

EXPECTATIONS OF AND PERCEPTIONS TOWARD
THE ROLE OF THE PEDIATRIC CLINICAL
NURSE SPECIALIST

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We hereby recommend that the thesis prepared under
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DEDICATION

To my husband, Dean, whose support, love and
patience were never-ending
throughout this endeavor.

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TABLE OF CONTENTS

	Page
Dedication	iii
Acknowledgements	iv
Table of Contents	v
List of Tables	vii

CHAPTER

I	INTRODUCTION	1
	Statement of Problem	2
	Statement of Purposes	2
	Background and Significance	3
	Questions to be Investigated	6
	Definition of Terms	8
	Limitations	9
	Delimitations	10
	Assumptions	10
	Summary	10
II	REVIEW OF THE LITERATURE	12
	The Reversal of Trends	12
	The Expanded Role of the Nurse	16
	Specialist	20
	Accountable-Autonomous	21
	Collaboration	21
	Teacher-Promoter of Staff Development	22
	Behavioral Model for Staff	22
	Change Agent	22
	Researcher	23
	The Importance of Others' Expectations	27
	Summary	29
III	METHODOLOGY.	31
	Setting	31
	Population	32
	Tool	33
	Data Collection	35
	Treatment of Data	36
	Summary	38

IV	ANALYSIS OF DATA	40
	Explanation of Return and Mortality	40
	Pediatricians	43
	Hospital Administrators	49
	Registered Nurses.	56
	General Practitioners	63
	Intraprofessional Comparison	66
	Intervening Variables	81
	Discussion	90
V	SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS	92
	Summary	92
	Conclusions	94
	Implications	98
	Recommendations	99
	APPENDIX A - QUESTIONNAIRE	100
	VERBAL CONSENT FORM (B)	
	SOURCES OF STATEMENTS OF QUESTIONNAIRE	
	APPENDIX B - PERMISSION OF HUMAN RIGHTS COMMITTEE AGENCY CONSENT FORMS	136
	APPENDIX C _ VERBAL EXPLANATION OF STUDY	144
	REFERENCES	146
	BIBLIOGRAPHY	150

LIST OF TABLES

1.	RETURN FOR ALL GROUPS	42
2.	PEDIATRICIANS' CONSISTENCY SCORES	44
3.	PEDIATRICIANS' PERCEIVED UTILIZATION SCORES	45
4.	PEDIATRICIANS' OVERALL PERCEIVED UTILIZATION SCORES	46
5.	PEDIATRICIANS' UTILIZATION SCALE	47
6.	PEDIATRICIANS' CONSISTENCY VS. UTILIZATION	48
7.	HOSPITAL ADMINISTRATORS' PERCEPTION OF CONSISTENCY	50
8.	HOSPITAL ADMINISTRATORS' PERCEPTION OF UTILIZATION	51
9.	HOSPITAL ADMINISTRATORS' OVERALL PERCEIVED UTILIZATION	53
10.	HOSPITAL ADMINISTRATORS' UTILIZATION SCALE	54
11.	HOSPITAL ADMINISTRATORS' CONSISTENCY VS. UTILIZATION	55
12.	REGISTERED NURSES' CONSISTENCY SCORES	57
13.	REGISTERED NURSES' PERCEPTION OF UTILIZATION	59
14.	REGISTERED NURSES' OVERALL PERCEIVED UTILIZATION	60
15.	REGISTERED NURSES' RANK OF UTILIZATION	61

16.	CONSISTENCY VS. UTILIZATION FOR RN'S	62
17.	GENERAL PRACTITIONERS' CONSISTENCY SCORES	64
18.	GENERAL PRACTITIONERS' PERCEPTION OF UTILIZATION	65
19.	INTRAPROFESSIONAL COMPARISON OF CONSISTENCY SCORES	67
20.	INTRAPROFESSIONAL COMPARISON OF INPATIENT PHYSICAL CARE CONSISTENCY SCORES	68
21.	INTRAPROFESSIONAL COMPARISON OF INPATIENT TEACHING CONSISTENCY SCORES	69
22.	INTRAPROFESSIONAL COMPARISON OF INPATIENT CONSULTATION CONSISTENCY SCORES	70
23.	INTRAPROFESSIONAL COMPARISON OF INPATIENT BEHAVIORAL MODEL CONSISTENCY SCORES	71
24.	INTRAPROFESSIONAL COMPARISON OF INPATIENT RESEARCH CONSISTENCY SCORES	72
25.	INTRAPROFESSIONAL COMPARISON TO THE LITERATURE CONCERNING INPATIENT PHYSICAL CARE ACTIVITIES	73
26.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT PHYSICAL CARE SCORES	74
27.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT CHANGE AGENT SCORES	75
28.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT TEACHING SCORES	76

29.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT PHYSICAL CARE SCORES	77
30.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT CONSULTATION SCORES	78
31.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT BEHAVIORAL MODEL SCORES	79
32.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT CHANGE AGENT SCORES	80
33.	INTRAPROFESSIONAL COMPARISON OF OUTPATIENT TEACHING ACTIVITIES	81
34.	CORRELATION BETWEEN AGE AND SCORES AND YEARS OF EXPERIENCE AND SCORES FOR PEDIATRICIANS	82
35.	CORRELATION BETWEEN AGE AND SCORES AND YEARS OF EXPERIENCE AND SCORES FOR REGISTERED NURSES	83
36.	CORRELATION BETWEEN AGE AND SCORES AND YEARS OF EXPERIENCE AND SCORES FOR HOSPITAL ADMINISTRATORS	85
37.	REGISTERED NURSES' SCORES CORRELATED WITH "AREA OF SOCIALIZATION" AND PREVIOUS EXPERIENCE WITH A NURSE IN THE EXPANDED ROLE	87
38.	PEDIATRICIANS' SCORES CORRELATED WITH "AREA OF SOCIALIZATION" AND PREVIOUS EXPERIENCE WITH THE EXPANDED ROLE OF THE NURSE	89

CHAPTER I

INTRODUCTION

The pediatric clinical nurse specialist is a relatively new conceptual role being identified in the health care delivery system. The specific responsibilities and range of activities are still evolving. These activities of the clinical nurse specialist are less clearly defined than the activities and responsibilities of other health care roles such as the physician , the hospital administrator, or the staff nurse.

The expectations and perceptions of related health care professionals toward the role of the clinical nurse specialist may influence the utilization of this professional. The clinical nurse specialist and other professionals working with her must commonly define the parameters of her responsibilities in order to enhance a productive working relationship and a smooth role fusion for the clinical nurse specialist. If there is a discrepancy between other professional's expectations of the role and the clinical nurse specialist's expectations, there may be disharmony and confusion in implementation of this role. Discrepancies, if they exist, should be specifically identified in order to avoid the possibility of confusion . This is vital in making a smooth transition into a new job or new role

especially in settings where there have not been prior role models of the clinical nurse specialist.

This study is designed to identify the expectations and perceptions of related health care professionals toward the role of the pediatric clinical nurse specialist.

Statement of Problem

What are the expectations and perceptions of pediatricians, general practitioners, registered nurses, and hospital administrators toward the role of the pediatric clinical nurse specialist?

Statement of Purposes

1. To determine the expectations and perceptions of pediatricians, general practitioners, registered nurses and hospital administrators toward the role of the pediatric clinical nurse specialist.
2. To determine the similarities and differences between the pediatricians', general practitioners', registered nurses' and hospital administrators' conceptual references toward the role of the pediatric clinical nurse specialist.
3. To determine how the conceptual references of the pediatricians, general practitioners, registered nurses and hospital

administrators compares with the role of the pediatric clinical nurse specialist that is identified in the literature.

4. To determine how the pediatric clinical nurse specialist may be utilized as perceived by pediatricians, general practitioners, registered nurses and hospital administrators.

Background and Significance

Confusion over the role of the clinical nurse specialist often occurs because related professional disciplines are not clear on what to expect from this "new kind of nurse". Role fusion for the clinical nurse specialist is made more difficult because of this. A smooth role fusion only occurs if the person taking on the new role, her employer and those with whom she works have the same expectations and perceptions concerning the parameters of her responsibilities.

Unless these expectations are made clear, this "new kind of nurse", the clinical nurse specialist, may act as a threat in her new position to others within the health care organization (Vaughn 1973, p. 711).

It is not difficult to understand why there is confusion over the role of the clinical nurse specialist. Hospital administrators have often used registered nurses as coordinators of patients' activities and physicians have used registered nurses as an assistant or an

"extra pair of hands". The registered nurse's effectiveness in giving direct patient care has been minimized because of the misuse of her clinical skills (Georgopoulos and Christman 1970, p. 1030).

