtained membership. As members, the APRNs could be more likely to advocate for the profession due to the influence of the professional organization.

The MNA is only one of many options of professional organizations that can be joined by APRNs; the survey limits those who could have been enrolled in other optional organizations in the state of Mississippi. Utilizing the North Mississippi Medical Center email list limits the participants to a regional area. North Mississippi Medical Center employs APRNs mainly in the northeastern area of the state. This could also mislead data as a regional issue and not fully represent the state's APRN population. Due to the survey being only offered online, surveys could have been overlooked, placed in junk mail, or thought of as spam, resulting in missed potential participants.

Implications

Ray's Theory of Bureaucratic Caring sought to ensure the nursing profession maintained a voice and promoted executives with business knowledge and leadership abilities. Ray's ultimate focus was to engage and enhance the nursing profession and bring innovation back to the forefront by professional growth (Ray, 1989). Many APRNs in Mississippi are not as active in advocating the profession as they could be. Most respondents did report being a member of a professional organization but did not attend a meeting. Professional meetings offer current updates in education practices, political issues facing APRNs in Mississippi, opportunity to

network with other providers, and a chance to serve in an office position for the organization. A large focus in APRN education is shadowing and learning face to face with patients under the guide of a mentor or preceptor. Within an APRN's one to five years post-graduation, the APRN should recognize the importance of this way of learning. Instead, the vast majority had only mentored one to two students in the past year. This is a setback for the profession because hands-on education is so important and mentors that do allow students are hard to come by in a clinical setting. The data also supports the fact that the majority of participants have only taken part in one to two research studies. Many APRNs are looked to as leaders in the nursing profession. As leaders, APRNs should be innovators, educators, and advance medical practices. To promote professional respect in the medical field, APRNs must be willing to put in the work to bring innovation from the nursing profession to the forefront increasing their asset to medicine.

Recommendations

Though this study did not investigate barriers preventing APRNs in Mississippi to advocate for the role, the study is a start as to why Mississippi APRNs may not be promoting growth in the role. A look into barriers could prove enlightening. Education needs to be brought to Mississippi APRNs on the lack of professional advocacies and opportunities that are being missed without bringing all voices together. Mississippi APRNs could bring about positive political advancements in the expansion of the APRN role, appropriate reimbursement rates, professional acknowledgement, and patient outcomes. Additionally, APRNs should increase the role in active research. Nursing is the primary creator of evidence-based practice promotion and activation, and APRNs have proven to be a valuable asset to the medical community and could

have an even greater influence if they utilized the knowledge from education to promote new evidence-based practice measures.

Education on the importance of becoming and maintaining a mentoring program should be reiterated to all Mississippi APRNs. The future growth of APRNs is dependent on providers who allow students to obtain experience alongside an experienced practitioner. Practice hours are mandatory for students prior to certification. When APRNs do not allow mentorship of new colleagues there is a direct impact on the profession as APRNs are leaders in the nursing profession with a responsibility to educate individuals new to the profession. Each individual is a representation of the profession of nursing that should be nurtured and provided direction.

Summary

In conclusion, APRNs of Mississippi are being limited in the growth of the profession. If APRNs in Mississippi increase advocacy practices through organizational activity, mentorship, and evidenced-based practice involvement, there could be an opportunity for growth and advancement of the APRN role. Mississippi APRNs should not be complacent in regard to professional advancement in a world where healthcare is swiftly evolving.

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Appendix A

Letter of Approval from Institutional Review Board



March 31, 2020

Dr. Brandi Lambert
College of Nursing and Health Sciences
1100 College St. W-910
Columbus, MS 39701

Dear Dr. Lambert:

I am pleased to inform you that the members of the Institutional Review Board (IRB) have reviewed the following proposed research and have approved it as submitted:

Name of Study: Are Advanced Practice Registered Nurses
Advocating for the Nursing Profession?

Research Faculty/Advisor: Brandi Lambert

Investigators: MSN Students

I wish you much success in your research.

