

# Perceived Practice-based Problems and Evidenced-Based Outcomes in Online Advanced Practice Nursing Students (APRN)

## Purpose of the Study

This study sought to:

- 1) describe perceived clinical nursing problems identified by online Advanced Practice Nursing (APRN) students, and
- 2) describe evidenced-based outcomes focusing on APRN care and roles.

## Procedure

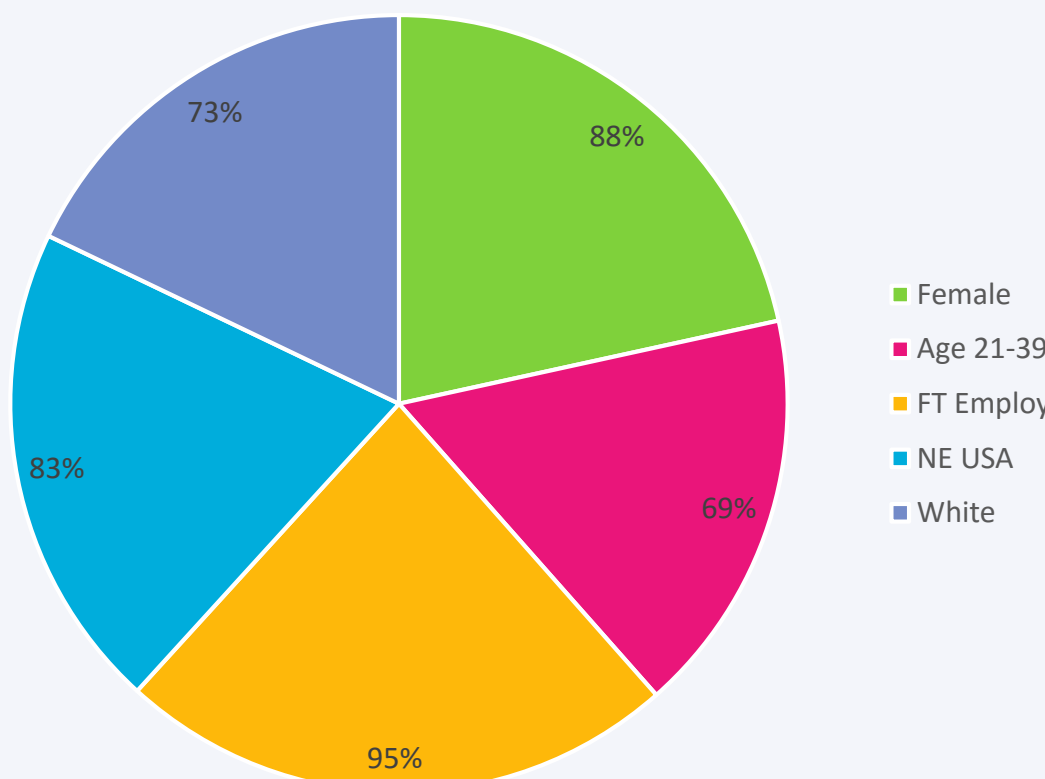
For **Phase I** of this study:

- A. Human Subjects Consent was obtained;
- B. Each APRN student who had completed a research methods course and an ethics course during the 2012-2013 academic year (n=124) was selected by an honest broker from files stored in Blackboard Learn;
- C. Abstracted data were managed and organized by the honest broker at the University who removed all identifiers from student papers, sent the papers to the nurse researchers, and then sent the demographic data directly to Survey Monkey which is an online data depository.

