1989

A Descriptive study of Santa Clara County registered nurses' attitudes toward the role of the nurse practitioner

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attitudes toward the role of the nurse practitioner**

Barton, Carol A., M.S.N.

San Jose State University, 1989

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Ann Arbor, MI 48106**

A DESCRIPTIVE STUDY OF SANTA CLARA COUNTY
REGISTERED NURSES' ATTITUDES TOWARD THE
ROLE OF THE NURSE PRACTITIONER

A Thesis
Presented to
The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By
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May, 1989

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ABSTRACT

A DESCRIPTIVE STUDY OF SANTA CLARA COUNTY REGISTERED NURSES' ATTITUDES TOWARD THE ROLE OF THE NURSE PRACTITIONER

by Carol A. Barton

This investigation focused on the identification and description of registered nurses' attitudes toward the role of the nurse practitioner. The research design was exploratory and descriptive using a survey technique. The conditioning and reinforcement model of attitude formation (Freedman, Carlsmith, & Sears, 1974) served as the conceptual framework for the study. A questionnaire designed by Theiss (1976) was mailed to 202 randomly selected registered nurses residing in Santa Clara County. Frequency count and proportional agreement with each of the 48 nurse practitioner role activities and the 15 attitudinal statements listed on the questionnaire were calculated. Sixty-eight questionnaires (33.6%) were returned and used for data analysis. The study indicated that registered nurses are generally supportive of the nurse practitioner role although they felt physician supervision was necessary, especially regarding evaluation of electrocardiograms, x-rays, and treatment and disposition of the patient. Based on the research findings, recommendations for further study were made.

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Chapter 1

INTRODUCTION

Historically, the 1960's were viewed as a decade of limited medical manpower, unable to meet the consumer demand for health care. This problem was most evident in the primary care health setting. Primary health care is defined as coordinated, comprehensive, and personal care, available on both a first contact and continuous basis. Primary care incorporates several tasks. They include maintenance and promotion of health, evaluation and management of disease, restoration of health, and coordination of all necessary services and agencies (Goroll, May, & Mulley, 1987).

Throughout the 1960's and early 1970's, a concerted effort on the national level began to examine and experiment with innovative ways to provide health care. The increased use of allied health personnel in expanded and new roles in nursing emerged as one solution to the shortage of primary care physicians (Theiss, 1976). Thus, the nurse practitioner movement was established.

The focus and events that propelled the nurse practitioner movement into the 1980's, however, are not the same as those that continue to shape primary care and nursing in this decade. The 1980's began with a "retrenchment" mentality. In response to the physician shortage, medical school enrollment burgeoned, supported directly through government subsidies and indirectly through

research grants (Evashwick & Weiss, 1987). This, in turn, created a surplus of physicians competing with each other, as well as with nurse practitioners for a portion of the primary health care market. Surveys conducted early in the nurse practitioner movement generally reported more physician acceptance of the nurse practitioner role than studies conducted later (Mezey & McGivern, 1986).

Classically, nursing has been politically dominated by the medical profession; therefore, it is conceivable the medical profession's acceptance or conversely their non-acceptance influences the nursing professionals' attitudes toward the nurse practitioner role. The perceived level of respect currently accorded to the nurse practitioner coupled with demographic shifts and changes in the health care system suggest that now may be an opportune time to re-evaluate the attitudes possessed by registered nurses toward the role of the nurse practitioner.

Objectives

The objectives of this study were to:

1. Identify and describe the attitudes of registered nurses residing in Santa Clara County towards the role of the nurse practitioner.
2. Identify and describe the role functions of the nurse practitioner as perceived by registered nurses residing in Santa Clara County.

Purpose and Need

As Diers and Molde (1979) suggest, investigators must strive to develop a theory of nurse practitioner performance based on broad conceptions and definitions of primary care and the nurse practitioner role. This study will contribute towards achieving this goal through the provision of current data on role function and attitudes toward the nurse practitioner role as perceived by registered nurses. Identifying both the positive and negative attitudes possessed by registered nurses will assist the nurse practitioner in determining the areas which must be focused on to facilitate attitude change and support the role of the nurse practitioner within the nursing profession.

Definition of Terms

For the purpose of this study, the following operational definitions were used:

1. Role functions as defined by Biddle and Thomas (1966) are a set of standards, descriptions, norms, or concepts held for the behaviors of a person or a position. For the purpose of this study, role functions are the specific practices performed by the nurse practitioner in the areas of patient education, physical assessment, treatment, and evaluation of selected clients. These clients have a wide range of health care needs including health promotion, disease prevention, and the treatment of acute self limiting illnesses and chronic stable illnesses.

Role functions may be performed independently or in consultation with physicians as needed.

2. Nurse practitioner is defined as a licensed registered nurse who, through completion of a certificate or degree program, has obtained additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care. The nurse practitioner can provide services independently or in collaboration with a physician (California Board of Registered Nursing, 1988).

3. Registered nurse is defined as a health care professional who has completed a course of nursing education through an associate, baccalaureate, or a diploma program, and has obtained licensure from the California Board of Registered Nursing. He/she may or may not be actively employed in nursing (California Board of Registered Nursing, 1988).

4. An attitude is an organized and enduring set of beliefs and feelings toward some kind of object or situation and a predisposition to behave toward it in a particular way (Kagan & Havemann, 1976).

Research Design

The format used to conduct this study was nonexperimental. A descriptive survey was used to collect data regarding registered nurses' attitudes toward the role of the nurse practitioner. Polit and Hungler (1983) define

survey research as the branch of research that focuses on the current status of a situation and collects information relating to characteristics, attitudes, opinions, or values from members of a group who are objects of investigation. Based on the research objectives, conceptual framework, and related literature review, a survey design was determined to be appropriate for this study.

Scope and Limitations of the Study

The study sample was limited to practicing registered nurses residing in Santa Clara County and therefore the findings of this study cannot be generalized. In the geographic area in which the study was completed, the method of health care is largely physician directed and supervised. There is an ample number of physicians to provide most care to those clients who would normally receive the care of a nurse practitioner. Therefore, if the same questionnaire were administered in a rural geographic area, where nurse practitioners are providing a greater proportion of primary care activities, the study findings might be different.

Another limitation of the study was the research design. One of the major concerns with using a mailed questionnaire is that not all individuals in the sample selected will return the questionnaire, which may lead to a biased sample (Polit & Hungler, 1983). Another limitation lies in the difficulty of constructing a questionnaire that will be interpreted in the same way by all respondents.