The need for nursing to expand its scope of practices is often not recognized by various members of the nursing and medical professions. The problem is that the nursing profession, unlike its counterpart medicine, has not been as quick to expand its scope or to make use of new information and assessment techniques in order to effect better patient care. Some professionals still see nursing practice according to the 1940 concept of a mothering profession. At that time, the registered nurse was utilizing the vital signs of temperature, pulse and respiration to evaluate a patient's status. Now, however, scientific discovery has expanded so that parameters such as electrocardiography, pulmonary function testing and physical assessment are needed by the nurse to evaluate the status of a patient. Nursing assessment techniques need to expand more rapidly to keep pace with the advancement of scientific knowledge (Cherescavish 1970).

One of the characteristics of an expert field of applied science is the shortness of the lag between the "uncovering" of new scientific knowledge and the application of that knowledge. Nursing has for many years depended upon medicine to funnel new information its way. The

logical and orderly expansion of the role of the nurse has not been current with the expansion of scientific information in the health sciences or with the changes made within society (Christman 1971).

The clinical nurse specialist's high degree of clinical competence should help decrease the lag time before new information is applied to the clinical area. The clinical specialist accomplishes this by the implementation and application of clinical research. She should also be a catalyst for the development of clinical expertise because she can act as a behavioral model for other nurses (Christman 1971).

A mail survey of U. S. obstetrician-gynecologists conducted by Schneider and co-workers found that more than half of the respondents favored giving greater responsibility to qualified professional maternity nurses in the ambulatory care setting. About thirty percent of the respondents indicated they favored utilizing qualified nurses to take a broader role in managing uncomplicated maternity patients (Schneider et al.1972). In order to interpret the results correctly, however, one must view them in relation to how these physicians were utilizing their office staff. Less than fifty-five percent were delegating the task of taking a blood pressure. Less than forty percent were delegating responsibility of giving telephone advice, less than thirty percent were delegating the responsibility of taking a past history. Ninety percent

of the respondents were private practitioners. Only five percent were institutional practitioners. The study did not identify the category of office personnel employed by these physicians. Possibilities of registered nurses, licensed vocational nurses, and "untrained" personnel may have been included (Schneider et al. 1972).

Bates (1970) emphasizes that medicine and nursing have the same goal, but different roles. Their common goal is to preserve and restore health. Their roles in the process vary. The physician is primarily concerned with cure, and the nurse with care. The doctor's view of the nurse's role, however, does not often delineate this distinction. The physician often views the nurse as an employee or an assistant rather than a collaborative professional (Bates 1970).

Questions to be Investigated

The questions and hypothesis to be investigated in this study are:

1. What are the expectations and perceptions of pediatricians toward the role of the pediatric clinical nurse specialist?
2. What are the expectations and perceptions of general practitioners toward the role of the pediatric clinical nurse specialist?

3. What are the expectations and perceptions of registered nurses toward the role of the pediatric clinical nurse specialist?
4. What are the expectations and perceptions of hospital administrators toward the role of the pediatric clinical nurse specialist?
5. What responsibilities and activities, if any, would pediatricians perceive to be delegated to a pediatric clinical nurse specialist if one were available?
6. What responsibilities and activities, if any, would general practitioners perceive to be delegated to a pediatric clinical nurse specialist if one were available?
7. What responsibilities and activities, if any, would registered nurses perceive to be delegated to a pediatric clinical nurse specialist if one were available?
8. What responsibilities and activities, if any, would hospital administrators perceive to be delegated to a pediatric clinical nurse specialist if one were available?
9. Is there any statistically significant difference between the pediatricians', the general practitioners', the registered nurses', and the hospital administrators' expectations and

perceptions of the role of the pediatric clinical nurse specialist?

10. Is there any statistical difference between the expectations and perceptions of the specific health care professionals and the role as identified in the literature?

Definition of Terms

For the purpose of this study, the following terms have been defined:

Pediatricians - Those licensed medical doctors who are currently practicing in the specialty of pediatrics. They are either doing a residency in pediatrics or have completed a residency program in this specialty area.

General practitioners - Those licensed medical doctors who have specialized in family practice or have not specialized and are practicing general medicine.

Registered nurses - Those professional nurses who have successfully completed a formal educational program in nursing, have passed state board pool examinations, are currently licensed to practice under the title of "registered nurse" and are working with

children in the inpatient or outpatient setting of a clinic or hospital.

Hospital administrators - Those professionals employed by a hospital as a manager of hospital business and administration.

Pediatric clinical nurse specialist - Those clinicians with a master's degree in nursing and a "high degree of knowledge, skill and competence" in pediatric nursing. They are "directly available to the public" through direct nursing care to clients and "indirectly available through guidance and planning of care with other nursing personnel" (ANA's Congress for Nursing Practice, 1974).

Limitations

The variables identified that may have influenced the outcome of this study that were not controlled are:

1. This study was conducted in one county of Central Texas.
The results may not be extrapolated to other areas
2. The Hawthorne effect may have influenced the outcome of the study

3. Sexual differences may have accounted for various attitudes toward the role of the pediatric clinical nurse specialist. All of the physicians and hospital administrators in the sample were male and all of the nurses were female.

Delimitations

The study was limited to studying the expectations and perceptions of hospital administrators, registered nurses, pediatricians and general practitioners.

Assumptions

It is assumed that all the questions were answered truthfully by all the participants.

Summary

This study was designed to identify the expectations and perceptions of pediatricians, general practitioners, registered nurses and hospital administrators toward the role of the pediatric clinical nurse specialist. This chapter dealt specifically with the problem to be investigated, the purposes, the background and significance of the study and the limitations, delimitations and assumptions related to the investigation.

Chapter II is a review of literature. The first section of the chapter deals with the reversal of trends in pediatrics from an emphasis on restorative health to preventive health care and maintenance.

The second section deals with the expanded role of the nurse. It explains the role of the pediatric nurse practitioner and distinguishes this role from that of the pediatric clinical nurse specialist.

The third section of Chapter II is concerned with the importance of the expectations and perceptions of others toward the role of the pediatric clinical nurse specialist and how they affect the implementation and success of the role.

Chapter III deals with the methodology of the study. The tool developed by the researcher for the collection of data is also discussed.

Chapter IV is concerned with the results of the survey and the interpretation of the results. The return rate is discussed and the data from each group (i.e., R.N.'s, hospital administrators, pediatricians and general practitioners) is stated, analyzed and intraprofessional comparisons are made.

Chapter V deals with the summary, conclusions, implications and recommendations of the investigation.

CHAPTER II

The Reversal of Trends

The trend in pediatrics is changing from an emphasis on the care of sick children to an emphasis on the care of well children, health maintenance and preventive teaching. A study done in the mid-1960's revealed that 49 percent of the children seen in private pediatricians' offices could be classified as well children (Hassel and Haggerty 1968). In 1934 only 39 percent of the children could be classified as well (Aldrich 1934, 1051). The recommendations of the 1960's study suggested that non-physician personnel must be given the responsibility for giving anticipatory guidance for well children and that other personnel might be involved in "parts" of the physical examination. This would help free the energy of the physicians to concentrate efforts toward helping children with chronic illness, underprivileged children ("the vulnerable children"), children with psychological problems and sick children (Hassel and Haggerty 1968, 276-7).

Another study done in the mid-1960's revealed that pediatricians spent 50 percent of their time with well children in the office setting. Upper respiratory infection was second as far as reasons for time spent with patients. The pediatrician spent 12.5 percent of his day on the telephone. The study also revealed that 79 percent of a private

pediatrician's patient time in the hospital was utilized by seeing normal newborn infants (Bergman, Dassel and Wedgwood 1966).

Another time-motion study conducted in the registered nurses (R.N.'s) working in private pediatricians' offices performed the same tasks as "medical assistants" who had six months of training. Twenty-one percent of the medical assistant's time was spent in the company of patients. The R. N.'s averaged 21.5 percent of their time with patients. Out of fifteen activities done in the presence of patients, only three were considered to be nursing functions. These were the preparation of medication, dispensing medication and giving and receiving information. The authors concluded that there was a tremendous misuse of skills among persons employed in private pediatricians' offices (Patterson and Bergman 1969).

In 1971 Henry Silver and Duncan published a time motion study comparing pediatric nurse practitioners (PNP's) with regular office nurses. They found the PNP spent 47 percent of her time in the presence of patients compared with 24 percent for the R.N.'s. Sixty percent of the PNP's time with patients was spent taking histories, performing physical examinations and in counseling and consultation with parents. The R.N.'s spent 11 percent of their patient time in these activities (Silver and Duncan 1971).