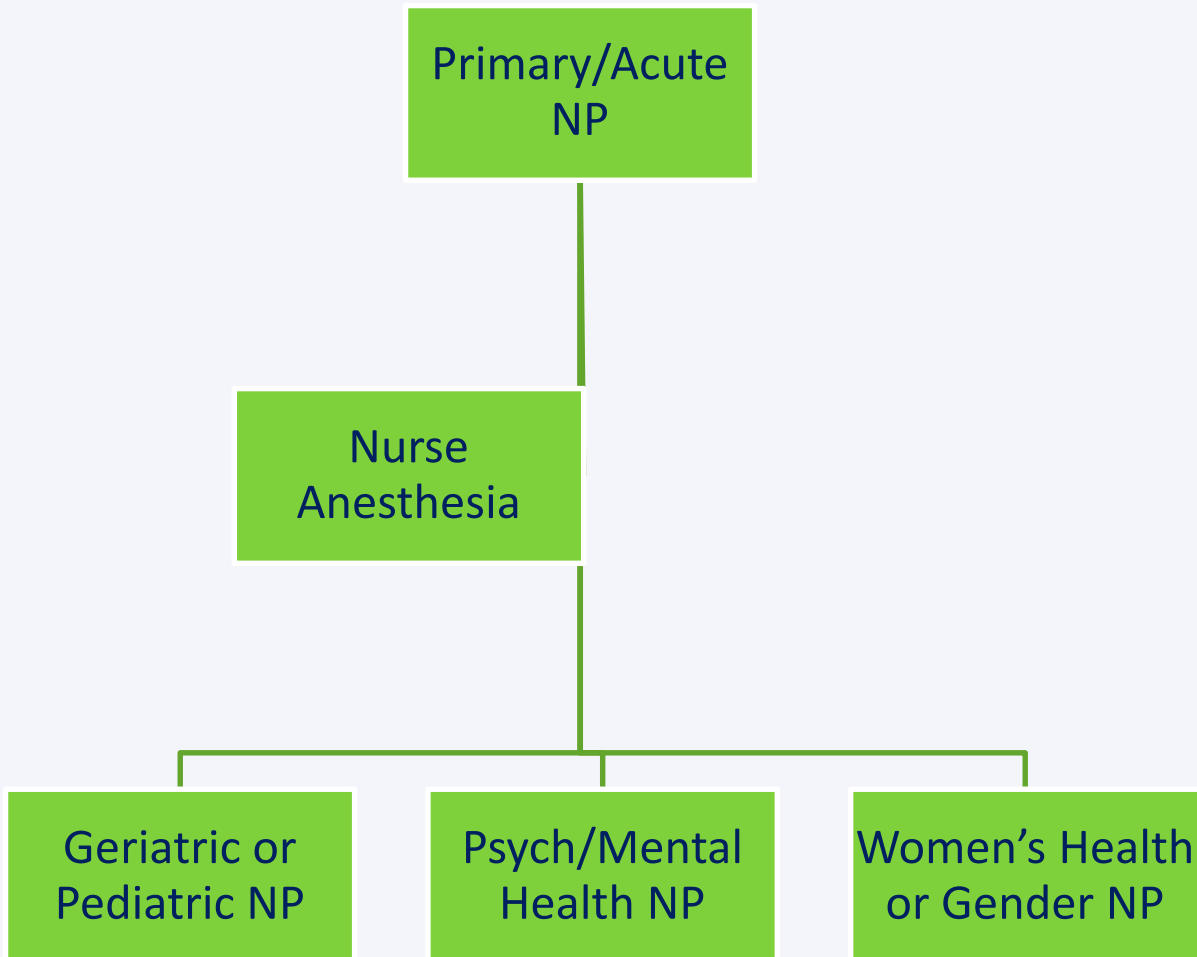
**For Phase II:**

A critical analysis of systematic reviews, integrative reviews, meta-analysis or randomized control trials (n= 9) was done between the years of 2000-2013 examining evidenced based APRN role and outcomes.