Furthermore, there may be a tendency on the part of respondents to give answers they think are wanted (Notter, 1974).

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF THE RELATED LITERATURE

Conceptual Framework

Social psychologists and sociologists have been studying attitudes for over a century. During this time, a number of concepts and theories have been presented along with numerous definitions of attitude. Consequently, the literature is replete with descriptions of most every conceivable attitude representing diverse beliefs and opinions. The major approaches to attitude formation and change have been identified as: (a) incentives and conflict, (b) functionalism, (c) cognitive consistency, and (d) conditioning and reinforcement (Freedman, Carlsmith, & Sears, 1974). The incentive theory assumes that a person adopts the attitude that maximizes gain. A variant of this approach considers attitudes in terms of the functions or uses they serve for the individual. The cognitive consistency theory asserts that individuals tend to seek harmonious relations between their cognition and behavior. It emphasizes acceptance of ideas that are consistent with previous attitudes and fit into the individual's overall cognitive structure. Lastly, the conditioning approach views attitudes as habits, similar to anything else that is learned. Conditioning principles that apply to other forms of learning also determine the formation of attitudes.

The four approaches to attitude formation are not contradictory to or inconsistent with each other. They represent different theoretical orientations, and differ primarily in the factors they emphasize when explaining attitude formation and change (Freedman, Carlsmith, & Sears, 1974). Conditioning and reinforcement provides the conceptual framework of this study.

As previously stated, the basic approach related to the conditioning and reinforcement model is that attitudes are learned in much the same way as other habits. Just as people acquire information and facts, they also learn the feelings and values associated with these facts. For example, a child learns that certain people are strangers, that strangers are "bad," and finally, he/she learns not to like strangers. The child learns this attitude through the same processes and mechanisms that control other types of learning. In "learning" an attitude, the individual acquires information and feelings by the processes of association, reinforcement, and imitation (Freedman, Carlsmith, & Sears, 1974). Associations are formed when stimuli appear at the same time and in the same place. Therefore, if an individual projects a positive or negative attitude regarding the role of the nurse practitioner to others, these images become associated with the nurse practitioner.

Learning the characteristics of an object, a person, or idea is an important aspect of developing an attitude toward it. For example, Byrne (cited in Freedman, Carlsmith, & Sears, 1974) told subjects that someone either disagreed or agreed with him on a variety of issues and values. Presumably, each time the other person agreed with him, it was a positive attribute and each time the other person disagreed with him it was a negative attribute. The subjects learned that these were the characteristics of the other person and on the basis of these characteristics, they formed an attitude toward the other person including a feeling about how much they would like him. Therefore, the simplest factor in the formation of attitudes is the association between the object and other words or qualities.

Learning also occurs through reinforcement. If a nursing instructor in the classroom setting stated he/she supported the nurse practitioner role such that students in the class agreed with the statement, the statement is reinforced. Then both the statement and the reinforcement of the statement become part of the cluster that forms an attitude.

Finally, attitudes can be learned through imitation. People imitate the behavior of others, particularly if the others are strong, important people. For example, children tend to imitate their parents, and this imitation extends to both behavior and attitudes of his/her parents. Imitation

is not limited to the parent-child relationship. The same phenomenon can be seen when individuals mimic mentors, public figures, and friends. Thus, the individual learns many different attitudes by imitating many different people.

In summary, the learning approach to attitudes views the individual as primarily passive; he/she is exposed to stimuli and learns through association, reinforcement, and imitation. This learning determines his/her attitude. The final attitude contains all of the associations, values, and other bits of information the individual has accumulated. His/her dominant attitude depends on the number and strength of the positive and negative elements he/she has learned (Freedman, Carlsmith, & Sears, 1974).

Review of the Related Literature

Past nursing literature has addressed four major areas in the nurse practitioner movement: the effectiveness of the nurse practitioner as a provider of quality client care, the realization of cost-saving potential, access and availability, and acceptance of the nurse practitioner. Previous research on the acceptance of the nurse practitioner has been primarily concerned with the attitudes of patients and physicians. Few studies have reported data of nursing professional's attitudes toward the nurse practitioner.

The importance of nurse practitioner acceptance was highlighted by Lewis (1975). She reported that the

practitioner who attempts to perform a new role in any delivery system would be aided or hampered by the attitudes and expectations of the other participants toward the practitioner's new duties. While addressing the same issue, Hertzog (1976) asserted that nursing colleagues and supervisors are threatened by the nurse practitioner. They assume the nurse practitioner is more capable than other nurses which, in turn, results in a lack of adequate support and acceptance of the nurse practitioner by other nursing professionals.

In contrast, Wright (1976) surveyed a random sample of 800 nurses registered with the Texas State Board of Nursing. Thirty percent of the questionnaires were returned and used. The study found in general, professional nurses were supportive of the nurse practitioner role and favored nurse practitioners assuming considerable responsibility in the delivery of primary health care.

Theiss (1976) studied the attitudes of professional nurses toward nurse practitioners and compared reactions of specific role functions commonly cited in the literature as expanded role functions. Thirty-five nursing employees of the San Diego Veterans Administration Hospital were surveyed. A response rate of 100 percent was obtained. The findings of this study indicated that while the concept of the nurse practitioner is generally accepted by nurses from a variety of job classifications, there was disagreement on

which functions were acceptable role behaviors. The data also indicated that nurse practitioners would be perceived as a threat to registered nurses, and it was of general consensus that the nurse practitioner role was being utilized in a "physician assistant" type role rather than the preferred, broader nurse practitioner role.

In a later study, Theiss (1982), using the same survey tool, examined the perception of nursing staff personnel relative to the role functions of nurse practitioners working in an inpatient setting. A sample of convenience, consisting of 54 nursing service personnel from a large general medical center in the northeast, was used for the study. A small subset of subjects was also selected to compare perceptions of functions and attitudes of nursing service personnel before and after the introduction of a geriatric nurse practitioner in an inpatient setting. The subjects in this subset initially included 9 registered nurses and 6 licensed practical nurses, but only 10 of the original 15 subjects selected completed the post-survey one year later. The findings revealed that there was a very favorable nursing staff attitude toward the role of the nurse practitioner in an inpatient setting. Yet again a number of uncertainties remained as to what specific functions were considered acceptable for the nurse practitioner.

In a study investigating nursing staff attitudes toward the geriatric nurse practitioner (GNP) as an agent of change in a long term care facility, Tharp, Baker, and Brower (1979) surveyed 8 nursing personnel prior to and after employment of two geriatric nurse practitioners. The survey was designed to measure acceptance of the GNP. Initially, the nursing staff held a wait-and-see attitude, but post implementation surveys were favorable, showing acceptance of the GNP.