In 1971 a study was conducted to determine if there were any significant differences between the physical examinations done for children by pediatricians and those done by the pediatric nurse practitioners working in a health station in Denver. Out of 282 children examined, 278 abnormalities were listed. There was complete agreement between the pediatricians and the PNP on 239 of these conditions (86 percent). Of the remaining thirty-nine conditions, thirty-seven were not considered significant. Among these, thirty-seven were mostly over-referrals. The nurse thought the tympanic membrane was infected to the degree that treatment was warranted and the physician did not agree. Twice, the nurse heard a heart murmur the physician did not hear and in one instance, the nurse did not hear a functional innocent murmur that the physician identified. The differences of opinion regarding patients was significant in only 0.7 percent (2) of the patients. But both of these children were either referred to the physician or told to return in the morning. In one patient, the nurse noted the throat was infected and felt this was the primary source of his illness. An x-ray revealed a left, patchy infiltrate. In another instance, a child was seen who had erythema of the throat and a fever. The nurse recommended the child be brought back the next day after assessing that the child was not significantly ill and could wait through the night. During the evening, the child

developed stiffness in the neck and irritability. The next morning a tentative diagnosis of meningitis was made. The cerebrospinal fluid was "negative" but the child was placed on antibiotics and had an uneventful recovery (Duncan, Smith and Silver 1971).

The authors conclude that the pediatric nurse practitioner is highly competent in accurate appraisal of a child's health (Duncan, Smith and Silver 1971). It is difficult to overgeneralize the results of this study since it only compared two PNP's with the physicians to whom they refer their patients. Factors such as length of experience could make a large difference from one nurse to another.

The studies above illustrate that the trend in pediatrics is changing from an emphasis on the care of sick children to an emphasis on preventive well child care (Hassel and Haggerty 1968). The skills of both pediatricians and registered nurses were being inefficiently utilized. When the PNP was compared with the registered nurse and later to the physician the results were significant. The PNP could spend twice as long with the patients as the R. N. and she was competent and accurate in all but 0.7 percent of the instances (Duncan, Smith and Silver 1971).

The next section deals primarily with the expanded role of the nurse. The role of the PNP and the pediatric clinical nurse specialist

are distinguished. The literature is reviewed to pinpoint characteristics of the role of the PCNS.

The Expanded Role of the Nurse

Most of the literature dealing with the role of the clinical nurse specialist (CNS) is specifically related to the medical-surgical clinical nurse specialist. There is a dearth of literature dealing specifically with the pediatric clinical nurse specialist (PCNS). However, many aspects of the expanded role of the nurse are described in the literature dealing with the pediatric nurse practitioner (PNP).

The role of the PNP and the PCNS should not be confused. Both nurses have expanded the scope of their practice to include many new skills and more understanding about the health needs of children, but there are many distinguishing characteristics of each role.

The ANA defines a nurse practitioner as having "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 by formal continuing education which adheres to ANA approved guidelines or in a baccalaureate nursing program " (ANA Congress For Nursing Practice, May, 1974).

"The clinical nurse specialists are 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 masters degree in nursing, preferably with an emphasis on clinical nursing" (ANA Congress for Nursing Practice, May, 1974).

The chief distinguishing feature of the PCNS is her preparation at the master's level. Specific characteristics of the role will be described in depth later in this section.

The pediatric nurse practitioner courses deal with theory and practice in pediatrics and were originally a four month intensive program (Silver, Ford and Day 1968). The length of courses often vary from four to nine months in length.

The PCNS, however, is usually distinguished by being masters prepared (Georgopoulos and Christman 1970, 1020). The preparation for the PCNS is longer and more in-depth.

The pediatric nurse practitioner's preparation and later practice deal with interviewing skills and history taking. Performance of a physical examination including the skills of inspection, palpation, auscultation and percussion are also taught. The pediatric nurse

practitioner utilizes the tools of the otoscope, stethoscope and ophthalmoscope in her physical assessment of the child. Much of her practice deals with well children. She is prepared to counsel with parents concerning variations of growth and development, psychosocial development, nutritional needs, safety and immunization needs. She is aware of many psychosocial, physical and cultural influences on a child's life and incorporates this in her plan for care. She is also prepared to manage a variety of acute-minor illnesses such as otitis media, upper respiratory infections and many childhood contagious diseases such as measles, mumps and others. The pediatric nurse practitioner recognizes and evaluates orthopedic deformities (i.e., tibia torsion), hearing defects and visual impairments such as strabismus. The pediatric nurse practitioner develops competence in evaluating the seriousness of various disorders so that a decision can be made whether to refer the child to the physician or not. She refers or consults with a physician when she feels she needs assistance in handling a problem (Silver, Ford and Day 1968).

In Denver, Colorado, where the first formal training program was developed by Doctor Henry Silver, nurses operate in a variety of settings after graduation from the pediatric nurse practitioner course at the University of Colorado. Many operate in field stations where they are always under the supervision of a physician even if he is not physically

present. All children clients are seen by the physician at regularly scheduled times (Silver, Ford and Day 1968).

The nurse practitioners are capable of giving care to more than 75 percent of the children who utilize the field station. This includes almost the total population of the well children who attend and almost one-half of the population of children who are sick or have injuries (Silver, Ford and Day 1968).

In the private practice setting, the nurse clinician functions in collaboration with the physician. In this setting also, she is able to relatively independently manage the care of the well child. Her prime asset is the ability to distinguish normal physical findings from the abnormal. She makes a preliminary assessment of the abnormal findings. The physician is then able to focus his attention fully on the more serious or complicated abnormalities. This allows for a more efficient use of the physician's time in the office setting. The parents also benefit since they are often more likely to ask the nurse about their long list of normal child-rearing questions than to take up the "busy doctor's" time (Silver, Ford and Day 1968).

A survey was conducted to elicit the opinions of parents who utilized the combined services of a pediatrician and a pediatric nurse practitioner. The results indicated that 95 percent of the mothers

reported that the PNP's presence helped them to have questions answered satisfactorily and to find solutions to their problems (Day, Egli and Silver 1970).

The role of the pediatric clinical nurse specialist has many similar features as the PNP. She, too, makes a physical assessment of the child and an evaluation of the developmental, intellectual, social and emotional needs of the child. Her functions overlap with the PNP, but her scope of practice is broader.

The PNP is primarily utilized in the outpatient setting and newborn nursing, whereas the role of the pediatric clinical nurse specialist is adaptable to the inpatient pediatric ward setting as well.

The role of the PCNS can best be characterized by brief descriptions found in the literature. The following key descriptions are used often in relating the essence of the role of the PCNS.

Specialist

Post-graduate education in a specific specialized area of nursing is widely accepted as being necessary to assume the role of the CNS. Preparation at the master's level is becoming the over-all requirement (Georgopoulos and Christman 1970). However, Reiter, who first coined the term "nurse clinician" in 1966 believes the specialist nurse does not necessarily need the institutional formal education in order to be a specialist in her field. The clinical nurse specialist could possibly be

self-motivated to the extent that she would seek out the necessary experiences, practice and knowledge on her own initiative without the benefit of a formal masters program. The main ingredients of the expert clinical specialist according to Reiter is an in-depth understanding of the sciences and expert clinical (nursing) practice (Reiter 1966).

Accountable-Autonomous

The clinical nurse specialist is described as being responsible for the total nursing care of the patient twenty-four hours a day. She has the autonomy to plan her hours according to the patient's needs instead of the prescribed "shifts" of a staff nurse (Bates 1974, 73). The specialist nurse makes the ultimate decisions concerning a patient's nursing care (Reiter 1966, 277).

Collaboration

The nurse's role is concerned with a more psychosocial orientation than medicine. Teaching, comforting, helping and counseling are a part of this role (Bates 1970, 70). However, the CNS demonstrates a necessary depth of understanding of the physiological and psychosocial aspects of patient care to collaborate with the physician in planning a patient's therapeutic regimen (Reiter 1966). Both the physician and the nurse cooperate with a functional, collaborative, interdependent working relationship in planning and achieving goals for patient care.

Teacher-Promoter of Staff Development

The CNS is a teacher for both patients and staff. She bases nursing procedures on scientific principles and is able to transmit this knowledge to others. She explains the rationale for various procedures to the staff (Georgopoulos and Christman 1970). She is a health promoter. She does preventive teaching and teaching in all stages of illness and wellness to the patient and his family (Reiter 1966).

Behavioral Model for Staff

Because of the clinical nurse specialist's expert practice of direct patient care and her motivation and knowledge, she serves as a role model for other nurses (Reiter 1966). She facilitates better patient care by "demonstration, teaching and mutual consultation" (Georgopoulos and Christman 1970, 1035).

