Background / Significance: Nursing practice in the Ambulatory setting requires knowledge integration that will enable nurses to care for complex patient/family care needs, incorporate safety, and comply with regulatory cost effectiveness and Magnet requirements. As an integral component of ambulatory nursing care, RNs must think critically and interpret complex information while they assess, triage, consult, follow-up, collaborate and coordinate care outcomes for patients and families either via telephone triage of brief face-to-face office encounters. Role ambiguity and confusion of the nurse may exist in some ambulatory environments due to high need of medication refills, prior authorizations, making appointments, and other essential, but not necessarily role specific tasks that may be assigned to nurses. Such tasks can alter professional outcomes related to patient satisfaction, quality patient outcomes, patient safety and effective transition of care activities. Evaluating ambulatory nursing practice will help describe the contribution of nursing in the Ambulatory Care setting.

Purpose: The purpose of this study was to describe nurses’ perception of their nursing practice in an Ambulatory Care setting within clinics associated with an acute care hospital.

Sample Description/Population: The study group was a convenience sample of registered nurses who provide direct patient care.

Setting: 23 ambulatory care clinics in a large Midwestern academic medical center were included in the study.

Method/Design: This IRB approved descriptive study used an electronic survey based on the Actual Scope of Nursing (ASCO®P) instrument. The instrument included 26 questions scored on a 6-point Likert-type scale. Demographic information was also captured. The dimensions of practice addressed in this instrument were the following: patient safety, assessment/planning, integration/supervision of staff, teaching of patients/families, knowledge updating/utilization, communication/care coordination, and quality of care. Complexity levels of low (base level of practice for any RN, including novice RNs), moderate (requiring more complex interventions that be carried out by all RNs), and high (complex interventions by RNs with considerable experience and BSN training) were identified.

Results/Outcomes: Total survey responses where 143. Of those, 123 were fully completed and included in the analysis. Among participants, nearly 70% were BSN prepared. Participants reported more than 45% of their time was spent conducting telephone triage, face-to-face encounters and communication/care coordination. However, they reported spending 20-30% of their time doing non-nursing functions such as making appointments, doing prescription refills and completing prior authorizations. Assessment/planning were a primary task that was associated with Level 1 complexity. Communication/care coordination and integration/supervision of staff where associated with Level 3 complexities. Variables of Level 3 Complexity, Communication/care coordination and integration/supervision were significant across all levels of nurse’s education background. Education level reflected the variable of quality for all nurses.

Conclusions/Implications: Ambulatory nurses’ perception of the value of their core competencies of assessment/planning, care coordination/communication and integration/supervision were significant in this study. More research needs to be done to see how leadership can support nurses to restructure their time from doing non-nursing functions of prior authorizations, medication refills and making appointments.