A COMPARISON OF REGISTERED NURSES' ATTITUDES TOWARD THE EXPANDED ROLE OF THE NURSE

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We hereby recommend that the Thesis prepared under our supervision by Neoma Marie Gaynor entitled A Comparison of Registered Nurses' Attitudes Toward the Expanded Role of the Nurse

be accepted as fulfilling this part of the requirements for the Degree of Master of Science.

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DEDICATION

With all my love, to my mother

Mrs. Maggie Gaynor

and daughters

Carla Denise and Margaux Nicole

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I would like to express my sincere thanks to my relatives and friends, who provided endless support as I completed my graduate work.

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CHAPTER I

INTRODUCTION

The nursing profession is in the position of attempting to define new roles and functions for its members without the benefit of a definition of its original and still visible "old" role (Yeomans 1977). According to Yeomans, there are many questions, both from nurses and other health care professionals regarding the expanded role, the "expanded" role (ER) of the nurse. Further, the addition of new titles and roles within nursing has done little to define how nurses are to function on their jobs. Such an addition of new titles and roles has only intensified what some have labeled as the "identity crisis" in nursing.

According to Mauksch and Rogers (1975), the ER or specialist role was introduced in the early 1970s; however, the controversy surrounding acceptance or rejection of the role still exist. This innovation has created problems for both the nurse

and the agency responsible for providing health care. One consequence has been the variance in nursing practice.

The ER by definition implies a type of practice in which nurses are: 1) accountable and responsible to clients, 2) independent decision-makers, and 3) collaborators with other health care providers. This definition, however, is vague and controversial (Yeomans 1977). Expansion of the practice of nursing does not mean relinquishing the traditional functions of care and comfort, but integrating some medical functions with more nursing skills in the interest of the client. The ER nurse is a registered nurse (RN) with additional education and training.

Unique attributes of the ER involve effective provision of primary health care in homes, ambulatory care settings, rehabilitative facilities, and other health care institutions. The skills involved in the ER include interviewing, history taking, physical assessment, ordering laboratory tests, and assuming responsibility for nursing

management of selected cases. Nurses functioning in the ER are prepared to assess the health status of individuals, make decisions about treatments, in consultation with physicians, provide routine care, and counsel and teach clients and their families. Therefore, implicit in the ER is the ability to effectively provide primary health care in all environments and in all kinds and types of health care delivery institutions (Ozimek 1976).

Ozimek (1976) states that the functions of traditional nursing (TN) are caring, comforting, supporting, helping, nurturing, and performing the activities of daily living for clients and families who are under stress and as a result, are unable to meet their health and nursing care needs. Therefore, says Ozimek (1976), the main purpose of TN is to meet the basic human needs for the promotion, maintenance and restoration of health.

Changes in the health care needs of society have created a demand for changes in health care services. The term "expand" describes the health

care needs of consumers. As needs of consumers change and expand, nursing practice expands to meet health and nursing care needs of the people.

Ozimek (1976) believes that consumers expect health services near or in their own homes, places of study, recreation and work. Newly developing patterns of service by other members of the health care team to meet consumer demands have influenced the practice of nursing. Nursing practice, then, has ultimately responded to the expectations of consumers by expanding its role to provide quality nursing care.

Literature reveals a consensus that past patterns of nursing practice are not entirely adequate to meet the health care of consumers (Balkon 1976; Bullough 1976; Hinsvark 1974; De Angelis 1975). Therefore, changes in the practice of nursing have become essential. These changes in nursing practice have resulted in role conflicts among nurses. Traditional nurses feel that ER nurses have abandoned their nursing skills and

orientations. Conversely, ER nurses perceive their roles as not having changed, but having merely expanded to meet the changing health care needs of society. Role change cannot occur if the ER nurse is the only one viewing the role as having changed or expanded. The client, professional peers, and other health care disciplines (including physicians) must be educated to perceive with accuracy the expectation of the ER. Only when all "significant others" have similar expectations and understanding can the ER for nurses be accepted.

In summary, current research shows there is a difference in perceptions and expectations of nurses in ER and TN roles. It does seem fitting that research into opinions of RN toward the ER be done. The findings of a study such as this should furnish data to determine whether or not nursing educators should plan curriculum to prepare practitioners of nursing on the baccalaureate level to be receptive to changes in nursing practice as the health care needs of society change.

Statement of Problem

Literature supports that there exists considerable non-support of nurses in expanded roles (ER) by nurses in traditional nursing (TN) roles. In addition, this researcher has observed conflict and resentment in work settings toward ER nurses by TN. In a particular situation, a confrontation resulted between the two groups which revealed resentment by TN of the difference in some ER tasks.

Purpose

The purpose of this study was to survey 2 groups of registered nurses: one group functioning in the expanded role and the other in the traditional role to determine each group's assessment of the expanded role.

Background and Significance

The history of nursing is an important entity and has laid the basis for nursing practice today. The period from 1948-1967 reveals important aspects in the evolution of nursing especially in the area of educational preparation.

Four schools of thought have influenced directions in nursing. They are:

A. The Service School (1900-1943) Nurses were prepared for a service function. With increased demand for nurses in World War II (WW II), practical nurses were educated and employed by hospitals. This was also the time of development of increased levels of nursing. Hospital educated nurses comprised 70% of active nurse manpower and an increase in practical nurses (Abdellah 1972).