Change Agent

One of the most significant attributes of the clinical nurse specialist is her involvement in planning policies and activating change (Aradine and Denyes 1972). She helps establish, evaluate and re-evaluate nursing care standards. She communicates standards as necessary to the staff and she makes efforts to revise and modify existing out-moded techniques and procedures. She is able to interpret new scientific discoveries to others and apply these to the clinical setting (Georgopoulos and Christman 1970).

Researcher

The clinical nurse specialist has beginning research skills (Georgopoulos and Christman 1970). She shortens the lag period between the "uncovering" of new scientific information and the application of that knowledge (1) by evaluating research and communicating this evaluation to the staff; (2) through the application of recent innovations and findings to the clinical area (Christman 1971) and (3) initiating clinical research (Georgopoulos and Christman 1970).

The descriptions of specialist: accountable-autonomous; collaborator; teacher-promoter of staff development; behavioral model; change agent; and research investigator describe in broad terms the essence of the PCNS' role. However, each institution has unique needs and each individual PCNS applies her skills according to these needs and her own areas of strengths and weaknesses. One major study conducted among clinical nurse specialists demonstrates actual implementation of the role in various institutions.

In 1971 a study was conducted at the University of Wisconsin to investigate the range of activities and responsibilities of the CNS, and to identify the problems and pressures of the role among other things (Aradine and Denyes 1972). The study was conducted at a seminar for clinical nurse specialists. Included among the participants were eleven medical-surgical CNS, eight maternal-child health clinical nurse

specialists, two who worked in the outpatient setting and specified no particular specialty area and one public health nurse specialist.

Sixteen of the clinical nurse specialists were directly responsible to nursing service for nursing care, six held clinical faculty appointments, three were in administrative and clinical appointments, and three held miscellaneous joint appointments. All the clinical nurse specialists indicated they were not impeded in their mobility throughout the institution (Aradine and Denyes 1972).

The activities and pressures of the CNS roles were described by the participants in their own words. The five top categories as far as involvement were concerned was "patient care, staff development, planning-policies-standards-change, interdisciplinary interaction and miscellaneous" (Aradine and Denyes 1972, 414). Administration, writing for publication and research were the three areas that consistently showed a small degree of involvement (Aradine and Denyes 1972).

Basil Georgopoulos and Luther Christman designed a role model of the medical-surgical CNS in order to test the role model's effects on nursing practice, patient care and the patient unit performance (Georgopoulos and Christman 1970). Instead of describing only activities and responsibilities of the CNS, they divided the role in five categories as follows: (1) educational preparation, (2) professional values, (3) activities and responsibilities, (4) responsibilities and

rights, (5) working relationship with others. The role model was based on the assumptions that the CNS was:

- (1) master's qualified
- (2) a problem identifier and solver in patient care based on scientific principles
- (3) a resource person for patients and staff (an educator)
- (4) a behavioral model
- (5) a collaborator with nurses in caring for the patient
- (6) a collaborator with the physician in planning care
- (7) accountable for nursing standards
- (8) autonomous (self-directing on the basis of patient's needs and without time or geographical restraints).

The CNS functions interdependently with other professionals. She demonstrates a limited ability to implement research. The CNS is able to evaluate research and apply this knowledge to patient care (Georgopoulos and Christman 1970).

Frances Reiter, approaches the role of the clinical nurse specialist in an entirely different way. She explains what she means by a "nurse clinician" but in essence she is describing a clinical nurse specialist. In 1966 at the time of this description, there was no universally accepted definition of the CNS. Often, the term nurse practitioner, CNS, and nurse clinician were used interchangeably. The ANA Congress in 1974 published the definitions of these roles in an effort "to insure uniformity of definitions for practitioners, employers and consumers" (ANA's Congress for Nursing Practice, May 8, 1974).

According to Reiter, the CNS is clinically competent. The ranges of the functions of the role include care, cure and counseling. Care is described as physical, protective, comforting or restorative activities nurses do for the patient. Curative nursing is the combination of (1) a depth of understanding of the basic sciences and clinical science with (2) the caring and curative functions of nursing. Counseling involves an understanding of human behavior. It is applied in the preventive teaching, working with families and the therapeutic use of oneself (Reiter 1966).

Reiter describes the ranges of services rendered by the CNS as coordination, continuity and collaboration with others. The CNS coordinates activities of various professional services. She has responsibility for the continuity of care given to a patient from one nursing shift to another and from the home to the hospital. She is competent in all the stages of wellness and illness in various settings (i.e., hospital, clinic, nursing home, home). Reiter believes the greatest potential for the CNS is in the care of the aged, disabled and chronically ill and that these groups should be in the domain of independent nursing practice. Collaboration is the third area of service. The CNS possesses the necessary knowledge and attitudes to allow her "to work in a collaborative relationship with medicine to achieve therapeutic, restorative and rehabilitative goals set for the patient" (Reiter 1966, 276).

The CNS has the ability to assess the needs of her patients and to determine the measures needed to meet short-and-long-term goals. She is also a resource to other nursing personnel (Reiter 1966).

The characteristics of the role of the PCNS have been outlined. However, the role of the PCNS and expectations about the role may not be one in the same. The importance of this statement is explained further in the next section.

The Importance of Others' Expectations

The median, interactionist view of roles holds that roles are not fixed but are shaped and modified by the interaction of the person operating in that role and the persons with whom that person comes in contact (Moidel and McVay 1973, 177). It follows that the expectations of others toward the role of the PCNS may help shape and modify the role and ultimately the contribution of the nurse specialist.

The literature cites examples of confusion over the role of the clinical nurse specialist (Vaughn 1973). Aradine and Denyes' study among clinical nurse specialists validated that this confusion exists. Under the category of miscellaneous, the CNS's listed such activities as "defines clinical nurse specialist to others", "defines clinical nurse specialist to staff (public relations work)", "defines role to self" (Aradine and Denyes 1972, 415).

It is important to identify the source of this confusion over the role. A recent study revealed that clinical nurse specialists were in more agreement concerning the specific activities and responsibilities involved in their role than head nurses, nursing educators or nursing office personnel were about the parameters of their own roles (Smith 1974). It seems that confusion over the role of the PNCS is not from the nurse specialists themselves, but from others.

Bates states that doctors often do not understand the nurses' role (Bates 1970, 72). This fact may, in part, explain some of the confusion over the role of the CNS since nursing is the very heart and purpose of the role. If one does not understand the contributions of nursing, one cannot understand the contributions of the extended role of the nurse.

When a role is relatively new, there are no pre-existing role models and the parameters of specific practice are unclearly defined, then the person operating in that role may have a very difficult adjustment period. Conversely, if the role is clearly defined by the employer, by the person articulating the role and by those who will have a high degree of interaction with the professional, and if there is a pre-existing role model, then the adjustment period for the professional and the institution should be smoother (Vaughn 1973).

One pediatric nurse described the transition period into her role by stating there was misunderstanding and confusion among the personnel of the pediatric clinic and the hospital when she was assigned to a pediatric outpatient clinic as a nurse clinician. Many of the nursing staff described her as an "overeducated supernurse". Others thought she was a "plant" or an investigator from the office of the director of nursing. The physicians expressed their anxiety that the clinician would upset the system and interfere with the medical care given to the patient. A patient said she was "a social worker, because everyone knows clinic nurses never have time to listen to your problems" (Thomstad and Kaplin 1974, 1993). Each person seemed to have a differing view of what the nurse clinician should do. These expectations differed from the nurse clinician's expectation and complicated the transition period for the clinician and for the staff.

Summary

There is often a lack of interdependence or mutual responsibility between clinical nurse specialists and nursing administration which impedes the effectiveness of nursing care. Support from nursing administration and a true understanding of the role of the CNS are vital because nursing administration is ultimately responsible for changing

nursing care practices and promoting a reward system that encourages excellence in nursing care (Woodrow and Bell 1971).

One of the chief occupational hazards for the CNS is having the role misunderstood by other professionals and thus acting as a threat to others (Anders 1975). The CNS's role is an interdependent one. She must work in collaboration with the nurse, the physician and others in order to make the most effective contribution. If others do not understand her function within the organization they may tend to isolate her or squeeze her into a role they do understand (such as a staff nurse or supervisory role). Her contribution may be diminished unless expectations are made clear (McPhail 1971).

Chapter III deals with the methodology of this investigation to determine the expectations and perceptions of physicians, nurses and hospital administrators toward the role of the PCNS.

CHAPTER III

METHODOLOGY

A descriptive, non-experimental design was chosen to answer the problem of: What are the expectations and perceptions of pediatricians, registered nurses and hospital administrators toward the role of the pediatric clinical nurse specialist?