More recently, Koehler (1986) studied the agreement among nurse practitioners and other health professionals regarding role functions for nurse practitioners. The stated focus of her study was on the degree of decision-making and independent judgment expected of the nurse practitioner. A structured interview was used for data collection from 40 health workers comprised of 16 registered nurses, 11 nurse practitioners, 8 physicians, and 6 hospital administrators. Few agreements by all groups were found with the exception of three functions: taking health histories, determining level of wellness, and follow-up. All four groups unanimously expressed agreement that the practitioner should exercise independent judgment in making referrals and that they should not be limited to prescribing drug therapy from a physician approved list.

In a study performed by Reed and Roghmann (1971), a survey of nurse and physician attitudes toward the job

function of nurse practitioners was conducted. A group of 93 nurses and 86 physicians on the house staff of a New York hospital participated in the study. Results revealed that the nurses surveyed found the expanded role more acceptable than the physicians surveyed.

In a later but similarly conducted study of physicians' and nurses' conceptions of the role of nurse practitioners (Burkett, Parken-Harris, Kuhn, & Escovitz, 1978), the researchers administered parallel surveys to 679 nurses and 597 primary care physicians in southeastern Pennsylvania. The respondents indicated their opinion on the issue of autonomy for nurse practitioners and on the issue of specific tasks appropriate to the nurse practitioner role. Not unexpectedly, there were significant differences between nurses and physicians with respect to both autonomy and appropriateness. Nurses were more likely to support the nurse practitioner in independent practice and also held a higher conception of the nurse practitioners' capabilities.

In summary, the literature review supports the contention that in the past, attitudes established regarding the acceptance of the nurse practitioner role have varied greatly within and between the medical and nursing professions. All of the studies were limited by reliance on a small non-probability sample or sample from a single specialty area. It is also important to point out there has been little if any new literature published in the last

seven years dealing with the perceptions of health care providers in any capacity toward the role of the nurse practitioner.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

This chapter describes the methodology used to examine registered nurses' attitudes toward the role of the nurse practitioner. The methodology includes the: (a) research design, (b) instrumentation, (c) sampling method, and (d) data collection procedures for gathering information.

Research Design

An exploratory, descriptive approach utilizing a mailed questionnaire was employed to survey the role perceptions and attitudes of a random sample of registered nurses residing in Santa Clara County. The random sample was drawn from a mailing list provided by the California Board of Registered Nursing.

Instrumentation

A self administered questionnaire constructed by Theiss (1976) was employed to survey the role perceptions and attitudes of registered nurses towards the nurse practitioner role (Appendix A). The author, Betty Theiss, R.N., M.S.N., was contacted via telephone. She gave verbal consent for utilization of her questionnaire. A copy of the original questionnaire requested was sent to the investigator via mail.

The questionnaire was designed to measure perceptions and attitudes toward the nurse practitioner role. To construct this tool, Theiss modified and combined items from

two separate questionnaires developed by Schoen (cited in Theiss, 1976) and Schoenaur (cited in Theiss, 1976) from studies which explored the relationship of role perceptions to attitudes of professionals toward nurse practitioners. All three of the questionnaires were pretested for validity and reliability by their respective authors but no specific coefficients were cited in the literature. Two registered nurses within the researchers' work setting pretested the questionnaire to assess its clarity.

Three sections were incorporated within the questionnaire. The first section contained a number of demographic questions, directed toward gathering descriptive information for group comparison such as age and level of nursing education. The second section dealt with traditional and expanded role nursing functions. Respondents were requested to identify whether or not they believed a nurse practitioner should engage in each designated activity, independently, in consultation with a physician, or not at all. The third scale contained 15 questions related to attitudes toward the nurse practitioner role. Participants responded to these items along a 5 point Likert-type scale ranging from "strongly agree" to "strongly disagree."

Sampling Method

The target population of this study was registered nurses residing in Santa Clara County. A mailing list of

10,098 registered nurses residing within Santa Clara County was purchased from the California State Board of Nursing. Systematic sampling methods were applied to the mailing list to obtain a sample of 202 registered nurses. A sampling interval of 50 was calculated, then using a table of random numbers, the first element of the sample was selected to insure a probability sample.

Data Collection

After obtaining human subjects' approval from San Jose State University, the instrument was mailed to the random sample of registered nurses selected. It was accompanied by a self-addressed, stamped envelope, a cover letter, (Appendix B), and a consent form. The latter explained the purpose of the study, what was to be done with the data gathered, and instructions for completing and mailing the questionnaire (Appendix C). Subjects were requested to respond to the survey within a two week period to encourage prompt return of the questionnaires.

Data Analysis

Descriptive statistics in the form of frequency numbers and percentages were calculated for demographic data and each of the 48 role activities listed on the questionnaire. Similarly, the frequency number and percentage of registered nurses who agreed or disagreed with statements regarding attitudes toward the nurse practitioner were calculated.

There were 202 questionnaires mailed. Four questionnaires were returned undeliverable with no forwarding address available. A total of 68 (33.6%) questionnaires were returned and used for analysis.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

A descriptive analysis of the research data in the form of frequency numbers and percentages is presented in this chapter. Presentation of the analyzed responses to the questionnaire is divided into three sections: (a) a description of the sample population according to age, level of education, year of graduation, and job classification; (b) a descriptive analysis of the registered nurses' attitudes toward the 48 nurse practitioner role functions listed in the questionnaire; and (c) a descriptive analysis of the sample population's responses to the 15 attitudinal statements.

Description of the Sample Population

The demographic data collected for the study were analyzed using percentages and frequency of responses to the questionnaire (Appendix A). In the following tables and discussion, a description of the sample population according to age range, years since graduation, level of education, and employment is presented.

Table 1 reflects the age distribution of the registered nurses who responded to the survey. These findings demonstrate a bimodal age distribution, with an equal proportion (33.8%) of respondents falling into the "31 to 40" or the "51 and older" age categories.

Table 1

Sample Population Distribution According to AgeN = 68

Age	n	%
21 - 30 years	8	11.8
31 - 40 years	23	33.8
41 - 50 years	14	20.6
Over 50 years	23	33.8
Total	68	100.0

Table 2 reports the respondents' highest level of education. This table shows the majority (45.6%) of the respondents held a Bachelor of Science degree in Nursing.