Sincerely,

Scott Tollison, Ph.D.
Provost and Vice President for Academic Affairs

pc: Irene Pintado, Institutional Review Board Chairman

Appendix B

Letter to Survey Participants

Dear Potential Participants,

Thank you for your interest in our research study. We are graduate students from Mississippi University for Women and wish to invite you to participate in an online survey. The survey takes approximately five minutes to complete and all of your answers are anonymous. The answers provided will be collected as data for our current research project. This research project focuses on APRNs and their participation in advocacy activities. There is a deficient amount of research regarding advocacy involvement of APRNs and your participation is imperative to this study. If you have any questions regarding this survey or research study, please contact one of our Lead Investigators, Lacy Estes (662-836-6962) or Paige Long (662-231-3737) or Dr. Brandi Lambert, Chair (662-210-2053). Thank you in advance for your participation.

Sincerely,

Lacy Estes, Lead Investigator, Graduate Student
Paige Long, Lead Investigator, Graduate Student
Sarah Adams, Graduate Student
Melanie Bush, Graduate Student
Lisa King, Graduate Student

Appendix C
Survey Questions

1. Are you an APRN with an active unrestricted license?
2. Which area do you currently practice?
3. How many years of practice do you have as an APRN?
4. What is your age?
5. Are you currently a member of a professional nursing organization?
6. If you are a member how many organizational meetings have you attended in the past year?
7. Excluding this study, how many other evidence-based nursing research studies have you participated?
8. How many new APRNs have you mentored or precepted within the past year?
9. How many articles have you read within the past year regarding new evidence- based practice standards?
10. Do you currently subscribe to a professional nursing journal?

Appendix D

Statistical Analysis

There are a total of 232 respondents in this sample. Of those, 221 (95.3%) indicated that they are an APRN.

Demographics of APRNs in the sample (N=221)

- This sample of APRNs had slightly more professional working in Family practice rather than Specialty.

Which area do you currently practice?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Family	119	53.8	53.8	53.8
	Specialty	102	46.2	46.2	100.0
	Total	221	100.0	100.0	

- 42.1% of the respondents had been in practice as an APRN for 1-5 years.

How many years of practice do you have as an APRN?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1-5 years	93	42.1	42.3	42.3
	6-10 years	46	20.8	20.9	63.2
	11-15 years	30	13.6	13.6	76.8
	16+ years	51	23.1	23.2	100.0
	Total	220	99.5	100.0	
Missing	System	1	.5		
Total		221	100.0		

- 84.2% of the respondents were over the age of 35, with the largest fraction of respondents (30.8%) was 35-44 years of age

What is your current age?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	25-34	35	15.8	15.8	15.8
	35-44	68	30.8	30.8	46.6
	45-54	61	27.6	27.6	74.2
	55+	57	25.8	25.8	100.0
	Total	221	100.0	100.0	

Research Questions:

1) Are APRNs active members of professional nursing organizations?

- 76% (N=168) of the APRNs reported being a member of a professional nursing organization.
- 90.9% (N=10) of those who responded that they were NOT an APRN indicated that they were also members of a professional nursing organization.
- Although this appears to be a striking difference, there is no statistically significant association between respondents indicating their APRN status and their membership to a professional organization, as tested using a Chi-square test of association. $\chi^2(1, N=232) = 1.301, p = .254$
- This sample has fairly high levels of membership to professional organizations, with a majority of respondents (76.7%) indicating that they are currently members.

2) As individuals, do APRNs engage in practices that advocate for the APRN profession, such as mentorship, participating in scholarly inquiry, attending organizational meetings, or holding organization office positions?

- Of APRNs that are members of a professional organization 40.3% (N=89) attended one or more meetings.
- 68.8% (N=152) of APRNs reported participating in at least one evidence-based research study.
- 57.9% (N=128) reported having mentored at least one new APRN within the past year.
- Most of the APRNs indicated that they had read at least one article regarding new evidence-based practice standards, within the past year (98.6%; N= 218).
- Most (77.8%; N=172) of APRNs reported that they currently subscribe to a professional nursing journal.