B. The Administrative School (1944-1950) An outgrowth of WW II, was influenced by 1) dramatic advances in medical sciences, 2) American's increasing demand of new medical and scientific benefits, 3) the increase in hospital construction, and 4) the advent of prepaid hospital insurance, made health benefits affordable for

many (Abdellah 1972; Nuckolls 1974). All of this increased the shortage of nurses. At this time there was a need to educate nurses to integrate auxillary workers into a service which had been given by graduates and students. Education gave little attention to administering nursing service. Nursing service administration programs began around 1959. The objective of these programs was to educate 60,000 more nurses (Abdellah 1972).

C. The Academic School (1950-1964) The Brown Report of 1948 and Nurse Training Act of 1964 made provisions for preparation of nursing supervisors, administrators and educators of nursing. It was during this time that collegiate preparation for nursing gathered momentum. As the number of baccalaureate programs

increased, efforts to make the curriculum in nursing academically "respectable" led to a reduction in clinical nursing experience and an increase in the study of the biological and behavioral sciences and liberal art electives. To furnish faculty for collegiate programs, preparation for teaching and administration was offered in new programs of study leading to a master's degree. It soon became evident that the educational preparation in nursing was focused on academia (Nuckolls 1974; Abdellah 1972).

D. The Clinical School (1965-) A fourth school emerged as a result of conflicts between the nursing and medical professions. It forced nurses to move into administration. The clinical nurse specialist (CNS) group was first to develop. Accord-

> ing to Abdellah (1972), Buys (1977), and Dirschel (1976), experts in the field of nursing, the CNS is a nurse: 1) with advanced preparation beyond the baccalaureate level or 2) with a master's degree in a clinical specialty. In addition to providing expert nursing care to the acutely ill client, the CNS also plays an active role in preventive health education. The CNS preparation, then, broadens one's sphere of nursing responsibilities, the purpose of which is the provision of primary health care (Buys 1977; Abdellah 1972; Georgopoulous & Christman 1970).

Consequently, the CNS role evolved as a response to post WW II trends toward teaching and administration as new areas in nursing. The registered nurse (RN) became more removed from the patient, often acting only as a coordinator for

teams of licensed practical nurses and aides. As a result, vast majority of clients in hospitals and clinics had little contact with the RN (Abdellah 1972).

In 1967, limited funding made available from private foundations, lent support to a few experimental programs to prepare CNS. These programs were established on the campuses of the University of Michigan, New York Medical College and the University of California at San Francisco (Abdellah 1972; Little 1967).

The family nurse practitioner (FNP), the pediatric nurse practitioner (PNP), the school nurse practitioner, the nurse midwife and the occupational health nurse educational programs developed as a result of the shortage of physicians and the increased demands on the current health care system. The present health care system's inadequacies contribute to poor health care delivery in large portions of the population. A broad purpose of all these programs was to bring the focus of nursing to direct patient care (Abdellah, 1972; De Angelis 1975).

At the University of Colorado in 1965, proponents for the PNP programs introduced a new role for nurses. Many nursing leaders objected to the idea of nurses taking on responsibilities traditionally held by physicians. At the same time, Duke University started a program for the preparation of physician assistants. These 2 events were evidence that existing programs of study in medicine and nursing had failed to meet the health care needs of the community (Nuckolls 1974; Buys 1977; DeAngelis 1975).

The initial opposition to the PNP program stemmed from nursing's long struggle to establish itself as an autonomous profession, having the right to set its own standards for practice and to determine its own future. Some nurses perceived the ER nurse programs as efforts by physicians to transfer unwanted tasks to nurses and thereby control nursing for their own benefit. At the same time, a nursing shortage existed, causing many nurses to view the ER programs as an intrusion upon their profession (Nuckolls 1974).

For a while, professional nursing organizations and many nursing leaders proclaimed non-support of the new movement. As new programs preparing nurses for "expanded roles" continued to be funded by private and public appropriations, it became evident that nursing practice had begun to change to meet the community's health care needs. (Mauksch 1975; Nuckolls 1977). Today, professional nursing organizations support the ER for nurses, encourage educational curriculum changes and publish articles such as the American Nurses' Association's, Scope of Primary Nursing for Adults and Families (1976).

In summary, there is a need for further research focusing on the differences in role perceptions of the ER among nurses in expanded and traditional roles. This study described the history and significance of changes in the practice of nursing and furnished meaningful information regarding the understanding of RN attitudes toward the expanded role of the nurse.

Research Question

Is there a difference in role perception of the expanded role by nurses in the expanded role and nurses in the traditional nursing roles?

Definition of Terms

Registered Nurses (RN) - An individual who has successfully fulfilled the requirements set forth by the State Board of Nurse Examiners (i.e., educational preparation, passed State Board Examination and has been issued a certificate signed by members of the Board) to practice professional nursing (Vernon's Civil Statutes State of Texas 1977). In this study RN will be individuals with a baccalaureate degree in nursing. This term will be used interchangeably with traditional nursing.

Nurse Practitioner/Clinician - Scope of Primary Nursing Practice for Adults and Families defines the nurse practitioner/clinician as "A registered nurse who is a diversified primary care provider prepared to assist in giving comprehensive, continuous personalized care" (ANA 1976). The Scope

of Nursing Practice charges that the nurse practitioner/clinician is accountable to clients entering the health care system for their initial and/or continued health care evaluation, management of symptoms, maintenance of health and appropriate referrals. For the purpose of this study nurse practitioner, clinician, and nurse specialist have been converted into the term expanded role (ANA May 1976).