Table 2

Sample Population Distribution According to Level of EducationN = 68

Level of Education	n	%
Diploma	14	20.6
Associate Degree	11	16.2
Bachelor of Science in Nursing	31	45.6
Bachelor of Arts	2	2.9
Master of Science	10	14.7
Total	68	100.0

Table 3 indicates the number of years since the respondents graduated from nursing school. The majority of nurses surveyed (58.8%) graduated 11 or more years ago.

Table 3

Sample Population Distribution According to Number of Years Since Graduation

N = 68

Years Since Graduation	n	%
Less than 2 years ago	3	4.4
2 to 4 years ago	5	7.4
5 to 7 years ago	10	14.7
8 to 10 years ago	10	14.7
11 years ago or longer	40	58.8
Total	68	100.0

Table 4 reports the nursing positions held by the respondents at the time of the study. The majority (58.8%) of registered nurses reported they held staff nurse positions.

Table 4

Sample Population Distribution According to Job
Classification

N = 68

Job Classification	n	%
Staff Nurse	40	58.8
Clinic Nurse	6	8.8
Supervisor	3	4.4
Administrator	3	4.4
Rehabilitation Nurse	2	2.9
School Nurse	1	1.5
Discharge Planner	1	1.5
Utilization Review Nurse	1	1.5
Public Health Nurse	1	1.5
Mental Health Counselor	1	1.5
Educator	1	1.5
Retired	5	7.3
Unemployed	3	4.4
Total	68	100.0

In response to the question, "Have you ever worked with a nurse practitioner?" Thirty-eight percent (38%) of the nurses surveyed indicated they have worked with a nurse practitioner.

Thus, the largest proportion of respondents were 31 years of age and older (88.2%), completed a Bachelor of Science degree in Nursing (45.6%), graduated 11 years ago or longer (58.8%), and were employed as staff nurses (58.8%).

Descriptive Analysis of the Registered Nurses' Attitudes
Toward the Role Functions of the Nurse Practitioner

Part B of the questionnaire listed 48 role activities of the nurse practitioner. Respondents were asked to indicate whether or not they personally felt the nurse practitioner should perform the listed activities either independently, with physician consultation, or not at all.

The responses to Part B of the survey demonstrated that there was general agreement that the nurse practitioner should perform the traditional nursing functions such as history taking, interviewing patients, charting, communication, and patient education independently. These findings are represented in Table 5. The complete frequency distribution of respondents' answers to Part B of the survey can be found in Appendix D.

The study sample reported the type of role functions the nurse practitioner should not perform were those related to assessment and evaluation of the patient. In general, the percentage of nurses who responded in this manner was quite small. For example, the largest percentage (7%) reported that the nurse practitioner should not, as part of his or her role: (a) diagnose and initiate therapy

Table 5

Frequency Distribution and Percentage of Registered Nurses'
Responses to Role Function Statements Number 2, 4, 7, 21,
26, 41, & 48

N = 68

Role Function	Perform Indep.		With M.D. Consult.		Not At All	
	n	%	n	%	n	%
2. Interview client and/or family.	66	97	2	3	0	0
4. Obtain history of present complaint.	68	100	0	0	0	0
7. Perform aspects of nursing care which require professional judgment.	66	97	2	3	0	0
21. Initiate progress notes for patient records.	66	97	2	3	0	0
26. Take and record vital signs.	68	100	0	0	0	0
41. Provide adequate reports, verbal or written, as scheduled or necessary.	67	98.5	1	1.5	0	0
48. Perform continuous health counseling and education.	66	97	2	3	0	0

in select and mutually agreed disease conditions, (b) make general interpretations of x-ray film, or (c) interpret EKG tracings (Table 6).

The largest percentage of activities that the registered nurses reported should be performed in consultation with a physician were once again related to evaluation and diagnosis of the patient (Table 7). They included in order of importance: making general interpretations of x-ray film and interpreting EKG tracings (69%); diagnosing and initiating therapy in selected disease conditions (59%); and determining disposition of patients based on signs, symptoms, examinations, and test results (45.6%). These findings were almost identical to those reported by Theiss (1982) in a similar study examining perceptions of nursing staff regarding the utilization of nurse practitioners in an inpatient setting.

The nurses surveyed agreed unanimously that only nine of the 48 role functions listed on the questionnaire should be performed independently by the nurse practitioner. As shown in Table 8, they included such activities as: providing health promotion and prevention on a regular basis as part of primary care, developing rapport and providing emotional support to patient and/or family, and providing patient education.

Additionally, there was major agreement that the nurse practitioner should utilize available opportunities to continue education and upgrade skills (97%), collaborate with other health services (97%), perform aspects of nursing

care which require professional judgment (97%), and participate in the performance of research studies (94.1%).

Table 6

Frequency Distribution and Percentage of Registered Nurses' Responses to Role Function Statements Number 6, 19, 22, & 28

N = 68

Role Function	Perform Indep.		With M.D. Consult.		Not At All	
	n	%	n	%	n	%
6. Make diagnosis and initiate therapy in select and mutually agreed upon disease conditions.	23	34	40	59	5	7
19. Interpret EKG tracings.	16	24	47	69	5	7
22. Perform eye grounds examination.	52	77	11	16	5	7
28. Make general interpretations of X-ray film.	16	24	47	69	5	7

Table 7

Frequency Distribution and Percentage of Registered Nurses'
Responses to Role Function Statements Number 6, 19, 28, & 34

N = 68

Role Function	Perform Indep.		With M.D. Consult.		Not At All	
	n	%	n	%	n	%
6. Make diagnosis and initiate therapy in select and mutually agreed disease conditions.	23	34	40	59	5	7
19. Interpret EKG tracings.	16	24	47	69	5	7
28. Make general interpre- tations of X-ray film.	16	24	47	69	5	7
34. Determine disposition for the client based on signs, symptoms, examination, and test results.	31	52.9	36	45.6	1	1.5

Table 8

Frequency Distribution and Percentage of Registered Nurses'
Responses to Role Function Statements Number 1, 4, 8, 13,
14, 26, 40, 44, & 47

N = 68

Role Function	Perform Indep.	
	n	%
1. Develop rapport with client and/or family.	68	100
4. Obtain history of present complaint and past illnesses using terminology which the client can understand.	68	100
8. Note general emotional reactions during interview and examination.	68	100
13. Keep informed of current trends and practices in nursing.	68	100
14. Provide for patient and/or family teaching.	68	100
26. Take and record vital signs.	68	100
40. Provide emotional support to client and/or family.	68	100
44. Reinforce physicians instructions and directions for client and/or family.	68	100
47. Provide for health promotion and prevention on a regular basis as part of primary care.	68	100

Although 58% of the respondents reported the need for physician consultation while diagnosing and initiating therapy in selected disease conditions, the majority of nurses responded positively to the role activities dealing with physical assessment and examination of the patient. For example, 88.2% of the nurses reported the nurse practitioner should independently inspect the client's body for abnormalities, auscultate the lungs, and examine the client's abdomen using palpation and auscultation (Table 9).