A descriptive survey which was utilized for the purposes of this study only has one objective; according to Fox (1976, p. 86), that of "describing objectively the nature and situation under study". This type of study was chosen to obtain results which may be used as a basis for further study (Fox, 1976).

Setting

The setting is within a single county of the Central Texas region. Within the county are two cities with approximate populations of 40,000 each. There are four hospitals in one of these cities. Two of the hospitals do not maintain a pediatric service and were not utilized as participating agencies in this study. One of the two hospitals included in the investigation has an outpatient pediatric clinic and a newborn nursery but does not have an inpatient pediatric ward. The other institution is a private teaching hospital and includes a newborn

nursery, an intensive care nursery, a pediatric ward and an outpatient pediatric service. It often serves as a regional referral center and diagnostic clinic.

The other city within the county also has a population of approximately 40,000. This particular city has one small thirty-five bed hospital, but adjacent to the city is a large military installation with a military hospital serving more than 120,000 military members and their dependents. There are several small clinics and private physicians' offices within the area. The primary civilian industry within the county is agriculture and the support of the military population.

Population

The population from which the sample was derived was the pediatricians, general practitioners, registered nurses and hospital administrators within the single Central Texas county. This population was chosen because of its intimate contact with the nurse and its service to pediatric clients. This would be the population most likely to be associated with a pediatric clinical nurse specialist if one were available.

The sample of physicians was obtained by using a list from the county medical society and the local military hospital (since military physicians are not required to register with the county).

The sample of registered nurses was derived from a list from the agencies with a pediatric service, pediatricians and general practitioners employing nurses and hospital administrators of the identified agencies.

The sample of hospital administrators was derived from a list of all the hospital administrators in the area whose agency served pediatric clients.

Tool

The tool was in the form of a questionnaire utilizing two Likert-type scales. (Appendix A) The first part of the questionnaire dealt with demographic data and former experiences with the expanded role of the nurse. The second portion of the questionnaire was based on the role of the pediatric clinical nurse specialist as defined in the literature. Since the literature deals more specifically with the medical-surgical clinical nurse specialist, than the pediatric clinical nurse specialist, many items were adapted by utilizing selected portions of the literature dealing with the role of the pediatric nurse practitioner (PNP). These sources are listed in Appendix A.

Inpatient and outpatient activities and responsibilities of the pediatric clinical nurse specialist were listed. The questionnaire had six subdivisions under the inpatient and outpatient sections. The subdivisions were derived from the literature's description of the clinical nurse specialists' role as a:

1. Specialist (Georgopoulos and Christman 1970) (Reiter, 1966)
2. A Change Agent (Aradine and Denyes 1972)
3. A Teacher - A Promotor of Staff Development (Georgopoulos and Christman 1970)
4. A Resource Person (A Consultant) (Georgopoulos and Christman 1970)
5. A Behavior Model (Reiter 1966)
6. A Catalyst for Research and Investigation (Georgopoulos and Christman 1970)

Two likert scales were included after each activity and responsibility was stated. The respondent was asked to read the description of the activity or responsibility and indicate whether the activity was (1) consistent or inconsistent with the role of the pediatric clinical nurse specialist (PCNS), and (2) if the participant would be likely or unlikely to utilize the PCNS for that activity if a PCNS were available. No quotation marks were utilized to mark the activities in order to minimize the Hawthorne effect (See Appendix A).

The questionnaire was evaluated by an expert panel of three graduate nursing students for content validity and a clinical psychologist for face validity. The suggested changes were incorporated in the questionnaire. The final questionnaire utilized is found in Appendix A.

Data Collection

The Human Rights Committee of Texas Woman's University granted permission for the investigation. (Appendix B) Each agency utilized in the county was visited and permission was obtained to carry out the investigation.

Each participant was given a verbal explanation of the study and its purposes. (Appendix C) Participants completed the verbal consent form B. (Appendix A) The participant was assured that (1) he or she were free to withdraw from the study at any time, (2) there were no identified risks involved in participating in the study and (3) the name of the participant would not be used in any release of the data. A cover letter was also included in the questionnaire to provide reinforcement to the verbal explanation.

The questionnaire was hand carried by the investigator to each participant. An effort was made to stay with each participant until after the questionnaire was completed. Time factors regarding the

participants because they were in a work setting prohibited this from being carried out with most of the subjects involved.

Only two hospital administrators and one pediatrician indicated they had the time to do this. The remainder of the questionnaires were left after an explanation of the study was given to the participant and collected again by the investigator one to two days later.

Following collection of all questionnaires, the data was compiled and analyzed.

Treatment of Data

The data was tabulated by assigning values to the likert scales:

Consistent Scale

Very consistent with the role	+2
Somewhat consistent with the role	+1
Undecided	0
Not consistent with the role	-1
Very inconsistent with the role	-2

Utilize Scale

Very likely to utilize	+2
Somewhat likely to utilize	+1
Neutral	0
Not likely to utilize	-1
Very unlikely to utilize	-2

Each person's data was tabulated and a sum was derived for each sub-category. Each of the totals of the sub-categories were tabulated for each individual's final scores.

Each group's scores were tabulated. The pediatricians', registered nurses', hospital administrators' and general practitioners' scores were calculated. A t -test was used to determine if there was a statistically significant difference between the means of each group. The t -test, frequently called the student's t is based on a normal distribution. The theoretical distribution of t has a mean of zero, is symmetrical and unimodal. The t distribution however has a greater "concentration of area in the center and in the tails than does a normal curve".

(Minium 1970, 296) The formula utilized for the purposes of this study was
$$t = \frac{\bar{y}_1 - \bar{y}_2 - d_c}{s_x / \sqrt{\frac{1}{N_1} + \frac{1}{N_2}}}$$
 (The estimated value of d_c was zero.)

The t -test was also used to identify any statistically significant differences between individual groups' perceptions of consistency versus utilization of the role of the PCNS.

Pearson r was utilized to test if a correlation existed between age and expectations about the role of the PCNS and to test if a correlation existed between years of experience and expectation and perceptions about the role.

Pearson r or " ρ " expresses a relationship between two variables. The value is one if a perfect relationship exists and zero if there is no relationship. The value of " ρ " may either be positive or negative. The sign of $+$ indicates the variables are positively related. The negative sign ($-$) indicates an inverse relationship.

(Minium 1970 132-3)

A test for correlation coefficient was used to determine if a relationship existed between experiences with the expanded role of the nurse (the PNP, the pediatric nurse associate (PNA), and the PCNS) and the scores on the questionnaire. It was also used to test for a relationship between geographical area of schooling and scores on the questionnaire.

Summary

A descriptive survey to determine specific expectations and perceptions of various health care professionals toward the role of the PCNS was undertaken in a single Central Texas county. A questionnaire utilizing two likert scales (one for consistency and one for expected utilization) was constructed by the investigator based on descriptions of the CNS in the literature.

The questionnaire was hand carried to the participants after permission was obtained for the study. Each participant was asked to read the description of activities and responsibilities and mark whether it was consistent or inconsistent with the role of the PCNS and to indicate whether they would or would not utilize a PCNS in that activity if a PCNS were available.

The data was analyzed utilizing the student's t - test, the Pearson χ^2 , and χ^2_{pb} .

The results of the data collection and analysis are presented in Chapter IV.

CHAPTER IV

This chapter presents the results of the study and the interpretation of these findings.

The tool, a questionnaire, was developed based on literature related to the role of the pediatric clinical nurse specialist. (Appendix A). (Chapter III includes a detailed description of the tool.)

Explanation of Return and Mortality

Twenty-six questionnaires were distributed to registered nurses with nineteen questionnaires returned which comprised 73 percent. However, one of these questionnaires was not completed as the participant filled out the "consistent" section on some pages and the "utilized" section on others. An effort was made to have this participant complete another questionnaire but she could not be located. One questionnaire was returned blank resulting in seventeen as the total for the final sample of RN's.

Fifteen were anticipated to be the sample of pediatricians, however, five pediatricians had recently left the area due to military orders. Two questionnaires from the remaining ten pediatricians

could not be utilized, however, since their sponsoring hospital was not accounted for in the setting. Eight was the resulting sample size for pediatricians.

Four hospital administrators were anticipated to participate in the study but one could not be contacted. Three questionnaires were distributed and three were returned. (Return rate of 100 percent.)

The return rate for the general practitioners was the lowest of any of the groups. Twelve general practitioners' offices were visited. Six of these physicians were out of town or "unavailable". Three were approached and refused participation in the study. Three others were approached and complied by completing the questionnaire. A return of 100 percent was obtained from these physicians. The data was tabulated but no statistical analysis was applied to the results since the three general practitioners were not representative of the sample. The three that complied were in a younger age group whereas the majority of general practitioners appeared to be in a higher age bracket. The raw score results from these physicians' questionnaires will be presented separately.

