Abstract

Currently there is no published method for measuring all components of the nurse practitioner role. The development of a workload tool that addresses all aspects of the role would ensure appropriate role implementation. The current use of the 2400 census to measure productivity only considers one aspect of the trauma nurse practitioner workload. The Nursing Role Effectiveness Model provided a framework for evaluating nurse practitioner activities and subsequent results. The study measured trauma nurse practitioner activities through self-reporting and work sampling methods, but did not demonstrate superiority for either method. Factors affecting trauma nurse practitioner workload were identified: the number of admits, the number of transfers and discharges, the number of interns, and the number of nurse practitioners. The addition of each nurse practitioner resulted in a 67-minute decrease in total workload. The workload tool also demonstrated that the mean 0600 trauma patient census was higher than the current 2400 trauma patient census. Recommendations include 1) utilization of the acute care nurse practitioner modified Nursing Role Effectiveness Model to provide a consistent framework to eventually facilitate the development of a national nurse practitioner data base; 2) identification of specific tasks and measurement frequency; 3) identification of outcome measures for the hallmark nurse practitioner communication and collaboration activities; and 4) changing the timing of the daily patient census if it continues to be included in nurse practitioner productivity.

Keywords: acute care, nurse practitioner, trauma, workload