Descriptive Analysis of the Registered Nurses

Responses to the Attitudinal Statements

Part C consisted of 15 questions related to attitudes toward the expanded role in nursing. Participants responded to these items along a 5 point Likert scale ranging from "strongly agree" to "strongly disagree." For purposes of comparison, answers consisting of strongly agree and agree were grouped together. Disagree and strongly disagree were grouped together as well. The registered nurses' responses to the 15 attitudinal statements are summarized in Table 10.

Unlike the findings reported by Theiss (1976), there was no one item that received unanimous agreement, but in general, the nurses surveyed responded positively to the concept of the nurse practitioner. As noted in Table 10, the majority of nurses surveyed reported that the

Table 9

Frequency Distribution and Percentage of Registered Nurses'
Responses to Role Function Statements Number 12, 15, 16, 17,
22, & 25

N=68

Role Function	Perform Indep.		With M.D. Consult.		Not At All	
	n	%	n	%	n	%
12. Inspect the client's body for abnormalities	60	88	8	12	0	0
15. Examine client's abdomen using palpation and ascultation.	60	88.2	7	10.3	1	1.5
16. Listen to lung and breath sounds.	60	88.2	7	10.3	1	1.5
17. Listen to heart sounds.	58	85	8	12	2	3
22. Perform eye grounds examination (fundoscopy).	52	76.5	11	16.2	5	7.3
25. Test various body reflexes and note pertinent neurological signs.	61	89	7	10	1	1

implementation of nurse practitioners in primary care could result in better health care for the client, as well as improve the professional status of nursing and lead to enrichment and expansion of both the nursing and medical professions.

An interesting finding revealed that only 32.4% of the nurses surveyed reported agreement with the statement that the utilization of the nurse practitioner should be additive

and complementary to the role of the physician rather than substitutive. Additionally, only 17.6% of the nurses agreed that it would be advisable for nurses to focus on improving current nursing practices rather than taking on physician responsibilities in primary care. In contrast, 66.2% of the respondents reported the nurse practitioner should be under the close supervision of the physician and further, reported that nurse practitioners are currently being utilized more as physician assistants than in an extended nursing role.

Statements 7, 8, and 10 examined the impact of the nurse practitioner on quality and cost of care as well as the acceptance of nurse practitioner services by the client. Eighty five percent of the nurses reported that the use of nurse practitioners would not sacrifice the quality of care delivered to the client. Additionally, 63.2% indicated that the utilization of the nurse practitioner would reduce the cost of medical care, and 61.7% of the nurses reported clients would accept primary care services rendered by the nurse practitioner. In contrast, almost half (48.5%) of the nurses felt if given a choice, many clients would prefer seeing a physician rather than a nurse practitioner for their physical examinations.

Similar to the findings reported by Theiss (1976), 28% of the respondents surveyed agreed that many nurses are likely to feel threatened by the presence of a nurse practitioner. This could indicate a lack of understanding

Table 10

Frequency Distribution of Registered Nurses Responses to Attitudinal Statements

N = 68

<u>Statement</u>	<u>Agree</u>		<u>Disagree</u>		<u>Uncertain</u>	
	n	%	n	%	n	%
1. The utilization of the N.P. in primary care could result in better health care for the client.	60	88.2	2	3	6	8.8
2. The success of a nurse assuming greater responsibility in Primary Health Care Services will depend as much upon the physicians' acceptance of and expanded role as upon clients' acceptance.	66	97	1	1.5	1	1.5
3. In reality the N.P. comes closer to practicing medicine and not nursing.	26	38	33	49	9	13
4. The utilization of an N.P. can only lead to enrichment and expansion of both professions.	60	88.2	2	3	6	8.8
5. Many nurses and LVN's are likely to feel threatened by the presence of an N.P.	19	28	37	54.4	12	17.6
						33

Table 10 (Continued)

<u>Statement</u>	<u>Agree</u>		<u>Disagree</u>		<u>Uncertain</u>	
	n	%	n	%	n	%
6. The utilization of an N.P. should be to add a dimension to care that is additive and complementary of the role of the doctor, rather than substitutive.	22	32.4	34	50	12	17.6
7. The use of nurses in expanded roles will eventually sacrifice the quality of care for quantity (the # of clients cared for).	1	1.5	58	85.3	9	13.2
8. The utilization of nurse practitioners will reduce the costs of medical care.	43	63.2	10	14.7	15	22.1
9. It would be advisable for nurses to focus on improving current nursing practices rather than into taking on physician responsibilities in Primary Care.	12	17.6	41	60.3	15	22.1
10. Most clients will accept Primary Care services delivered by Nurse Practitioners.	42	61.7	4	6	22	32.3

Table 10 (Continued)

<u>Statement</u>	<u>Agree</u>		<u>Disagree</u>		<u>Uncertain</u>	
	n	%	n	%	n	%
11. The Nurse Practitioner, if utilized, should be under the close supervision of the physician.	45	66.2	11	16.2	12	17.6
12. If given a choice, many clients would prefer seeing an M.D. rather than an N.P. for their physical exam since they might be afraid the N.P. would not pick up some abnormalities.	33	48.5	21	31	14	20.5
13. The utilization of the N.P. should increase the professional status of nurses.	54	79.4	4	5.9	10	14.7
14. Many clients would feel more free to talk with an N.P. about certain problems than they would with a physician.	53	77.9	5	7.4	10	14.7
15. Many Nurse Practitioners are currently being utilized more as "physician assistants" rather than an expanded role.	45	66.1	2	2.9	21	31

of the role of the nurse practitioner within the nursing profession.

Summary

Analysis of the demographic data collected from the sample population ($N=68$) demonstrated that the largest proportion of registered nurses who responded to the survey were 31 years of age and older; had completed a Bachelor of Science in Nursing; graduated 11 or more years ago, and were employed as staff nurses. Fewer than half (38%) had worked with a nurse practitioner.