In summary, an effort was made to include fifty-seven participants in the study. Seven nurses did not complete or return the questionnaire. One RN returned a blank questionnaire and then another returned a

questionnaire only partially completed. A resulting seventeen was included as the final sample size.

A sample of eight pediatricians and three hospital administrators were obtained. The sample of general practitioners was not representative of the population and the results from this group were not statistically analyzed. (Table 1).

TABLE 1
RETURN FOR ALL GROUPS

<u>Group</u>	<u>Number of Questionnaires Out</u>	<u>Number Back and Utilized</u>	<u>Percent of Total Return</u>
RN's	26	17	55
Pediatrician	10	8	25
Hospital Administrators	3	3	10
General Practitioners	3	3	10
TOTAL	45	31	100

Pediatricians

Pediatricians had an overall "consistency" score of 776 with a mean of 97. The individual pediatrician's score ranged from 60 to 124. There was a possible of 992 if each of the eight pediatricians perceived each item as totally consistent with the role of the PCNS.

Pediatricians' "consistency" scores concerning each category of inpatient and outpatient activities are listed on Table 2. A *t*-score was computed utilizing the possible positive means and the pediatricians' actual means of the "consistency" portion of the questionnaire. (The possible positive mean was the score that could have been obtained if each item in the category was perceived as totally consistent with the role of the PCNS. It represents the literature's description of the role.) The *t*-score was used to determine if pediatricians' expectations and perceptions of the role of the PCNS were significantly different from the role as it is described in the literature. It also helped to answer the question "What are the expectations and perceptions of pediatricians toward the role?" The *t*-score indicates there were no statistically significant differences in the pediatricians' expectations of the role and the literatures' description of the role.

TABLE 2
PEDIATRICIANS' CONSISTENCY SCORES

Inpatient Activities	Possible Score	Actual Score	Actual Mean	Possible Mean
Physical Care	208	135	16.875	26
Change Agent	80	65	8.125	10
Teaching	160	142	17.75	20
Consultation	80	65	8.125	10
Behavioral Model	32	30	3.75	4
Research	48	39	4.875	6
<u>Outpatient Activities</u>				
Physical Care	96	61	7.625	12
Change Agent	80	71	8.875	10
Teaching	80	68	8.5	10
Consultation	48	38	4.75	6
Behavioral Model	32	26	3.25	4
Research	48	36	4.5	6

t = 0.96
d = 22.00
not significant

Seven out of the eight pediatricians completed the section of the questionnaire concerned with perceived or expected utilization of the PCNS in inpatient and outpatient activities. Each person was asked to indicate how they would utilize the PCNS if they had one available to them. (Table 3).

TABLE 3
PEDIATRICIANS' PERCEIVED
UTILIZATION SCORES

Inpatient Activities	Possible Score	Score	Possible Mean	Mean
Physical Care	182	98	26	14
Change Agent	70	57	10	8.14
Teaching	140	129	20	18.43
Consultation	70	55	10	7.86
Behavioral Model	28	26	4	3.71
Research	42	31	6	4.43
<u>Outpatient Activities</u>				
Physical Care	84	29	12	4.14
Change Agent	70	58	10	8.26
Teaching	70	55	10	7.86

TABLE 3
(continued)

Consultation	42	31	6	4.43
Behavioral Model	28	23	4	3.29
Research	42	22	6	3.14

The overall possible score for perceived utilization of the PCNS was 868 for the pediatricians. The possible mean was 124. The actual score was 614 and the actual mean was 87.71. (Table 4).

TABLE 4
PEDIATRICIANS' OVERALL PERCEIVED
UTILIZATION SCORES

Possible Score	Actual Score	Possible Positive Mean	Actual Mean
868	614	124	87.71

Each activity was then ranked for perceived utilization by subtracting the actual mean from the possible positive mean and ordering the difference from the lowest to the highest. (Table 5).

TABLE 5
PEDIATRICIANS' UTILIZATION SCALE

Rank	Activity	Difference Between Possible Positive Mean and Actual Mean
1	Inpatient behavioral model	.29
2	Outpatient behavioral model	.71
3	Inpatient research	1.57
4	Outpatient change agent	1.74
5	Inpatient change agent	1.86
	Inpatient teaching	1.86
6	Inpatient consultation	2.14
	Outpatient teaching	2.14
7	Outpatient research	2.86
8	Outpatient physical care	7.86
9	Inpatient physical care	12.00

Utilizing the t -test, no statistically significant difference was found between consistency and utilization scores for pediatricians. (Table 6).

TABLE 6
PEDIATRICIANS' CONSISTENCY VS. UTILIZATION

Activity	"t"	df	Significance
Inpatient Physical Care	0.66	13.00	Not significant
Inpatient Change Agent	-0.01	13.00	Not significant
Inpatient Teaching	-0.65	13.00	Not significant
Inpatient Consultation	.20	13.00	Not significant
Inpatient Behavioral Model	0.09	13.00	Not significant
Inpatient Research	1.00	13.00	Not significant
Outpatient Physical Care	1.13	13.00	Not significant
Outpatient Change Agent	.57	13.00	Not significant
Outpatient Teaching	-1.11	13.00	Not significant
Outpatient Consultation	.37	13.00	Not significant
Outpatient Behavioral Model	-0.34	11.00	Not significant
Outpatient Research	1.33	13.00	Not significant

In summary, there was no statistically significant difference between pediatricians' expectations toward and perceptions of the role of the pediatric clinical nurse specialist and the literature's description of the role. There was also no statistically significant difference between pediatricians' consistency scores and their utilization scores. The responsibilities and activities pediatricians perceived would be delegated to a PCNS if one were available were ranked and appear in Table 5.

Hospital Administrators

Hospital administrators' overall consistency score was 168 with a mean of 56. The range varied between individual hospital administrators from -12 to 98. There was a possible mean score of 372 and a possible mean of 124 if each hospital administrator perceived each activity to be totally consistent with the role of the PCNS.

A t -score was utilized to compare the actual means with the possible positive means in order to determine if there was any statistically significant difference between the expectations and perceptions of the hospital administrators and the literatures' description of the role of the PCNS. It was also used to answer the question "What are the expectations and perceptions of hospital administrators toward the role of the PCNS?"

The results of the "t" test (Table 7) indicates there was a statistically significant difference ($p = .025$) between hospital administrators' perceptions of the role and the literature's description.

TABLE 7
HOSPITAL ADMINISTRATORS' PERCEPTION
OF CONSISTENCY

Activity	Possible Positive Score	Actual Score	Possible Mean	Actual Mean
Inpatient Physical Care	78	33	26	11
Inpatient Change Agent	30	17	10	5.67
Inpatient Teaching	60	39	20	13
Inpatient Consultation	30	14	10	4.67
Inpatient Behavioral Model	12	7	4	2.33
Inpatient Research	18	10	6	3.33
Outpatient Physical Care	36	-9	12	-3
Outpatient Change Agent	30	11	10	3.67
Outpatient Teaching	30	22	10	7.33
Outpatient Consultation	18	11	6	3.67

TABLE 7

(continued)

Outpatient Behavioral Model	12	6	4	2
Outpatient Research	18	7	6	2.34

$t = 2.50$
 $df = 22.00$
 $p = .025$ level

Perceived utilization of a PCNS in each of the categories of activities is shown in Table 8.

TABLE 8

HOSPITAL ADMINISTRATORS' PERCEPTION
OF UTILIZATION

Activity	Possible Positive Score	Score	Possible Positive Mean	Actual Mean
Inpatient Physical Care	78	23	26	7.67
Inpatient Change Agent	30	16	10	3.33
Inpatient Teaching	60	25	20	6.67
Inpatient Consultation	30	-6	10	3.33

TABLE 8
(continued)

Inpatient Behavioral Model	12	3	4	1.33
Inpatient Research	18	-4	6	2
Outpatient Physical Care	36	-9	12	-3
Outpatient Change Agent	30	-6	10	-2
Outpatient Teaching	30	+1	10	.33
Outpatient Consultation	18	-3	6	2
Outpatient Behavioral Model	12	-2	4	1.33
Outpatient Research	18	-4	6	2

The overall possible positive mean for perceived utilization of the PCNS by hospital administrators was 372. The possible positive mean was 124. The actual score was 34 and the actual mean was 11.33. This is illustrated in Table 9.