Primary Care - As used in this paper has 2 dimensions: a) a person's first contact in any given episode of illness with the health care system that leads to a decision of what must be done to help resolve this problem; and b) the responsibility for the continuum of care, i.e., maintenance of health, evaluation and management of symptoms and appropriate referrals (D.H.E.W. Extending the Scope of Nursing Practice 1971).

Expanded Role - A role in which the nurse assumes a portion of the physician's traditional activities after formal or informal preparation in

primary care and patient teaching. The responsibilities assumed include assessing and monitoring the patient's condition, management of uncomplicated problems, institution and evaluation of preventive measures, health teaching and the provision of emotional support and guidance (Yeomans 1977, p. 195). In this study nurses in the the expanded role have certificates earned through formal preparation in primary care.

Traditional Role - A role in which the nurse functions under the direction of the institution and the physician, and is expected to do so by peers, co-workers, superiors, and other members of the health team (Yeomans 1977, p. 195). In this study nurses in traditional roles are registered nurses without formal preparation in a specialty area.

Assessment - Obtaining objective and subjective information about the patient, interpreting that information and evaluating its meaning in relation to the patient's condition (Yeomans 1977, p. 195).

Limitations

The recognized limitations of this study were:

1. The investigator had no control over the completeness or accuracy of the data derived from the questionnaires.

2. Findings of the study were limited to the study sample.

Delimitations

The delimitations of this study were:

1. The population consisted of all registered nurses with baccalaureate degrees, registered in the state to practice nursing and functioning in nurse specialist or traditional nursing roles at 2 different health departments in a large metropolitan city in the Southeastern part of the United States.

2. Demographic data such as age, sex, religion and ethnic background had no bearing on selection of subjects for study.

Assumptions

The following assumptions were made:

1. All data will be tabulated directly from the instrument.

2. Items on questionnaire are representative of the functional tasks of traditional and expanded role nurses.

Summary

The nursing profession is facing a new era of expanded practice. This practice has changed to meet the health care needs of society. The expanded role (ER) of the nurse developed as a result of the shortage of physicians and the increased demands by the community on the current health care system. The broad purpose of ER programs was focused on providing direct nursing care to clients.

The purpose of this nonexperimental study was to survey registered nurses (RN) functioning in expanded and traditional nursing roles to determine each group's assessment of the ER. The convenience sample for this study was taken from the total

population of RN with baccalaureate degrees and ER certificates employed by two health departments in a large metropolitan city in the Southeastern portion of the United States. Data were analyzed to compare perceptions.

CHAPTER II

LITERATURE REVIEW

A review of literature revealed that many studies have been conducted on problems related to preparation and practice of the expanded role (ER) nurse. Relatively few have dealt with analysis of ER nurses and traditional nurses' (TN) attitudes toward ER tasks. This review of literature begins with studies analyzing the functional tasks attributed to ER and TN roles, identifies role-related stress areas prompted by lack of support and acceptance by TN of the ER and proceeds to report on the ultimate educational preparation for ER practice. A brief discussion of legislation affecting the nurse in the ER is also included.

Yeomans (1977) conducted a critical analysis of the functions of nurses in expanded and traditional roles. Her investigation was undertaken to identify the differences in the number and types of activities performed on-the-job by nurses in expanded and traditional roles. The identified

activities were assessment, intervention and instruction. The investigator collected data during 3 randomized 15-minute observation periods with each subject. All participants were employed by the same institution and were assigned to 3 groups.

Group 1 consisted of 7 subjects in ER working in out-patient clinics; Group II, 5 subjects in traditional roles working in out-patient clinics; and Group III, 6 subjects in traditional roles working on the in-patient wards (Yeomans 1977).

Findings can be summarized in the following table:

TABLE 1

Percentage of Time Spent Performing Each Activity

Group	Assessment	Intervention	Instruction
I	37%	29%	34%
II	29%	45%	26%
III	13%	66%	21%

Group I spent the greatest percentage of time in ER tasks because their preparation was geared toward primary care. Groups II and III spent more time performing traditional nursing tasks according to their orientations to care.

Data obtained from this study by Yeomans (1977) revealed that the functions of nurses in expanded and traditional roles are differentiated by complexity of tasks and required clinical judgement. This investigation invalidated the assumption that the functional tasks of nurses in expanded roles are not different from functional tasks of nurses in traditional roles.

Opponents of the expanded role purport that nurses who are educated to perform in the ER abandon nursing values and orientation. Linn's (1974) study of family nurse practitioners revealed that ER nurses do not abandon nursing values and orientations. Linn collected data on 21 family nurse practitioner students - 11 from the 1972 class and 10 from the 1973 class. The attitudes of ER

students were measured at 3 intervals - before their 4-1/2 month intensive clinical experience, immediately after clinical and 6 months post graduation. The results of this study revealed that it is unjustified to fear that nurses, once exposed to medical history-taking, physical diagnosis, and medical-decision making will abandon their nursing orientation values. Instead, this study showed ER nurses as a fusion of nursing and medical values.