## Sample Characteristics (n=124)



## Academic Program According to Highest Enrollees (n=124)



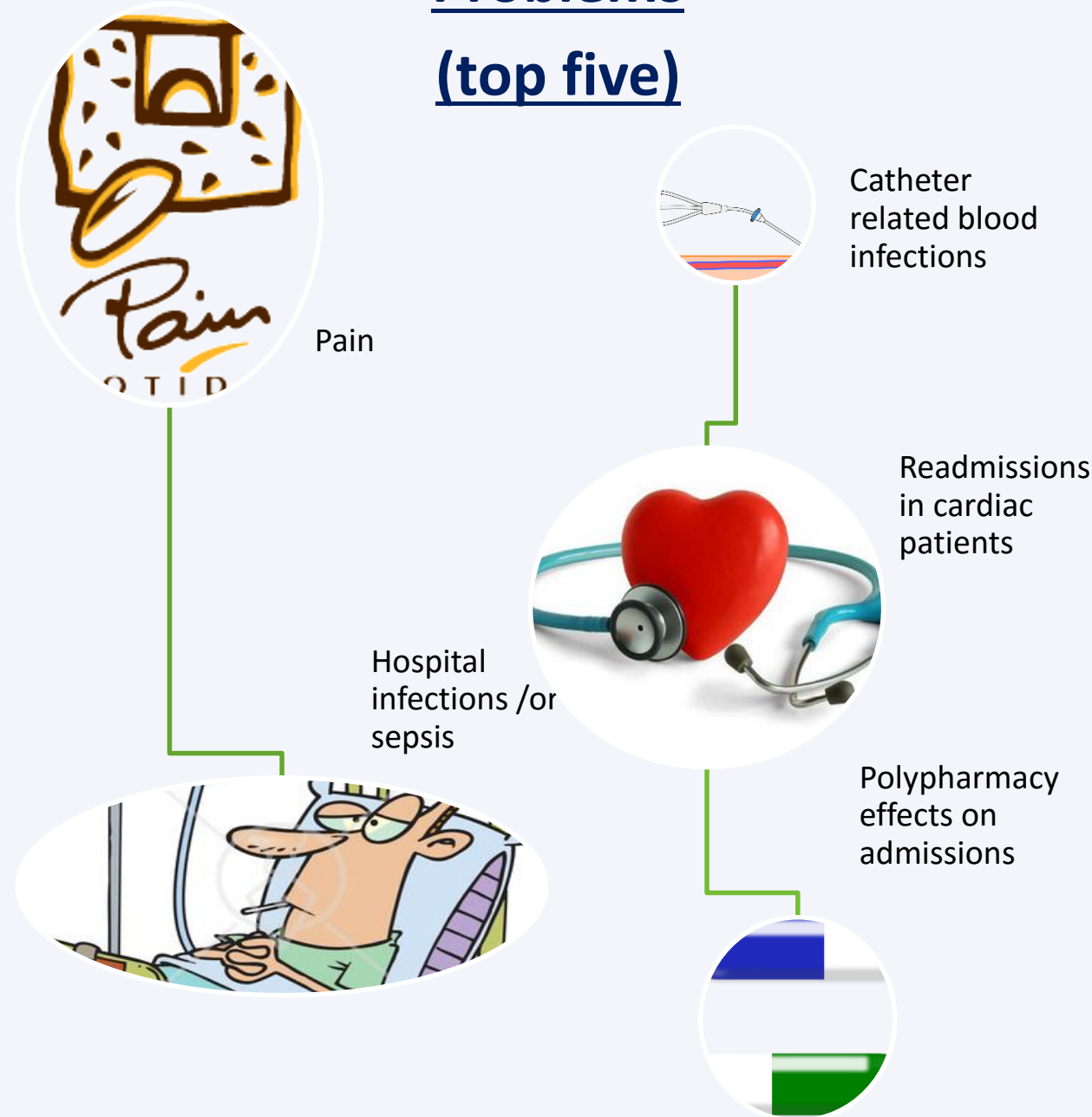
## Data Analysis

[For these two phases]:

**First (Phase I):** the Krippendorff method (2005) of content analysis (secondary analysis of de-identified papers) was used by two researchers to identify student's perceived practice-based problems;

**Second (Phase II):** critical appraisals of published systematic reviews, integrative reviews, meta-analyses or randomized control trials were identified to examine the evidenced based role and outcomes by the APRN during the years 2000-2013 using the procedure identified in the Cochrane Collaboration handbook ( Higgins & Green, 2008)

## Results for Perceived Practice Based Problems (top five)



## Results for Evidenced Based Role/Outcomes

A critical analysis of systematic reviews, meta-analyses or randomized control trials (n=9) was done between the years of 2000-2013 examining APRN **role and outcomes**. The following literature\* identified a critical analysis in: 1) **symptom management**; 2) **adverse events**; 3) **patient self- efficacy**; 4) **blood pressure control**; 5) **readmission rates in cardiac patients**; and, 6) **rates of adherence to best practices**. Those with significant findings are presented below:

APRN Outcomes of Care and Role	References	Outcome
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### 1.Symptom Management

(n=2) **Kutzleb & Reiner (2006) - Quality of life, functional status**

**Tijhuis et al. (2002) - Functional status, quality-of-life, disease activity, health utility, satisfaction with care**

### 2. Adverse Events

(n=1) **Forster et al. (2005) – Readmission, risk of adverse events, mortality, quality of care**

### 3. Patient Self-Efficacy

(n=1) **Lindberg et al. (2002) - asthma symptoms, quality of documentation, patient self-management**

### 4. Blood Pressure Control

(n=0) Four studies were found but none were significant

### 5. Readmission Rates in cardiac patients (n=3)

**Blue et al. (2001) - Readmission, and lengths of stay for patients with heart failure**  
**Lowery et. al. (2011) – congestive heart failure (CHF) readmissions, mortality rates**  
**McCauley et al. (2006) - length of time between hospital discharge and read mission, hospital readmission length of stay, costs**

### 6. Rates of Adherence to Best Practice (n=2)

**Callahan et al. (2006)- effectiveness of collaborative care with Alzheimer's disease.**  
**Morilla-Herrera, et al. (2013) – examined impact of advanced practice nurses in care of elderly patients**

[\*The authors of this presentation do not intend this review to be exhaustive]

Based on this critical analysis of systematic reviews, meta-analyses, integrative reviews or randomized control trials work needs to be done in the areas of 1) **symptom management**; 2) **adverse events**; 3) **patient self- efficacy**; 4) **blood pressure control**; 5) **readmission rates**; and, 6) **rates of adherence to best practices** as few studies have been done in these areas. There is a dearth of systematic reviews in these areas-particularly in adverse events or blood pressure control.

References Available Upon Request