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)
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.
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 – $p=0.006$ (N=28)
  • Mean Score=36.10 (SD = 3.90)

Practice Environment – Importance – $p=0.002$ (N=33)
  • Mean Score=37.00 (SD = 3.15)

Overall Total Score of NCAQ Instrument – $p=0.001$ (N=14)
  • Mean Score = 196.71 (SD = 53.40)
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
“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?