Linn (1975) believes that ER students should assess their roles in terms of specific tasks, sources and levels of job satisfaction, and on-the-job stress. Linn's study of students preparing for the ER described expectations of the first class of students at UCLA and the job evaluations they made during the course of their educational preparation. There were 11 students in this 4-1/2 month ER program. All were registered nurses (RN) employed in ambulatory health care settings providing primary care. At the end of the program these students returned to their original work settings for 18 months. Data were gathered on the first day of class, at a 6-month interval, and 12

months after the conclusion of formal instructions. The data collection instrument consisted of a written questionnaire with 4 major areas:

1. Tasks
2. Attributes of the new role
3. Sources of stress
4. Overall job satisfaction (Linn 1975, p. 168).

The findings revealed that ER students were performing more tasks now than prior to assuming this role. Linn found that meaningful nursing functions had not been abandoned, but rather nurtured. The nurses' newly acquired physical assessment skills had not been isolated but integrated into patient-centered care. The new role expectations also caused ER nurses to develop a high level of stress that later fell to an average or normal level by the end of the first year (Linn 1975).

Change can cause reactions such as denial, rejection, and acceptance. Pisani's (1977) article reflects the fear, anxiety, resistance and confusion

that resulted when the staff of a 24-bed psychiatric unit chose to convert from team nursing to primary nursing care. This study reports that the TN found it extremely difficult to adjust to primary care, while the ER nurses experienced feelings of inadequacies due to role-related stresses. The ER nurses faced resentment from TN because ER nurses were given the authority to delegate duties and perform tasks that were previously considered to be the duties of the head nurses. Conflict developed following the change to primary care and problem-solving techniques had to be implemented to avoid chaos. Unit conferences and talk sessions were held to identify problems. These conferences resulted in goal setting, development of nursing care objectives, and defining and redefining the expectations of each staff member. The adjustment to primary nursing care prompted a sense of unity and willingness to continue to provide quality nursing care (Pisani 1977).

Assessing functional activities and pressures are significant aspects of problem-solving.

Data concerning the activities and pressures experienced by practicing ER nurses at 8 university hospitals were collected during a two-day symposium at the University of Wisconsin in May, 1971. The symposium format consisted of group discussions which focused on:

1. The scope of activities and responsibilities of ER nurses.
2. The pressures and problems faced by ER nurses.
3. The developmental sequence of activities and pressures found in this role (Aradine & Denyes 1973, p. 314).

The primary objectives of this symposium were the sharing of ideas and provision of peer support for the participants. A list of 122 activities and 59 pressures were identified as a result of these group discussions. Each participant was asked to group each activity into 1 of 5 time periods: 0-6 months, 7-12 months, 13-24 months, 25-36 months and over 36 months. According to their degree of involvement based on past and present job

experience, these activities and pressures were categorized into 12 activities and 4 pressure areas. Fifty-nine pressures were then identified by participants and were grouped into 4 general areas: Self - 13, system - 16, role - 27, and other - 3 (Aradine & Denyes 1973, p. 323).

According to Aradine & Denyes (1973), the most frequently identified pressures were: the difficult priority setting, high self-expectations, and professional loneliness and isolation (self). All pressure categories fell in the moderate range for all time periods. Role pressure, i.e., lack of support from peers and supervisors, defending role, threatened staff, was consistently placed slightly above system and self during the first 3 years of ER experience. In the final period, 36 months post graduation, system pressures, i.e., lack of commitment of nursing staff to ER nurses' view of patient care and resistance by staff and physicians, rose above role and self-pressure. Aradine & Denyes noted that all three types of pressure occurred

concurrently, therefore, indicating that pressure in 1 area was usually accompanied by pressure in the other 2 areas.

Wright (1976) surveyed 800 RN in Texas to determine the feasibility of developing a graduate program for preparing nurses to assume an ER. A written Likert-type questionnaire was mailed to each nurse describing the major responsibilities that a nurse functioning in an ER should be qualified to undertake upon completion of a graduate nursing program for primary health care providers. Two hundred thirty-seven questionnaires were utilized in data tabulation.

The instrument presented 3 major factors. Factor I, data collection and dissemination included responsibilities familiar to the professional nurse. The nurses highly supported giving the ER nurse a greater responsibility for each of these factors (Wright 1976).

Factor II, data interpretation and management responsibilities, included functions exclusive to the ER. The majority of participants supported the ER nurse in assuming responsibility in performing these functions. There was, however, less support of these duties for those functions in Factor I. The differences in degree of support between Factors I and II were theorized to be the newness of the concept or the nurses' unwillingness to give the ER nurse role functions more importance than the TN functions (Wright 1976).

Factor III presented potential problem areas for the ER nurse. Wright found that a majority of the nurses surveyed thought the ER nurse could anticipate some problems in the practice setting. Despite the low and high ratings of certain functional tasks, the nurses surveyed ultimately thought the ER nurse would greatly enhance the status of nursing as a profession (Wright 1976).

Education for Expanded Role Practice

The practice of nursing and the education of nurses are facing a new era of expanded practice. The ER nurses' role has expanded to include the client and his family within the community clinic setting and the hospital (Lambertsen 1974).

Inherent in the ER is additional responsibility and accountability (Bullough 1976). If nursing is to have a significant impact in meeting the health care needs of the community, it must prepare scholarly practitioners who are professionally responsible and accountable for health services rendered (Dirschel 1976; Schaefer 1973). The ER involves 2 types of practitioners:

Nurse Practitioners

> Have advanced skills in the assessment of the physical and psychosocial health-illness status of individuals, families, or groups in a variety of settings through health and development history taking and physical examination. They are prepared for these special skills for formal continuing education which

> adheres to the American Nurses' Association's approved guidelines, or in a baccalaureate nursing program (American Nurses' Assocaition 1974).