Descriptive analysis of the sample population's responses to the 48 role activity statements listed on the questionnaire revealed the majority of nurses agreed that the nurse practitioner should function independently in all of the role activities listed with the exception of interpreting EKG tracings, making general interpretations of x-ray film, and making diagnosis and initiating therapy in select and mutually agreed disease conditions.

Analysis of the registered nurses' responses to the 15 attitudinal statements listed on the questionnaire revealed the majority agreed that the utilization of the nurse practitioner in primary care could result in better health care (88%) and improve the professional status of nursing (79.4%). Although the majority (66.2%) reported that the nurse practitioner should be under the close supervision of the physician, surprisingly, only 32.4% agreed that the role

of the nurse practitioner should be complementary to the role of the physician rather than substitutive, and only 17.6% agreed that nurse practitioners should focus on improving current nursing practices rather than taking on physician responsibilities in primary care.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Lack of recent research in the area of nurse practitioner acceptance prompted this study. The purpose of the study was to identify and describe the role functions of the nurse practitioner, as perceived by registered nurses residing in Santa Clara County. A secondary purpose was to explore the attitudes of registered nurses towards the role of the nurse practitioner. The conditioning and reinforcement theory provided the conceptual framework to explain attitude formation and attitude change.

Conclusions

The following conclusions were drawn from the results of this study.

Demographic Characteristics

The largest proportion of registered nurses surveyed were 31 years of age and older, had completed a Bachelor of Science degree in Nursing, graduated 11 years ago or longer, and were employed as staff nurses. Only 38% of the nurses surveyed had worked with a nurse practitioner.

Perceived Scope of Functions

According to the study population, the majority of the 68 respondents agreed that the more traditional nursing functions such as history taking, charting, health promotion, and illness prevention were considered to be acceptable role activities for the nurse practitioner to

perform independently. Additionally, the majority of nurses surveyed responded favorably to the nurse practitioner carrying out independent role functions related to assessment and physical examination of the patient, a role traditionally belonging to the physician.

The type of role functions the study population reported as needing physician consultation were those dealing with interpretation of EKG readings and X-ray films, treatment and disposition of the patient. One might interpret from these data that there is still some hesitancy among nurses to accept the responsibility for making independent interpretations and decisions about assessment data collected.

Attitude Toward the Nurse Practitioner Role

Analysis of the study sample's responses to the attitudinal portion (Part C) of the questionnaire, in general, demonstrated a favorable attitude toward the role of the nurse practitioner. One of the most interesting and important findings of this portion of the study was that only 32.4% of the respondents agreed that the utilization of the nurse practitioner should be to add a dimension to care that is additive and complementary to the role of the doctor rather than substitutive. Similarly, only 17.6% of the respondents agreed that it would be advisable for nurses to focus on improving current nursing practices rather than assuming physician responsibilities in primary care. These

findings suggest those surveyed felt the nurse practitioner's role should be to function as a substitute for the physician. In contrast, 66.2% of the nurses surveyed reported that the nurse practitioner should be under the close supervision of the physician and further felt that nurse practitioners are currently being utilized more as a physician assistant rather than in an expanded nursing role. These data suggest there is a need for better delineation of the role of the nurse practitioner and resocialization of nurses to that role.

Limitations

Limitations of the study included its small sample size. Out of the 202 randomly selected participants, 68 of them opted to complete and return their questionnaires to the researcher. Therefore, the findings of the study cannot be generalized beyond the study group. Perhaps if the researcher used a follow-up letter to non-respondents, a higher response rate would have been achieved. Another limitation was the format of the questionnaire. More precise demographic data could have been collected if the researcher had utilized open ended questions for such items as age, and number of years since graduation. Additionally, some of the statements listed on the questionnaire were ambiguous. For example, the term "close supervision" (Part C; statement 11) could be interpreted in a variety of ways by the respondents. Many of the 15 attitudinal statements

used in the 5 point Likert scale did not clearly state a favorable or unfavorable attitude toward the issue under consideration. Because of this, the researcher was unable to calculate an arithmetic score as a method of measuring attitudes held toward the role of the nurse practitioner.

Recommendations

As a result of this study, the following recommendations can be made:

1. Revision of the questionnaire used for this study should be performed. Focus should be placed on obtaining more specific demographic data, clarification of ambiguous terms used within the questionnaire, as well as further development of the Likert scale so that positive or negative directionality of the statements are established.
2. Replicate the present study using a larger sample to support current research findings.
3. A follow-up to this study could be performed to identify whether differences in attitudes exist among registered nurses according to the variables of nursing education, age, and type of nursing employment.
4. Another follow-up of this study could be performed to define the role of the nurse practitioner as perceived by nurse practitioners and by other health care providers. Focus should be placed on determining the degree of decision-making and independent judgment expected of the nurse practitioner.

5. A description of clear cut functions and lines of authority between the nurse practitioner and physician should be established. Resocialization of nurses to this role should be performed in a way that supports the role of the nurse practitioner within the nursing profession.

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APPENDIX A
QUESTIONNAIRE

Appendix A

QUESTIONNAIRE

Demographic Background

Part A.

1. Age: ☐ 21-25 years
 ☐ 26-30 years
 ☐ 31-40 years
 ☐ 41-50 years
 ☐ over 50 years
2. Basic Nursing Education:
 ☐ 3 year hospital diploma
 ☐ Bachelor of Science
 ☐ 2 year A.A. degree program
 ☐ Other _____
3. Year of Graduation:
 ☐ Less than 2 years
 ☐ 2-4 years ago
 ☐ 5-7 years ago
 ☐ 8-10 years ago
 ☐ 11 years or longer
4. Highest Level of Education:
 ☐ Diploma
 ☐ BSN
 ☐ MSN
 ☐ Other; please specify _____
5. Position Currently Held:
 ☐ Public health nurse
 ☐ Clinical Coordinator
 ☐ Clinical specialist
 ☐ Educator
 ☐ Clinic nurse
 ☐ Staff nurse
 ☐ Supervisor
 ☐ Administrator
 ☐ Other; please specify _____
6. Have you ever worked with a nurse practitioner?
 ☐ Yes ☐ No

PART B. ROLE ACTIVITIES

For each statement of specific activity or function, please indicate by circling your answer, whether you personally think a Nurse Practitioner should perform this activity independently = Y, with M.D. consultation = M.D., or not at all = N.

