



The 2004 International Telenursing Role Survey **Executive Summary**

Background:

Telenursing is defined as “the use of telemedicine technology to deliver nursing care and conduct nursing practice” (Schlachta & Sparks, 1998). Through Telenursing, a nurse can provide monitoring, education, follow-up, remote data collection, remote interventions, pain management, family support, and multidisciplinary care in an innovative fashion. The concept of telenursing has been operationalized through the Nursing Telehealth Applications Initiative (NTAI), a leading edge, multi-year effort spearheaded by Dr. Janet Grady, Chairperson of the Division of Nursing at Mount Aloysius College, and funded by the Office of Naval Research, Grant # N00014-04-1-0516. The major goal of the NTAI is to research and implement new applications in Telenursing and Telehealth Technologies for clinical care and nursing education.

In order to further integrate telehealth, informatics and information technology into the curriculum at Mount Aloysius, more information about current telenursing practice, participation, and competencies was needed. Mount Aloysius commissioned iTelehealth Inc. to conduct a Telenursing survey. This survey was initiated in the United States, building upon the 2000 U.S. Telenursing Role Study conducted by iTelehealth Inc. The International Council of Nurses in Geneva, Switzerland at the same time had also commissioned iTelehealth Inc. to produce a monograph for International Competencies in Telehealth Nursing. Thus, the survey scope was extended by iTelehealth Inc. to the international telenursing community and included the collection of information regarding international aspects of Telenursing preparation and practice.



Purpose

The 2004 International Telenursing Survey was undertaken to identify 1) Telenurses' satisfaction with their current telenursing role 2) Specific telenursing knowledge and skills 3) perceptions about effectiveness of telehealth as a nurse extender 4) demand for telenurses worldwide 5) types of knowledge and skills needed by telenurses.

Method:

A web-based survey was developed and edited by key experts prior to publication. The survey targeted those telenurses who were actively practicing in telenursing at the time of the survey, OR who were working for an organization that supported telehealth/telemedicine (i.e. vendor, public policy, etc.). The survey was hosted online from September 18, 2004 to January 31, 2005. Online invitations were sent internationally to those in key telehealth organizations and key nursing groups as well as individual points of contact. Over 2000 invitations to participate were emailed.

Professional organizations that were instrumental in distributing the survey included the Canadian Society for Telehealth (CST- SCT), The International Council of Nurses (ICN), American Nurses Association (ANA), American Telemedicine Association (ATA), Association of Telehealth Service Providers (ATSP), the National Association for Homecare (NAHC), the Capital Area Roundtable on Informatics in Nursing (CARING), the American Medical Informatics Association (AMIA), the International Medical Informatics Association (IMIA), the American Association of Ambulatory Care Nursing (AAACN) and multiple telehealth and informatics listservs.

Findings:

Over 1700 persons accessed the survey online. There were 719 nurses (628 women and 89 men and 2 gender not stated) from 36 countries who completed the survey. Sixty-six percent of the respondents were from the U.S., where 49 of 50 states were represented. Canada had the second largest number of respondents.