Clinical Nurse Specialists

> Primarily clinicians with a high degree of knowledge, skill, and competence in a specialized area of nursing. These are made directly available to the public through the provision of nursing care to clients and indirectly available through guidance and planning of care with other nursing personnel. Clinical nurse specialists hold a master's degree in nursing, preferably with an emphasis on clinical nursing (American Nurses' Association 1974).

The formal preparation of ER nurses should be accomplished through advanced university-based and master's degree programs, the rationale being to provide practitioners capable of rendering a responsible and accountable practice. This type of preparation of the ER nurse is necessary for legal protection of the consumer and of the provider of health care (DeAngelis & Curran 1974; Leitch & Mitchell 1977). In addition, a major purpose of graduate study in nursing should be the preparation

of ER nurses capable of improving nursing care through the advancement of nursing theory and service (Hinsvark 1974).

In addition to university programs in ER programs, various institutions and agencies offer programs which prepare ER nurses. In 1978, the State Board of Nurse Examiners for the State of Texas adopted a proposal for the approval of ER nursing programs (Civil Statutes of Texas 1977). Significant terms of the proposal are:

1. The advanced nurse practitioner program shall be conducted by a college or university that also offers a baccalaureate or higher degree of nursing program.

2. The controlling institution shall be accredited by the appropriate accrediting agency.

3. The program shall be a minimum of one academic year, including clinical internship (Civil Statutes of Texas 1977, p. 7).

This proposal will have a significant impact on ER programs in the nation. According to the literature other states are proposing similar legislation (Leitch and Mitchell 1977; Schaefer

1973). It appears inevitable that the direction of education for ER programs will be under the auspices of a university, regardless of whether a degree is conferred.

Legislation

Of extreme importance for all nurses is legislation affecting the nurse functioning in this role. Bullough (1976) in evaluating the states' licensing laws found that only 30 states (as of 1975) had revised their nurse practice acts to facilitate role expansion for registered nurses. This author then identified several approaches for mandating new State Board of Nurse Examiners' regulations: 1) expanding the definition of nursing, 2) increasing the power of physicians to delegate, and 3) the utilization of standardized protocols to guide the practice of nurses who are accepting new responsibilities (Bullough 1976).

Recognizing that priority health problems may vary and differ, dependent upon state and local institutions, Hall (1975) reported that the National

Joint Practice Commission is prepared to advise those health care professions now reviewing options within existing medical and nurse practice acts. In addition, this Commission can provide support for those agencies seeking to develop models for the formulation of new practices to provide the consumers with the needed health care.

Babb (1976), writing in Texas Nursing summarizes the legislative dilemma by asking:

> . . . . can anyone question that great economic and social forces are rushing like a tide today over the health care industry and engulfing the nursing profession? If all we can do in professional nursing is to engage in a colloquy of whether to change or oppose change, then there is little that can be done. Society will be the loser if the change, which is even now at flood tide, goes on without the genius which professional nursing can bring to the process. If opposition, silence or apathy, is all the profession has to offer, the change will go on without professional nurses (Babb 1976, p. 11).

Summary

A review of literature revealed various studies which have been conducted to document specific problem areas of nurses while practicing in

the ER. Of particular importance are the role-related stresses prompted by a lack of support and acceptance by the TN. Aradine & Denyes (1973) identified four general pressure areas of ER nurses: 1) self, 2) system, 3) role, and 4) other. In analysis, ER nurses consistently placed role pressure slightly higher than either system and self. Many role-related pressures of the ER have been identified. The ER nurse must, nevertheless, overcome these pressures in order to provide quality nursing care.

The literature further documented the belief by experts that education for ER practice should be under the auspices of a university, regardless of whether a degree is conferred. Legislation is currently being updated through revision of both medical and nurse practice acts throughout the country. In this study, TN and ER nurses were surveyed to determine if there was an attitudinal difference by these 2 groups in their perceptions of the ER.

CHAPTER III

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

A nonexperimental research design was used in this study. A written checklist questionnaire was utilized to survey the attitudes of registered nurses (RN) practicing in expanded and traditional nursing (TN) roles regarding their perceptions of the expanded role (ER) for nurses. This chapter includes a description of the incidents and facts as related to the setting, population, instrument, data collection and treatment of data. A summary concludes the chapter.

Setting

This research study was conducted using the total RN population practicing at 2 separate health departments in a large metropolitan city in the Southeastern portion of the United States. One health department used in this study is governed by

a county judge and 4 commissioners who perform the principle administrative and legislative functions. Financial support is derived from state funds and county taxes. The other health department is governed by a mayor and 5 city councilmen who perform duties similar to those of the county commissioners. The financial support of this health department is by state and city taxation. Written permission was obtained to use these health departments as settings for the study.

Population

There are 9,000 RN in the entire geographic area served by the above-mentioned agencies. Of this figure, 6,000 are actively practicing nursing (Rutsohn & Grimes 1978).

The target population for this study was a convenience sample of 121 RN working in 2 separate community health settings. The sample group consisted of RN from baccalaureate degree programs, registered in the state to practice nursing. These

RN had various cultural and religious backgrounds. Age, sex or ethnic backgrounds were not factors in the selection of subjects. Registered nurses functioning in traditional and expanded roles were surveyed through a questionnaire constructed to reflect perceptions of the ER of the nurse.