			<u>ACTIVITY</u>
Y	MD	N	1. Develop rapport with client and/or family.
Y	MD	N	2. Interview client and/or family.
Y	MD	N	3. Interpret agency policy to patient or family.
Y	MD	N	4. Obtain history of present complaint and past illnesses using terminology with the client can understand.
Y	MD	N	5. Assess severity of symptoms and estimate significance of history information.
Y	MD	N	6. Make diagnosis and initiate therapy in select and mutually agreed disease conditions.
Y	MD	N	7. Perform aspects of nursing care which require professional judgment.
Y	MD	N	8. Note general emotional reactions during interview and examination.
Y	MD	N	9. Start IV therapy as ordered by physician.
Y	MD	N	10. Recognize and evaluate social needs which may require attention by social services.
Y	MD	N	11. Make a comprehensive patient assessment.
Y	MD	N	12. Inspect the client's body for abnormalities.
Y	MD	N	13. Keep informed of current trends and practices in nursing.
Y	MD	N	14. Provide for patient and/or family teaching.
Y	MD	N	15. Examine client's abdomen using palpation and auscultation.
Y	MD	N	16. Listen to lung and breath sounds.
Y	MD	N	17. Listen to heart sounds.

- Y MD N 18. Order and/or take an EKG when indicated.
- Y MD N 19. Interpret EKG tracings.
- Y MD N 20. Assist physician with treatments and procedures as needed.
- Y MD N 21. Initiate progress notes for patient's record when indicated.
- Y MD N 22. Perform eye grounds examination (fundoscopy).
- Y MD N 23. Order appropriate laboratory tests as indicated by patient's condition.
- Y MD N 24. Draw blood specimens for lab. tests.
- Y MD N 25. Test various body reflexes and note pertinent neurological signs.
- Y MD N 26. Take and record vital signs.
- Y MD N 27. Order X-rays as indicated by client's complaint or condition.
- Y MD N 28. Make general interpretations of X-ray film.
- Y MD N 29. Refer client to specialty out-patient clinics.
- Y MD N 30. Notify appropriate physician to see client.
- Y MD N 31. Management of stable, chronic illness conditions.
- Y MD N 32. Administer medications per M.D.'s order.
- Y MD N 33. Participate in research studies.
- Y MD N 34. Determine disposition for the client based on signs, symptoms, examination, and test results.
- Y MD N 35. Give oxygen if needed prior to physician seeing the client.
- Y MD N 36. Utilize available opportunities to continue
- Y MD N 37. Collaborate with other health services.

- Y MD N 38. Initiate immediate action when indicated in acute emergencies.
- Y MD N 39. Prescribe medications within mutually agreed protocols.
- Y MD N 40. Provide emotional support to client and/or family.
- Y MD N 41. Provide adequate reports, verbal or written, as scheduled or necessary.
- Y MD N 42. Modify or adjust medication which is standardized treatment in selected diagnosed conditions.
- Y MD N 43. Take telephone contacts from referring physicians.
- Y MD N 44. Reinforce physicians' instructions and directions for client and/or family.
- Y MD N 45. Orient client and/or family to admission procedures when indicated.
- Y MD N 46. Provide appropriate information to patient and/or family about diagnosis and plan of therapy.
- Y MD N 47. Provide for health promotion and prevention on a regular basis as part of primary care.
- Y MD N 48. Perform continuous health counseling and education.

PART C. ATTITUDE SCALE

Please answer to the following questions by placing a mark in the response column which most closely corresponds with your opinion. SA-Strongly Agree; A-Agree; ?-Uncertain; D-Disagree; SD-Strongly Disagree

RESPONSES:

- SA A ? D SD 1. The utilization of the Nurse Practitioner in primary care could result in better health care for the client.

- SA A ? D SD 2. The success of a nurse assuming greater responsibility in Primary Health Care Services will depend as much upon the physicians' acceptance of an expanded role as upon clients' acceptance.
- SA A ? D SD 3. In reality the Nurse Practitioner comes closer to practicing medicine and not nursing.
- SA A ? D SD 4. The utilization of a Nurse Practitioner can only lead to enrichment and expansion of both professions.
- SA A ? D SD 5. Many nurses and LVN's are likely to feel threatened by the presence of a Nurse Practitioner.
- SA A ? D SD 6. The utilization of a Nurse Practitioner should be to add a dimension to care that is additive and complementary of the role of the doctor, rather than substitutive.
- SA A ? D SD 7. The use of nurses in expanded roles will eventually sacrifice the quality of care for quantity (the # of clients cared for).
- SA A ? D SD 8. The utilization of nurse practitioners will reduce the costs of medical care.
- SA A ? D SD 9. It would be advisable for nurses to focus on improving current nursing practices rather than into taking on physician responsibilities in Primary Care.
- SA A ? D SD 10. Most clients will accept Primary Care services delivered by nurse practitioners.
- SA A ? D SD 11. The Nurse Practitioner, if utilized, should be under the close supervision of the physician.

- SA A ? D SD 12. If given a choice, many clients would prefer seeing an M.D. rather than a Nurse Practitioner for their physical exam since they might be afraid the N.P. would not pick up some abnormalities.
- SA A ? D SD 13. The utilization of the Nurse Practitioner should increase the professional status of nurses.
- SA A ? D SD 14. Many clients would feel more free to talk with a Nurse Practitioner about certain problems than they would with a physician.
- SA A ? D SD 15. Many Nurse Practitioners are currently being utilized more as "physician assistants" rather than an expanded role within nursing.

APPENDIX B
EXPLANATION OF STUDY AND DIRECTIONS FOR
COMPLETING QUESTIONNAIRE

Appendix B
EXPLANATION OF STUDY AND DESCRIPTION
FOR COMPLETING QUESTIONNAIRE

Dear Registered Nurse:

I am a graduate student in the Nursing Department at San Jose State University, and I am carrying out a study investigating the attitudes of registered nurses toward the Nurse Practitioner role for my master's thesis. I need your help in order to complete my study.

If you wish to participate in my study, please read and sign the enclosed consent form and keep the extra copy for your records. It should take approximately 10 minutes of your time to complete the enclosed questionnaire. Please read each statement carefully and then mark the answer that most closely describes your personal feelings.

Thank you for your participation. I appreciate your kind cooperation.

Very truly yours,

Carol Ann Barton

APPENDIX C
AGREEMENT TO PARTICIPATE IN RESEARCH AT
SAN JOSE STATE UNIVERSITY

Appendix C

AGREEMENT TO PARTICIPATE IN RESEARCH

AT SAN JOSE STATE UNIVERSITY

RESPONSIBLE INVESTIGATOR: CAROL A. BARTON

TITLE OF PROTOCOL: A DESCRIPTIVE STUDY OF REGISTERED
NURSES' ATTITUDES TOWARD THE ROLE OF THE
NURSE PRACTITIONER.