TABLE 9
HOSPITAL ADMINISTRATORS' OVERALL
PERCEIVED UTILIZATION

Possible Positive Score	Actual Score	Possible Positive Mean	Actual Mean
372	34	124	11.33

Each activity was ranked for perceived utilization by subtracting the actual mean from the possible positive mean and ranking the difference from lowest to highest. The hospital administrators indicated they would utilize the PCNS for the activities listed at the top more readily than the activities listed below. (Table 10)

TABLE 10
HOSPITAL ADMINISTRATORS'
UTILIZATION SCALE

Rank	Activity	Difference Between Possible Positive Mean And Actual Mean
1	Inpatient Behavioral Model	2.67
	Outpatient Behavioral Model	2.67
2	Inpatient Research	4.00
	Outpatient Research	4.00
	Outpatient Consultation	4.00
3	Inpatient Consultation	6.67
	Outpatient Consultation	6.67
4	Outpatient Teaching	9.67
5	Outpatient Change Agent	12.00
6	Inpatient Teaching	13.33
7	Outpatient Physical Care	15.00
8	Inpatient Physical Care	18.33

The t -score was utilized to find the difference between the means of the hospital administrators' consistency scores and perceived utilization scores. The t -score indicated no statistically significant difference existed between the two.

TABLE 11
HOSPITAL ADMINISTRATORS' CONSISTENCY
VS. UTILIZATION

Activity	"t"	df	Significance
Inpatient Physical Care	0.00	4	NS
Inpatient Change Agent	0.09	4	NS
Inpatient Teaching	0.63	4	NS
Inpatient Consultation	.89	4	NS
Inpatient Behavioral Model	.85	4	NS
Inpatient Research	1.33	4	NS
Outpatient Physical Care	0.00	4	NS
Outpatient Change Agent	.83	4	NS

TABLE 11
(continued)

Outpatient Teaching	1.30	4	NS
Outpatient Consultation	1.09	4	NS
Outpatient Behavioral Model	.85	4	NS
Outpatient Research	.87	4	NS

In summary, there was a statistically significant difference ($p = .025$) between hospital administrators' perception of the role of the PCNS and the literature's description of the role. However, there was no statistically significant difference between hospital administrators' consistency scores and their utilization scores. Activities and responsibilities were ranked according to hospital administrators' indications of perceived utilization if a PCNS were available. These activities and their ranks are found in Table 10.

Registered Nurses

Registered nurses had an overall consistency score of 1597 with a mean of 93.94. The range varied from 58 to 122. There was a

possible score of 2108 and a mean of 124 if each nurse perceived each activity as consistent with the role of the PCNS.

A t -score was calculated to determine if there was any statistically significant difference between RNs' expectations and perceptions of the role and the literature's description of the role. The results of the t -test indicate there was no statistically significant difference between the two. Table 12 presents the consistency scores of the RN's. Comparison of the actual mean and the possible mean utilizing the t -test is also presented.

TABLE 12
REGISTERED NURSES' CONSISTENCY SCORES

Activity	Possible Score	Actual Score	Possible Mean	Actual Mean
Inpatient Physical Care	442	347	26	20.41
Inpatient Change Agent	170	102	10	6.0
Inpatient Teaching	340	274	20	16.12
Inpatient Consultation	170	131	10	7.71
Inpatient Behavioral Model	68	56	4	3.29
Inpatient Research	102	65	6	3.82

TABLE 12

(continued)

Outpatient Physical Care	204	157	12	9.24
Outpatient Change Agent	170	107	10	6.29
Outpatient Teaching	170	153	10	9.0
Outpatient Consultation	102	78	6	4.59
Outpatient Behavioral Model	68	58	4	3.41
Outpatient Research	102	69	6	4.06

t = -1.02

df = 22.00

Not significant

Perceived utilization of a PCNS in the activities described under each category is shown in Table 13. One RN did not complete this section of the questionnaire.

TABLE 13
REGISTERED NURSES' PERCEPTION OF
UTILIZATION

Activity	Possible Positive Score	Actual Score	Possible Positive Mean	Actual Mean
Inpatient Physical Care	416	308	26	19.25
Inpatient Change Agent	160	80	10	5.0
Inpatient Teaching	310	245	20	15.31
Inpatient Consultation	160	111	10	6.94
Inpatient Behavioral Model	64	48	4	3.0
Inpatient Research	96	59	6	3.69
Outpatient Physical Care	192	145	12	9.06
Outpatient Change Agent	160	90	10	5.63
Outpatient Teaching	160	134	10	8.38
Outpatient Consultation	96	73	6	4.56
Outpatient Behavioral Model	64	49	4	3.06
Outpatient Research	96	51	6	3.19

The overall possible positive score for RN's as far as perceived utilization was 1984. The actual total score was 1393. The possible mean was 124. The actual mean was 87.06 as shown in Table 14.

TABLE 14
REGISTERED NURSES' OVERALL
PERCEIVED UTILIZATION

Overall Perceived Utilization of Role of PCNS	Possible Positive Score	Actual Score	Possible Positive Mean	Actual Mean
R. N.	1984	1393	124	87.06

Each activity was ranked according to the order of perceived utilization by registered nurses. This was done by subtracting the actual mean from the possible positive mean and ranking the difference from lowest to highest as shown in Table 15.

TABLE 15
REGISTERED NURSES' RANK OF UTILIZATION

Rank	Activity	Difference Between Possible Positive Mean and Actual Mean
1	Outpatient Behavioral Model	.94
2	Inpatient Behavioral Model	1.00
3	Outpatient Consultation	1.44
4	Outpatient Teaching	1.62
5	Inpatient Research	2.31
6	Outpatient Research	2.81
7	Outpatient Physical Care	2.94
8	Inpatient Consultation	3.06
9	Outpatient Change Agent	4.37
10	Inpatient Teaching	4.65
11	Inpatient Change Agent	5.00
12	Inpatient Physical Care	6.75

Utilizing the t -test, no significant differences were found between the consistency and perceived utilization scores as shown in Table 16.

TABLE 16
CONSISTENCY VS. UTILIZATION FOR RN'S

Activity	"t"	df	Significance
Inpatient Physical Care	.69	31	Not significant
Inpatient Change Agent	.89	31	Not significant
Inpatient Teaching	.80	31	Not significant
Inpatient Consultation	.91	31	Not significant
Inpatient Behavioral Model	.96	31	Not significant
Inpatient Research	.22	31	Not significant
Outpatient Physical Care	.15	31	Not Significant
Outpatient Change Agent	.55	31	Not Significant
Outpatient Teaching	.94	31	Not Significant
Outpatient Consultation	.04	31	Not Significant
Outpatient Behavioral Model	.89	31	Not Significant
Outpatient Research	.97	31	Not Significant

The results indicate that there was no statistically significant difference between registered nurses' expectations toward and perceptions of the role of the PCNS and the literature's description of the role. There was also no statistically significant difference between the RNs' consistency scores and their perceived utilization scores. Activities and responsibilities of the PCNS were ranked according to registered nurses' perceived utilization scores. This was shown in Table 15.

General Practitioners

The sample of three general practitioners was not representative of the population. Two were military physicians working only in pediatrics and their sponsoring hospital was not accounted for in the setting. The other physician was in private practice. All three general practitioners were below 35. There was, however, an older appearing age population of general practitioners in the community that was not represented.

No statistical analysis was calculated for the unrepresentative sample of general practitioners nor were any intraprofessional comparisons made utilizing their scores. The raw scores from these

physicians' questionnaires concerning "consistency" are presented in Table 17.

TABLE 17
GENERAL PRACTITIONERS' CONSISTENCY SCORES

Activity	Possible Score	Actual Score	Possible Mean	Actual Mean
Inpatient Physical Care	78	15	26	5
Inpatient Change Agent	30	14	10	4.67
Inpatient Teaching	60	28	20	9.33
Inpatient Consultation	30	13	10	4.33
Inpatient Behavioral Model	12	9	4	3
Inpatient Research	18	6	6	2
Outpatient Physical Care	36	-2	12	- .67
Outpatient Change Agent	30	10	10	3.33
Outpatient Teaching	30	8	10	2.67

TABLE 17
(continued)

Outpatient Consultation	18	5	6	1.67
Outpatient Behavioral Model	12	4	4	1.34
Outpatient Research	18	0	6	0

Table 18 shows the raw scores for perceived utilization of three general practitioners.