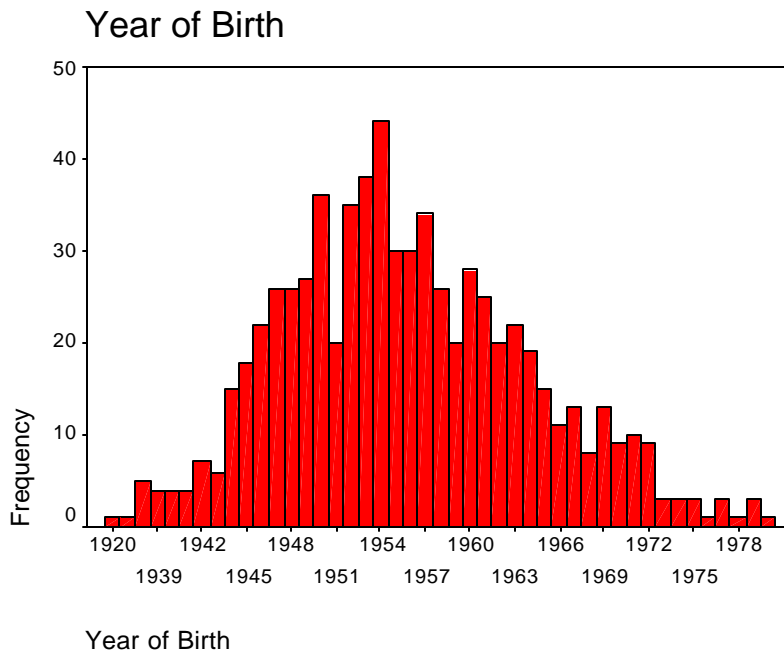


Telenurse Survey Participants by Country

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid USA	489	68.0	68.0	68.0
CANADA	72	10.0	10.0	78.0
AUSTRALIA	35	4.9	4.9	82.9
UNITED KINGDOM	29	4.0	4.0	86.9
NORWAY	25	3.5	3.5	90.4
NEW ZEALAND	8	1.1	1.1	91.5
SWEDEN	7	1.0	1.0	92.5
missing	6	.8	.8	93.3
IRAN	4	.6	.6	93.9
FINLAND	4	.6	.6	94.4
PUERTO RICO	3	.4	.4	94.9
ITALY	3	.4	.4	95.3
NETHERLANDS	3	.4	.4	95.7
HONG KONG	2	.3	.3	96.0
PANAMA	2	.3	.3	96.2
TAIWAN PROVINCE OF CHINA	2	.3	.3	96.5
PHILIPPINES	2	.3	.3	96.8
KOREA REPUBLIC OF	2	.3	.3	97.1
INDIA	2	.3	.3	97.4
ARGENTINA	2	.3	.3	97.6
GREECE	1	.1	.1	97.8
CONGO	1	.1	.1	97.9
KOREA DEMOCRATIC PEOPLE S REPUBLIC OF	1	.1	.1	98.1
CHILE	1	.1	.1	98.2
AFGHANISTAN	1	.1	.1	98.3
IRELAND	1	.1	.1	98.5
LUXEMBOURG	1	.1	.1	98.6
UGANDA	1	.1	.1	98.7
CUBA	1	.1	.1	98.9
GERMANY	1	.1	.1	99.0
ISRAEL	1	.1	.1	99.2
UKRAINE	1	.1	.1	99.3
CROATIA	1	.1	.1	99.4
ARMENIA	1	.1	.1	99.6
SOUTH AFRICA	1	.1	.1	99.7
CHINA	1	.1	.1	99.9
JORDAN	1	.1	.1	100.0
Total	719	100.0	100.0	



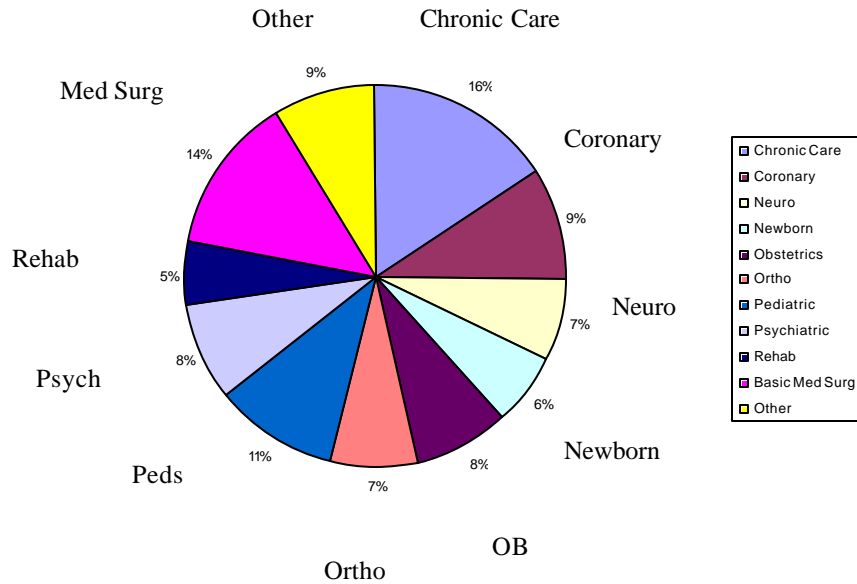
The average telenurse is female and 48 years old. She has a 50% chance of working just part-time in telehealth, most often in a hospital setting, with an income of \$35,001 to \$75,000 per year. The telenurse most likely received on the job training in telehealth to achieve her expertise. This nurse is highly satisfied with telenursing, based on assessments of factors such as autonomy, interaction, professional status, pay, task requirements, and organizational policies. Survey respondents believe that currently the demand for telenurses is moderate, however a sharp increase in the demand is expected within three years.



Year of birth ranged from 1920 to 1980 ($n = 699$), with a median of 1955 and a mode of 1954. Age ranged from 22 to 84 with a mean of 48.27 ($SD = 8.35$).



Types of Patients Treated by Telenurses



Where Telenurses Worked in 2004

* denotes difference in order in the US

	INTL	US
Hospital	27 %	27 %
College	11 %	10.2 % *
Community	9.7 %	11.7 % *
Call Center	8.9 %	7 % *
Govt	8.2 %	7.6 % *
Clinic	4.5 %	6.5 %
Military	2.1 %	3.1 %
Vendor	0	.4 %



The vast majority of the telenurses surveyed are not certified in telemedicine, telenursing, or nursing informatics. Seventy-five percent of Telenurses believe that certification in telenursing is important, and would be interested in achieving certification. According to these respondents, critical components of a curriculum for a certification program would be proficiency with technical tools, knowledge of standards and protocols, and competence in clinical care delivery. Eighty-nine percent of respondents believe that telenursing should be a part of basic nursing education. Telehealth education should include clinical experiences.

Summary:

The 2004 International Telenursing Role Survey serves as further information for nursing practice to support the emerging role of telenursing. Future growth and development of the telenursing role and education can be measured against the findings of this survey. Notification of venues for further dissemination of findings will be provided to participants. We thank the international nursing and telehealth community for supporting this important survey.

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