2016 Clinical Nurse Specialist Survey Report

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Executive Summary

Clinical Nurse Specialists (CNSs) have provided high quality health care services to patients across the nation and Oregon for decades.

Between November 2016 and January 2017, members of the Oregon Council of Clinical Nurse Specialists (OCCNS) and those CNSs on the Oregon State Board of Nursing mailing list (n=119) were invited to participate in the Clinical Nurse Specialist 2017 Survey. A total of 28 participants completed surveys out of 119 potential respondents, making a response rate of 23.5 percent. This response rate is slightly lower than both the 2013 survey (28 percent) and the 2007 survey (33 percent).

The survey topics explored respondents' demographic information as well as CNS practice and professional issues. Responses to the survey were submitted by participants electronically and managed by the staff of the Oregon Nurses Association. Given the survey reflects responses from 28 CNSs practicing in Oregon, caution should be used in generalizing these findings to all CNSs. All data presented herein are approximations and all numbers are rounded to the closest whole number.

Information about Participants

Demographic Findings
Various demographic and salary information was collected from participants.

Fifty-seven percent of respondents were between 51 and 60 years of age, 14 percent were over 61 years of age and approximately 11 percent were between the ages of 31 and 40 years of age. These statistics suggests about two thirds of CNSs in Oregon are approaching retirement age within the next 5-10 years.

When asked about plans for retirement, 27 percent of participants planned to retire in the next 1-5 years and another 27 percent planned to retire within 6-10 years. Perhaps some promising news about the CNS workforce in Oregon is that about 46 percent did not indicate any plans for retirement.

A majority of the participants noted working as a CNS between 11 and 20 years as presented in Exhibit I.
When asked how many years they had practiced in Oregon as a CNS, 7 percent noted only practicing in Oregon less than one year, while 25 percent noted practicing 1-5 years, 22 percent had practiced 6-10 years, and 55 percent have been practicing in Oregon between 11-20 years. Three respondents noted practicing as a CNS in Oregon for over 30 years.

When asked what their highest degree was, 43 percent noted having a Master's of Science in Nursing (MSN), 39 percent had a Master's of Science (MS), 7 percent had a Doctorate of Nursing Practice (DNP), and another 7 percent had a PhD.

The participants hold numerous CNS specialty certifications which include: Adult Health CNS (24 percent), Adult-Psychiatric Mental Health CNS (8 percent), Community Health CNS (8 percent), and Adult-Gerontological CNS (4 percent). Twenty-four percent selected the “other” form of CNS certification, of which four of the participants specified that they hold the Critical Care CNS certification. Of those responding, 36 percent did not report holding any CNS specialty certification.

Some CNSs are allowed to have prescriptive authority in Oregon. In relation to prescriptive authority, 4 CNSs (15 percent) reported having that recognition.

Salary Findings

Seventy-six percent of CNSs work full-time and 24 percent work part-time.

Similar to the 2013 CNS Survey, participants provided important salary and reimbursement information. The average salary was reported as approximately $91,000 annually for CNSs, with salaries ranging from less than $55,000 to $199,999. Approximately 60 percent of participants reported annual salaries ranging from $105,000-$199,999, 8 percent ranging from $95,000 to $104,999, and 16 percent ranging from $85,000 to $94,999. In the 2013 survey, the largest selection of respondents reported salaries between $65,000 to $94,900, which is less than the largest selection for this survey, at $105,000 to $199,999. In fairness, the
categories that participants could select in the 2016 survey were different than the 2013 survey, yet a majority of the participants in the 2016 survey noted making a salary greater than $105,000. Exhibit II provides annual gross salaries for the 2016 survey.

Continuing Education
All respondents noted obtaining at least 6 hours of continuing education per year, with the majority obtaining more than 20 hours of continuing education per year. Exhibit III depicts all results.
Professional Liability Insurance

In the area of professional liability insurance, 72 percent reported they do not carry an individual policy, while 28 percent do. Of those with no individual policy, almost 96 percent who said they were covered by an employer policy didn’t know the specifics of the employer’s professional liability insurance policy. These findings are concerning, as they suggest a significant number of CNSs don’t carry their own private liability insurance and are unclear about the specifics of their employer’s policies.

Practice Related Findings

Participants were asked a series of questions that focused on their practice.

Practice Setting and Specialty

Participants characterized their practice setting as: hospital/system owned (74 percent); multiprofessional clinic (13 percent); independent/sole practitioner (22 percent); partnership with a physician or other providers (4 percent); long-term care/nursing home (4 percent); and home health (4 percent). It is important to note that participants were allowed to select more than one practice setting.

About 78 percent physically worked in a hospital setting while the rest worked in a clinic/private practice, public health department, or nursing home.

When asked what group (as defined by the APRN Consensus Model) was their primary care population, over 64 percent reported caring for adult/gerontology patients. You can see the full results in Exhibit IV.

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Exhibit IV

**Q11 Considering the APRN Consensus Model’s certification for licensure based on patient population, what is the population group that you primarily care for?**

Answered: 24  Skipped: 4

![Graph showing patient population distribution](image)
Practice Role

CNSs have a wide range of skills from providing direct patient care to leading research. The participants were asked to estimate the percentage of time they spent in the prior year on specific activities. The following activities were noted as the highest focus of the participants, in ranking order of most time (1) to least time (7):

1. Leading or participating in evidence-based practice projects
2. Providing direct patient care
3. Consulting with nurses/staff/others
4. Teaching nurses/staff
5. Assisting with research
6. Conducting their own research as the primary investigator
7. Precepting students

Fifty percent of CNSs noted precepting 1-3 students annually, while 46 percent noted precepting no students over the same time period.

CNS Practice Trends

Participants were asked to anticipate whether certain practice issues would increase, stay the same, or decrease in the next 3-5 years. Interestingly, there were no areas where participants predicted a decrease in their practice areas. Practice areas with an increase or staying the same over the next 3-5 years are as follows:

Increase:
- Providing telehealth/telemedicine services to your existing service

Stay the same:
- Number of patients
- Number of work hours
- Consultation with other health care providers
- Referrals to other providers
- Visit length
- Documenting care in an electronic record system
- Multidisciplinary practice with care groups
- Collaboration with caregivers (RN, case manager, community health workers)

These findings suggest that CNSs think their practice trends will remain the same over the next 3-5 years yet they do predict that there will be an increase in providing telehealth/telemedicine services to their existing practice.
CNS Satisfaction
CNSs were asked how satisfied they were with their current practice. A majority of participants (46 percent) were “very satisfied” and 34 percent were “somewhat satisfied”. Some 8 percent were neutral in satisfaction, while 12 percent were “somewhat dissatisfied”. These results suggest a majority of CNSs are satisfied at some level with their current practice with only a low number of them being dissatisfied with their current practice. Dissatisfaction with practice can sometimes lead to transition of CNSs to other employment settings, creating difficulty in retaining these CNSs.

Summary
Thank you to everyone who participated in the 2016 CNS Survey. The information provided helps capture a snapshot of the CNSs who are currently practicing in Oregon and many of the issues they are facing in their practice.

The full set of results are available free to OCCNS members and CNSs who participated in the survey.

If you are interested in receiving a copy of the full results, please contact OCCNS via email at ONA@oregonrn.org or by phone at (503) 293-0011.