I have been asked to participate in a research study that is investigating registered nurses' attitudes toward the role of the nurse practitioner. The results of this study should further our understanding of the nurse practitioners' role as perceived by professional nurses.

I understand that:

1. I will be asked to complete and return the enclosed questionnaire in the stamped envelope provided.
2. The possible risks of this study are none.
3. The possible benefits of this study to me are none.
4. The results of this study may be published, but any information from this study that can be identified with me will remain confidential and will be disclosed only with my permission or as required by law.
5. Any questions about my participation in this study will be answered by Carol A. Barton, R.N. (415) 797-2789. Complaints about the procedure may be presented to Sharon Hogan, R.N. Advisor for Graduate Nursing Studies, San Jose State University (408) 924-3134. For questions or complaints about research subjects' rights, or in the event of research related injury, contact Serena Stanford, Ph.D. (408) 924-2480.
6. My consent is given voluntarily, without being coerced; I may refused to participate in this study or any part of this study, and I may withdraw at any time, without prejudice to my relations to San Jose State University.
7. I have received a copy of this consent form for my file.

I HAVE MADE A DECISION WHETHER OR NOT TO PARTICIPATE. MY
SIGNATURE INDICATES THAT I HAVE READ THE INFORMATION
PROVIDED ABOVE AND THAT I HAVE DECIDED TO PARTICIPATE.

DATE _____

SIGNATURE _____

APPENDIX D
FREQUENCY DISTRIBUTION AND PERCENTAGE OF
REGISTERED NURSES' RESPONSES TO ROLE
FUNCTION STATEMENTS

Appendix D

Frequency Distribution and Percentage of Registered Nurses' Responses to Role

Function Statements

N = 68

Role Function	Perform Inde- pendently n %	With Physician Consultation n %	Not at all n %
1. Develop rapport with client and/or family.	68 100	0 0	0 0
2. Interview client and/or family.	66 97	2 3	0 0
3. Interpret agency policy to patient or family.	65 96	3 4	0 0
4. Obtain history of present complaint and past illnesses using terminology which the client can understand.	68 100	0 0	0 0
5. Assess severity of symptoms and estimate significance of history information.	49 72.1	18 26.4	1 1.5
6. Make diagnosis and initiate therapy in select and mutually agreed disease conditions.	23 34	40 59	5 7
			60

Role Function	Perform Inde- pendently n %	With Physician Consultation n %	Not at all n %
7. Perform aspects of nursing care which require professional judgment.	66 97	2 3	0 0
8. Note general emotional reactions during interview and examination.	68 100	0 0	0 0
9. Start IV therapy as ordered by physician.	65 95.5	2 3	1 1.5
10. Recognize and evaluate social needs which may require attention by social services.	66 97	2 3	0 0
11. Make a comprehensive patient assessment.	61 89	7 10	1 1.5
12. Inspect the client's body for abnormalities.	60 88	8 12	0 0
13. Keep informed of current trends and practices in nursing.	68 100	0 0	0 0
14. Provide for patient and/or family teaching.	68 100	0 0	0 0

Role Function	Perform Inde- pendently n	%	With Physician Consultation n	%	Not at all n	%
15. Examine client's abdomen using palpation and auscultation.	60	88.2	7	10.3	1	1.5
16. Listen to lung and breath sounds.	60	88.2	7	10.3	1	1.5
17. Listen to heart sounds.	58	85	8	12	2	3
18. Order and/or take an EKG when indicated.	54	79.4	13	19.1	1	1.5
19. Interpret EKG tracings.	16	23.5	47	69.1	5	7.3
20. Assist physician with treatments and procedures as needed.	52	76.4	14	20.6	2	3
21. Initiate progress notes for patient's records when indicated.	66	97	2	3	0	0
22. Perform eye grounds examination (fundoscopy).	52	76.5	11	16.2	5	7.3
23. Order appropriate laboratory tests as indicated by patient's condition.	43	63.3	23	33.8	2	2.9
24. Draw blood specimens for lab. tests.	62	91	4	6	2	3
						62

Role Function	Perform Inde- pendently n %	With Physician Consultation n %	Not at all n %
25. Test various body reflexes and note pertinent neurological signs.	61 89	7 10	1 1
26. Take and record vital signs.	68 100	0 0	0 0
27. Order X-rays as indicated by client's complaint or condition.	39 57	26 38	3 4
28. Make general interpretations of x-ray film.	16 23.5	47 69.1	5 7.3
29. Refer client to specialty out-patient clinics.	54 79.4	14 20.6	0 0
30. Notify appropriate physician to see client.	58 85	10 15	0 0
31. Management of stable, chronic illness conditions.	48 70.6	20 29.4	0 0
32. Administer medications per M.D.'s order.	63 92.6	3 4.4	2 3
33. Participate in research studies.	64 94.1	4 5.9	0 0

Role Function	Perform Inde- pendently n %	With Physician Consultation n %	Not at all n %
34. Determine disposition for the client based on signs, symptoms, examination, and test results.	31 52.9	36 45.6	1 1.5
35. Give oxygen if needed prior to physician seeing the client.	65 96	3 4	0 0
36. Utilize available opportunities to continue education and upgrade skills.	66 97	2 3	0 0
37. Collaborate with other health services.	66 97	2 3	0 0
38. Initiate immediate action when indicated in acute emergencies.	62 91.2	5 7.3	1 1.5
39. Prescribe medications within mutually agreed protocols.	50 73.5	16 23.5	2 3
40. Provide emotional support to client and/or family.	68 100	0 0	0 0
41. Provides adequate reports, verbal or written, as scheduled or necessary.	67 98.5	1 1.5	0 0

Role Function	Perform Inde- pendently n	With Physician Consultation n %	Not at all n %
42. Modify or adjust medication which is standardized treatment in selected diagnosed conditions.	44 64.7	22 32.3	2 3
43. Take telephone contacts from referring physicians.	65 95.5	3 4.5	0 0
44. Reinforce physicians' instructions and directions for client and/or family.	68 100	0 0	0 0
45. Orient client and/or family to admission procedures when indicated.	67 98.5	0 0	1 1.5
46. Provide appropriate information to patient and/or family about diagnosis and plan of therapy.	62 91	6 9	0 0
47. Provide for health promotion and prevention on a regular basis as part of primary care.	68 100	0 0	0 0
48. Perform continuous health counseling and education.	66 97	2 3	0 0