A Survey Evaluating the Current Role of the Nurse Practitioner in Urology

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Purpose

The purpose of this project was to provide a contemporary practice analysis and description of the Nurse Practitioner (NP) role in urology, including settings, activities, and skills incorporated within urological environments. This data would be used to revise the existing Urology certification test to accurately represent current NP practice in Urology.

Background

- There is a paucity of publications regarding the NP role in urological settings
- Results of this survey would provide evidence describing the phenomena of NP role expansion into Urology settings
  - Conducted to assist with revision of the Advanced Practice (AP) test offered by Certification Board of Urology Nurses and Assistants (CNAA) in order to support a move to an NP-only test
  - Only NPs showed consistent and sustained growth both in the number taking the previous certification exam and the number of NPs performing the task
- A certification test determines competency and demonstrates that any certified member has been adequately tested and to support regulatory and legal environments continue to scrutinize the roles of all non-physician providers (2010), making this move to an NP-only test a vital step forward

Kloster's (2009) Delphi study began to delineate the role of advanced practice registered nurses (APRNs) in urology in urology settings, but was not specific to NPs. Many procedure-based functions (e.g. prostate biopsies, bladder distention, cystoscopy) were performed by a small number of respondents.

Methods

- Data for this descriptive study were collected from a convenience sample at a national urologic nursing conference
  - 75 surveys distributed; 25 surveys (40.7%) were returned
  - Post-conference, the survey was sent via email to APN group to create a robust data set as possible, and a final 88
- Survey included 101-item checklist of skills, practice management activities, professional role items, and a demographics section
  - Included traditional urological nursing interventions: teaching resume injections, instruction on self-catheterization
  - Also included invasive urological procedures traditionally considered physician- or resident-specific: biopsies via cystoscopy
  - Survey was specific to this study and had not been validated
- Participants selected items that they perform and denoted the frequency
  - "Never", "monthly or less", "weekly", "daily", or "multiple times daily"
- Participants rated the importance of that item to their clinical practice
  - "Not important", "slightly important", "important" or "very important"

Demographic results compiled with SPSS and analyzed using frequency statistics

- Analysis of activities and their importance was done by calculating a mean activity index: mean frequency x mean importance x 100
- Importance/Activity = average of all importance scores of all respondents for a specific activity
- The closer the score was to 10, the more vital the activity to the practice of the NPs surveyed

Results

- Respondents primarily female (n=44; 88.3%) and Caucasian (n=47; 88.7%)
- 15 (28.3%) were Certified Urology Nurse Practitioners (CUNP)
- Respondents’ primary certifications were Adult (37.7%), Family (30.2%), Pediatric (5.7%), Women’s Health (11.3%), Acute Care (7.3%) and Geriatric (1.9%)
- Largest percentages worked in hospital-based-clinics (n=24, 45.3%) or private practices with physicians (n=14, 38.4%)
- 17 (32%) from Midwest states

Distribution of generalist certifications in relation to ages of clients cared for was consistent with distribution of respondents’ primary certifications

Respondents detailed a variety of clinical practice settings, creating a lack of clarity regarding the NP role in urology settings

- Difficult to determine what the appropriate initial skill-set and preparation should be for an NP in role specific to managing urologic conditions
- As the nature of the activity became more specific to urology, fewer NPs reported performing that activity, but it was critical to their job

The study could not definitively describe those activities that comprise “advanced practice” for a Urology NP

- This difficulty was reflected in overlap between traditional nursing interventions (e.g. performing bladder catheterizations) and the number of NPs performing the task
- This may be a consequence of practice settings where NPs are not employed, meaning the NP is likely to be providing care within the scope of RN and NP practice concurrently

- This is inconsistent with the IOM recommendations that support increased education and training to maintain an educational level consistent with the increasing complexity of today’s patient

- Limitations: small sample, possible overrepresentation of Midwest practice patterns, data self-reported

Discussion

- NPs working in Urology perform at extremely specialized levels, in well-defined specialist environments
  - Bladder nursing and medical management, representing clinicians who are ideally poised to manage many chronic non-operative urologic conditions, especially those that benefit from a more holistic, patient-centered approach
  - There is considerable potential for increased numbers of NPs in this specialized role, but it is tempered by existing uncertainty regarding the “average” urology NP and the training one should expect to receive in this role

The study succeeded in addressing this gap in the literature

- Recommendations for future growth in this role should occur concurrently with emphasis on the specialty certification available

- Representation of the expertise necessary to the specialist role, in the absence of formal education that prepares generically flexible NPs for a role in Urology NP

Conclusions

References