Of the target population found to meet the stated criteria, a total of 36 RN from 1 health department, 17 traditional nurses (TN), and 8 ER nurses were selected for the study using a convenience sampling method. In the same manner, 21 RN and 11 ER nurses were selected from a total of 85 RN at the other health department. Each group of TN and ER nurses were queried separately and results analyzed and compared. The findings from each agency were analyzed and compared using the technique described.

Instrument

The instrument used for the collection of data from the sample was a written questionnaire

developed by the investigator (Appendix B). The researcher was the only investigator for the study. The items listed on the questionnaire were gathered from a literature review which reflects what experts say the ER and TN is or should be. Reliability of the questionnaire was obtained through a pilot study. A panel of 3 experts reviewed items on the questionnaire for content validity. Only 12 items unique to the ER were scored. The remaining 5 TN tasks were not utilized in tabulation (Appendix D). The written questionnaire was administered to subjects in group settings. Each questionnaire was coded by using a numbering system. Each group of ER and TN nurses had a different number series to distinguish the 2 groups when tabulating data. Also the number series utilized identified the groups within the 2 agencies queried. Agency permission for subject participation was obtained in writing, and individual subjects were given the option to participate or withdraw from the project at any time. Anonymity of participants was maintained by assigning each a number code.

Collection of Data

This study was conducted using a written questionnaire. The purpose was to compare role perceptions of the ER by nurses functioning in ER and traditional roles, to determine if there was a difference in opinions of the ER by the 2 groups queried.

Treatment of Data

All data was tabulated by the investigator. Data collected from the subjects was treated as ordinal data and compared using a nonparametric analysis of the difference of the 2 groups. Data collected from the checklist questionnaires were assembled. The Kologomorov-Smirnov two-sample, two-tailed test for small and unequal samples was computed. The data were used to interpret differences in perceptions of the ER by nurses in traditional and expanded roles.

Summary

A nonexperimental survey using a checklist questionnaire was employed by the investigator to critically evaluate the perceptions of TN attitudes toward the ER of the nurse in 2 community health nursing agencies in a large metropolitan city in the Southeastern portion of the United States. The 2 agencies provide health care to all social and economic levels in this large city.

Data were collected to determine if there was a difference in perceptions of nurses in TN roles and ER toward the ER of the nurse. It was theorized that these differences in perceptions were contributing factors to conflict between the 2 groups as documented by literature and observations of the investigator.

CHAPTER IV

ANALYSIS OF DATA

The purpose of this study was to survey registered nurses functioning in expanded and traditional roles to determine each group's assessment of the expanded role (ER). Through employment of a checklist questionnaire which reflects items that experts say are tasks fulfilled by traditional nurses (TN) and ER nurses, data were obtained.

The questionnaire measured 17 items, 5 of which were associated with traditional nursing (TN) tasks and the remaining 12 with ER (Appendix D). Only the 12 ER tasks were included in data tabulation. Results of the data were tabulated and a value of 1 was established for each of the 12 items. The Kolmogorov-Smirnov (K-S) two-sample, two-tailed test for small and unequal sample sizes was employed in computing data. Comparison of the values obtained from the questionnaires by each TN and ER nurse in the study setting (Table 2) was completed and presented (Tables 3 and 4).

During analysis the K-S two-sample, two-tailed test was applied to the data obtained, a null hypothesis (H_o) and an alternate hypothesis (H_1) was established. The H_o is the hypothesis of no distributional difference between 2 samples (Siegel 1956). Therefore, in this case the H_o represents no difference in TN and ER nurses' perceptions of ER tasks. The H_1 is the reverse of the H_o, that there is a difference in TN and ER nurses' perception of ER tasks. The K-S was selected to test for these differences.

With the alpha (α) level set at .05, traditional nurses and ER nurses were not found to differ in regard to their selection or perception of tasks that are fulfilled by ER nurses ($\chi^2 = .531$, $df = 2$ $\alpha > .05$). According to the H_o there is no difference between TN and ER nurses' perceptions of ER tasks. A summary of the data used for the K-S computation is indicated in Tables 2 and 3.

TABLE 2

Data Utilized in Kolmogorov-Smirnov Test

Number of Participants in each group	Number of Items Selected as Being Fulfilled				
	0-8	9	10	11	12
S_{33} (x)	0/33	1/33	3/33	2/33	26/33
S_{19} (x)	0/19	0/19	0/19	2/19	17/19

TABLE 3

Decimal Equivalents of Data in Utilizing Kolmogorov-Smirnov Test

Number of Participants in each group	Number of Items Selected as Being Fulfilled				
	0-8	9	10	11	12
S_{33} (x)	.0	.030	.061	.091	.778
S_{19} (x)	.0	.0	.0	.105	.898
$S_{33}(x)-S_{19}(x)$	.0	.0	.0	.014	.107

The difference (D) = .107.

TABLE 4

Application of Kolmogorov-Smirnov Test to TN and ER Nurses' Selection of ER Tasks

	f		cf		cp	
Score	TN	ER	TN	ER	TN	ER
12	26	17	33	19	1.00	1.00
11	3	2	7	2	.212	.105
10	2		4	0	.121	
9	1		2		.061	
8	1		1		.030	
7			0			
6						
5						
4						
3						
2						
1						
0						

N_{33} = TN N_{19} = ER nurses

Reviewing the results of the data collected, it was evident that there was no difference in perception of the ER by TN and ER nurses. Of equal interest were the responses of TN to the 12 ER tasks. There was a total of 33 TN surveyed and the lowest score among them was 8 items selected. Out of 19 ER nurses, no one individual selected less than 11 items. Overall, the TN perceived all tasks listed as being fulfilled by nurses (Table 4). In items 4, 10, 11, 14, 15, and 16 (Appendix D) there were a few minor discrepancies among TN in their selection of these items but the trend was so small it was regarded as insignificant when supported by the results of the K-S and chi-square computations. Among the ER nurses there was essentially a 100% selection of all 12 ER tasks.