Created to help to summarize the practices that advocate for the APRN profession. This variable incorporated the following activities:

- Current membership in a professional organization

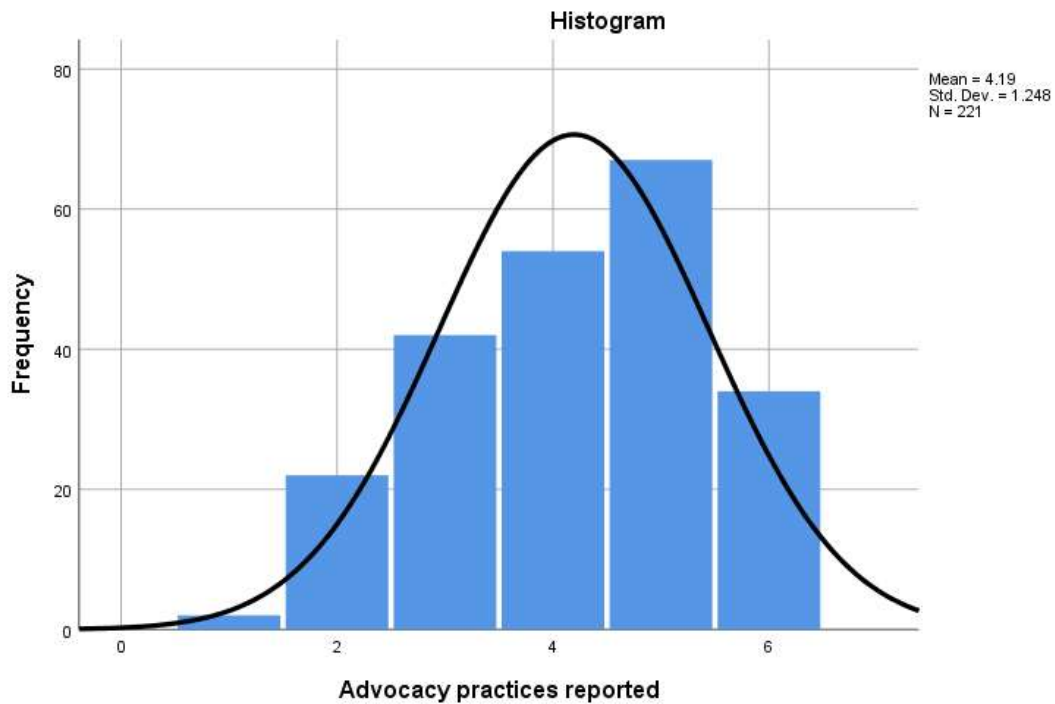
- Attending organizational meeting
- Participating in scholarly inquiry (participation in evidence-based research)
- Serving as a mentor to new APRNs
- Reading professional journal articles, and
- Subscribing to a professional nursing journal

If a respondent indicated that they had participated in any one of these activities, they were assigned a point for each activity. The points were totaled for each participant to create the advocacy practices score, which then could range from no participation in advocacy practices (0) to participation in all the practices listed above (6). For the 221 APRNs, the statistics (Mean, Mode, and Standard Deviation) for the number of advocacy practices reported are as follows:

Mean: 4.19

Mode: 5

Std. Deviation 1.28



Additional Questions Addressed:

- **Are advocacy practices associated with current area of practice?** To address this question, an independent samples t-test was conducted to test whether the mean number of advocacy practices differed among the APRNs in Family practice or Specialties.

There was no significant difference in the mean of advocacy practices comparing APRNs in Family practice ($M=4.21$; $SD=1.17$) and in Specialties ($M=4.18$; $SD=1.34$), $t(219)=.197$, $p=.844$.

- **Are advocacy practices correlated with years of practice as an APRN?** To address this question, a Spearman's rank-order correlation was conducted. There was no significant correlation between the years practiced and the number of advocacy practices reported, $r_s(220)=.104$, $p=.0122$. Although there might be a relationship between advocacy practices and the years practiced as an APRN, this relationship was not apparent in this sample.