Summary

The data sample consisted of 33 TN and 19 ER nurses employed by 2 community health agencies. Computation of data revealed no difference in percep-

tion of the ER by TN and ER nurses in this study setting. The Kolmogorov-Smirnov test was used to determine if there was a difference in role perception of the ER by nurses in expanded and traditional nursing roles. It was determined that no difference was indicated by the data sample.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

The purpose of this nonexperimental study was to survey registered nurses (RN) functioning in expanded and traditional nursing roles to determine each group's assessment of the expanded role (ER). This chapter presents a summary of the research study. Conclusions based on the analysis of data collected in this study are discussed. In addition, the implications of this study are provided. Finally, recommendations for future research studies are offered.

Summary

Although the ER was introduced in the early 1970s the controversy surrounding acceptance or rejection of the role still exists. This study was undertaken in an effort to compare RN attitudes toward the ER of the nurse from a data sample of 33 traditional nurses (TN) and 19 ER nurses selected

from a total population of 121 RN. Expanded role nursing was defined for the purpose of this study.

The literature identified different studies conducted to document specific problem areas of practicing ER nurses. Of particular importance is role-related stresses prompted by lack of support and acceptance by TN. The literature also documented that education for ER practice should be under the auspices of a university regardless of whether a degree is conferred. Legislation is currently being updated through revision of both medical and nurse practice acts throughout the country.

A written checklist questionnaire was constructed and administered by the investigator to participants in group settings. Content validity of instrument was established by a panel of 3 experts. Reliability of instrument was obtained through a pilot test and retest in 3 weeks, which rendered a .01 confidence level of reliability.

The data collected were analyzed using the Kolmogorov-Smirnov, two-sample, two-tailed test for small and unequal sample sizes. Computations of data revealed no difference in perception of the ER by TN and ER nurses in this study.

Conclusions

This study revealed that TN and ER nurses possess a similar view of ER tasks by nurses employed at 2 different community health agencies. Of particular interest are the responses of the TN to the 12 ER tasks which were essentially a 100% response in selection. Maintaining a consideration of a small and unequal sample size, the conclusions elicited from this study were:

1. Different language interpretation of the instrument by TN could have been a contributing factor in the selection of certain items. Item number 15, "Conducts research", could have been interpreted as conducting any type of research and was selected by a TN. From the literature and the

researcher's point of view this meant conducting nursing research.

2. All items on questionnaire were tasks which experts say were or should be fulfilled by nurses. This introductory statement could have been misleading in TN selection of the items. They possibly felt that if the experts stated these were nursing tasks they were certainly going to agree with them and subsequently checked all the items.

3. Items selected could have been on the basis of tasks performed by the TN personally which might overlap with ER tasks.

4. Items presented were applicable nursing tasks regardless of who provided them (TN or ER nurse).

Implications

The implications of this study are: 1) the instrument utilized was invalid for this study purpose, and 2) the findings are inconsistent with documentations in the literature and observations of investigator.

Recommendations

Recommendations from this study include the following:

1. Duplicate this study using samples from other health care delivery settings.

2. Duplicate this study utilizing a Likert-type questionnaire composed of ER tasks, only to determine degree of agreement or disagreement of tasks items.

3. Conduct a study not to determine the difference in perceptions but to obtain views of the ER.

4. Conduct a comparative study of role functions performed by nurses in the ER working in community health settings to compare their views with what the literature establishes the ER to be.

Summary

The intent of this nonexperimental research study was to determine if there was a difference in role perception of the ER by nurses in expanded and traditional nursing roles employed by 2 community

health nursing agencies. The variables measured provided information that the traditional and expanded role nurses in the study setting perceived no difference in ER tasks.

This study did not support the literature and observations of investigator that differences do exist in perceptions of the ER by TN and ER nurses.

APPENDIX A

LETTER TO EXPERTS

May 5, 1978

LETTER TO EXPERTS

Dear Professional:

My purpose is to enlist your support for a research effort currently being undertaken by me as a graduate student at Texas Woman's University College of Nursing. This project is concerned with determining registered nurses' attitudes toward the expanded role of the nurse.

Specifically, I am requesting that you review the items listed. Make additions, corrections or comments to task items listed being as specific as possible.

I believe this process will provide opinions of experts in the field of nursing regarding functional tasks performed by nurses.

Your involvement in this activity is quite important and I seek your cooperation.

Sincerely,

Neoma M. Gaynor, R.N., B.S.

Neoma M. Gaynor, R.N., B.S.

APPENDIX B

QUESTIONNAIRE

QUESTIONNAIRE

The following are functional tasks which experts say are actually performed by nurses as well as tasks for which s(he) is accountable. Please put a check (✓) behind those items that you feel are fullfilled by nurses.

_____ 1. Guidance and surveillance of the health practices of people of all ages with regard to physiological, psychological and social processes including institution of measures to prevent illness and explanation of therapeutic regimens.

_____ 2. Performs a basic physical assessment using techniques of observation, inspection, auscultation, percussion, palpation and the ophthalmoscopic examinations.

_____ 3. Sustaining, supporting and caring for persons of all ages and assisting them to cope with actual or perceived threats to health and well-being during life crises, diagnoses and therapies.

_____ 4. Performs or requests special screening or developmental tests and other laboratory tests and interprets the results.

_____ 5. Obtains a comprehensive health history.

_____ 6. Caring for persons during temporary or permanent periods of dependency due to genetic failures, illness, injury, infirmity and deprivation to maintain functions essential to their life and productivity.

_____ 7. Identifies and manages specific minor illnesses and emergencies under broad medical supervision.

_____ 8. Instituting and supervising the rehabilitation and restoration of persons needing long-term therapeutic regimens.

_____ 9. Provides primary health care in all environments and in all kinds and types of health care delivery institutions.

_____10. Collaborates with physicians to provide routine care, manage specific minor illness, emergencies and stabilize chronic diseases.

_____11. Maintains professional accountability for services rendered by applying the nursing process to self and to the consumer of services.

_____12. Instructs other health professionals.

_____13. Serves as a consultant in providing patient, family and community-oriented care.

_____14. Organizes, evaluates and systematizes nurse practitioner practice.

_____15. Conducts research.

_____16. Refers to appropriate physicians or agencies for treatment and follow-up care following physical assessments.

_____17. Provides patient teaching regarding problems other than presenting problem (prevention).

APPENDIX C

PERMISSION FOR THE STUDY

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M.D. ANDERSON BLVD.
HOUSTON, TEXAS 77030

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Harris County Health Department

GRANTS TO Neoma Marie Gaynor
a student enrolled in a program leading to Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

A Comparison of Registered Nurses' Attitude Toward the Expanded Role of the Nurses

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 5-16-78

Signature of Agency Personnel

Neoma M. Gaynor
Signature of Student

Mary E. Benedict
Signature of Faculty Advisor

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING
DENTON, TEXAS 76204

DALLAS CENTER
1810 INWOOD ROAD
DALLAS, TEXAS 75235

HOUSTON CENTER
1130 M.D. ANDERSON BLVD.
HOUSTON, TEXAS 77030

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE City of Houston Health Department

GRANTS TO Neoma Marie Gaynor
a student enrolled in a program leading to Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

A Comparison of Registered Nurses' Attitude Toward the Expanded Role of the Nurses

The conditions mutually agreed upon are as follows:

1. The agency (may) (~~may not~~) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (~~may not~~) be identified in the final report.
3. The agency (wants) (~~does not want~~) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other #3 is expected

Date: 5-23-78

Signature of Agency Personnel

Neoma M Gaynor
Signature of Student

Mary E. Benedict
Signature of Faculty Advisor

APPENDIX D

QUESTIONNAIRE ITEMS USED AND NOT USED IN DATA TABULATION

ER TASKS USED IN FINAL TABULATION

Questionnaire Item No	Tasks
2	Performs a basic physical assessment using techniques of observation, inpsection, auscultation, percussion, palpation and the ophthalmoscopic examinations.
4	Performs or requests special screening or developmental tests and other laboratory tests and interprets the results.
7	Identifies and manages specific minor illnesses and emergencies under broad medical supervision.
9	Provides primary health care in all environments and in all kinds and types of health care delivery institutions.
10	Collaborates with physicians to provide routine care, manage specific minor illnesses, emergencies and stabilize chronic diseases.
11	Maintains professional accountability for services rendered by applying the nursing process to self and to the consumer of services.
12	Instructs other health professionals.
13	Serves as a consultant in providing patient, family and community-oriented care.

ER TASKS USED IN FINAL TABULATION

Questionnaire Item No	Tasks
14	Organizes, evaluates and systematizes nurse practitioner practice.
15	Conducts research.
16	Refers to appropriate physicians or agencies for treatment and follow-up care following physical assessments.
17	Provides patient teaching regarding problems other than presenting problem (prevention).

TN TASKS NOT USED IN FINAL TABULATION

Questionnaire Item No	Tasks
1	Guidance and surveillance of the health practices of people of all ages with regard to physiological, psychological and social processes including institution of measures to prevent illness and explanation of therapeutic regimens.
3	Sustaining, supporting and caring for persons of all ages and assisting them to cope with actual or perceived threats to health and well-being during life crises, diagnoses and therapies.
5	Obtains a comprehensive health history.
6	Caring for persons during temporary or permanent periods of dependency due to genetic failures, illness, injury, infirmity and deprivation to maintain functions essential to their life and productivity.
8	Instituting and supervising the rehabilitation and restoration of persons needing long-term therapeutic regimens.

APPENDIX E

ANALYSIS OF FORMULA UTILIZED IN KOLMOGOROV-SMIRNOV COMPUTATION

ANALYSIS OF FORMULA UTILIZED IN
KOLMOGOROV-SMIRNOV COMPUTATION

$$\chi^2 = 4D^2 \left(\frac{N_1 \; N_2}{N_1+N_2}\right)$$

$$\chi^2 = 4D^2 \left(\frac{N_1 \; N_2}{N_1+N_2}\right)$$

D = difference
N_1 = TN (33)
N_2 = ER nurses (19)

$$= 4 \; (.107)^2 \left[\frac{(33) \; (19)}{33 + 19}\right]$$

$$= 4 \; (.011) \left[\frac{627}{52}\right]$$

$$= .044 \; \left[12.058\right] = .531$$

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