TABLE 18
GENERAL PRACTITIONERS' PERCEPTION OF
UTILIZATION

Activity	Possible Score	Actual Score	Possible Mean	Actual Mean
Inpatient Physical Care	78	- 4	26	-1.33
Inpatient Change Agent	30	3	10	1
Inpatient Teaching	60	8	20	2.67
Inpatient Consultation	30	- 1	10	- .33

TABLE 18

(continued)

Inpatient Behavioral Model	12	3	4	1
Inpatient Research	18	- 1	6	- .33
Outpatient Physical Care	36	-16	12	-5.33
Outpatient Change Agent	30	2	10	.67
Outpatient Teaching	30	- 5	10	1.67
Outpatient Consultation	18	- 3	6	- 1
Outpatient Behavioral Model	12	- 1	4	- .33
Outpatient Research	18	- 6	6	- 2

Intraprofessional Comparison

An intraprofessional comparison was made in order to determine if there was any statistically significant difference between the pediatricians', hospital administrators', and registered nurses' expectations toward and perceptions of the role of the PCNS. Table 19 illustrates the intraprofessional comparison of overall consistency scores.

Pediatricians had a higher mean than the other two groups of professionals indicating that pediatricians viewed the role overall in closer accord with the literature's description of the role of the PCNS. A mean of 126 would indicate that each person of the individual group perceived the role of the PCNS exactly as the literature described the role.

TABLE 19
INTRAPROFESSIONAL COMPARISON OF
CONSISTENCY SCORES

Group	Range	Mean	Possible Mean
Pediatricians	60-124	97	124
R.N.'s	58-122	93.94	124
Hospital Administrators	-12-98	56	124

In order to make a more distinct intraprofessional comparison, the scores were broken down into specific groups of activities. As far as inpatient activities, inpatient physical care was the only category where there was a statistically significant intraprofessional difference in consistency scores. No statistically significant difference existed

between pediatricians and RN's, or pediatricians and hospital administrators. There was, however, a statistically significant difference between the RN's and hospital administrators' consistency scores ($p=.005$). This is shown in Table 20.

TABLE 20
INTRAPROFESSIONAL COMPARISON OF INPATIENT
PHYSICAL CARE CONSISTENCY SCORES

Group	"t"	df	Significance
Pediatrician versus R. N.	-1.29	23	Not significant
Pediatrician versus Hospital Administrator	1.60	9	Not significant
R. N. versus Hospital Administrator	3.88	18	Significant ($p=.005$)

Statistically significant differences did not exist between the professional groups concerning inpatient teaching as shown in Table 21.

TABLE 21
INTRAPROFESSIONAL COMPARISON OF INPATIENT
TEACHING CONSISTENCY SCORES

Group	"t"	df	Significance
Pediatrician versus R. N.	1.47	23.00	Not significant
Pediatrician versus Hospital Administrator	1.42	9.00	Not significant
R. N. versus Hospital Administrator	1.21	18.00	Not significant

Intraprofessional comparison of inpatient consultation scores yielded no statistically significant differences between groups. This is shown in Table 22.

TABLE 22
INTRAPROFESSIONAL COMPARISON OF INPATIENT
CONSULTATION CONSISTENCY SCORES

Group	"t"	df	Significance
Pediatrician versus R.N.	.41	23.0	Not significant
Pediatrician versus Hospital Administrator	1.13	9.0	Not significant
R. N. versus Hospital Administrator	1.36	18.0	Not significant

The comparison of professionals' scores concerning the inpatient "behavioral model" activities for the PCNS also did not indicate major differences intraprofessionally as indicated in Table 23.

TABLE 23
INTRAPROFESSIONAL COMPARISON OF INPATIENT
BEHAVIORAL MODEL CONSISTENCY SCORES

Group	"t"	df	Significance
Pediatrician versus R. N.	-0.02	23.00	Not significant
Pediatrician versus Hospital Administrator	1.80	9.00	Not significant
R. N. versus Hospital Administrator	1.11	18.00	Not significant

Pediatricians', RNs' and hospital administrators' consistency scores of the inpatient research activities were compared. No statistically significant differences were yielded. This is shown in Table 24.

TABLE 24
INTRAPROFESSIONAL COMPARISON OF INPATIENT
RESEARCH CONSISTENCY SCORES

Group	"t"	df	Significance
Pediatrician versus R. N.	1.34	23.00	Not significant
Pediatrician versus Hospital Administrator	1.30	9.00	Not significant
R. N. versus Hospital Administrator	.41	18.00	Not significant

In summary, the intraprofessional comparison indicated only one statistically significant difference existed between the groups concerning their perceptions of the inpatient role of the PCNS. This difference lies in the area of inpatient physical care. RN's and hospital administrators showed a statistically significant discrepancy ($p=.005$) between their perceptions of the appropriateness of these activities with the role of the PCNS. The "mean" was higher for the RN's than the other professionals indicating the RN's perceptions of the role (concerning inpatient physical care activities) showed a closer approximation to

the literature's description than either the pediatricians or hospital administrators. This is shown in Table 25.

TABLE 25
INTRAPROFESSIONAL COMPARISON TO THE
LITERATURE CONCERNING INPATIENT
PHYSICAL CARE ACTIVITIES

Group	Actual Mean	Possible Mean if Total Agreement With Literature
R.N.'s	20.41	26
Pediatricians	16.87	26
Hospital Administrators	11.00	26

There were several statistically significant differences between professional groups concerning the outpatient role of the PCNS. In the area of physical care, hospital administrators differed significantly from pediatricians ($p=.025$) and registered nurses ($p=.005$). This is shown on Table 26.

TABLE 26
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT PHYSICAL CARE SCORES

Groups	"t"	df	Significance
Pediatricians versus R. N.'s	- .97	23	Not significant
Pediatricians versus Hospital Administrators	2.42	9	Significant .025 level
Hospital Administrators versus R. N.'s	3.97	18	Significant .005 level

Pediatricians differed significantly from registered nurses ($p=.025$) and hospital administrators ($p=.05$) concerning outpatient change agent activities that were consistent with the role of the PCNS. This is shown in Table 27.

TABLE 27
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT CHANGE AGENT
SCORES

Groups	"t"	df	Significance
Pediatrician versus R. N.	1.96	23.00	Significant .025
Pediatrician versus Hospital Administrator	1.98	9.00	Significant .05
R. N. versus Hospital Administrator	1.02	18.00	Not significant

In the area of outpatient teaching, pediatricians again showed a statistically significant difference between their scores and registered nurses' scores ($p=.005$). Hospital administrators did not differ significantly from either of the other professional groups regarding consistency of the outpatient teaching activities with the PCNS's role. This is shown in Table 28.

TABLE 28
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT TEACHING SCORES

Groups	"t"	df	Significance
Pediatrician versus R. N.	-2.86	23	Significance .005
Pediatrician versus Hospital Administrator	-0.50	9	Not significant
R. N. versus Hospital Administrator	1.50	18	Not significant

Registered nurses' "mean" concerning outpatient physical care was closer to the possible "mean" than either of the other groups. This indicates that registered nurses' perceptions regarding outpatient physical care activities of the PCNS were closer to the literature's description of the role in this area. This is shown in Table 29.

TABLE 29
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT PHYSICAL CARE SCORES

Groups	Possible Mean	Actual Mean
Pediatricians	12	7.625
R. N.'s	12	9.06
Hospital Administrators	12	-3.00

There were no statistically significant intraprofessional differences in the area of outpatient consultation as shown in Table 30.

TABLE 30
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT CONSULTATION SCORES

Groups	"t"	df	Significance
Pediatrician versus R. N.	0.22	23	Not significant
Pediatrician versus Hospital Administrator	0.68	9	Not significant
R. N. versus Hospital Administrator	0.69	18	Not significant

The outpatient behavioral model scores indicated no statistically significant differences between pediatricians, hospital administrators or registered nurses. This is shown in Table 31.

TABLE 31
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT BEHAVIORAL
MODEL SCORES

Groups	"t"	df	Significance
Pediatrician versus R. N.	.68	22.00	Not significant
Pediatrician versus Hospital Administrator	1.34	8.00	Not significant
R. N. versus Hospital Administrator	1.47	18.00	Not significant

Pediatricians viewed outpatient change agent activities of the PCNS more consistently with the literature's description than either of the other groups. Registered nurses and hospital administrators both showed more discrepancy between their perceptions and the literature's description. This is shown in Table 32.

TABLE 32
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT CHANGE
AGENT SCORES

Groups	Possible Mean	Actual Mean
Pediatricians	10	8.5
Registered Nurses	10	5.63
Hospital Administrators	10	3.67

Pediatricians also showed greater consistency with the literature concerning outpatient teaching activities of the PCNS. This is shown in Table 33.

TABLE 33
INTRAPROFESSIONAL COMPARISON OF
OUTPATIENT TEACHING
ACTIVITIES

Group	Possible Mean	Actual Mean
Pediatricians	10	8.5
Registered Nurses	10	8.38
Hospital Administrators	10	7.33

Intervening Variables

A correlation utilizing Pearson r was calculated to determine if there was any relationship between age and scores on the questionnaire or between years of professional experience and scores. Table 34 presents the two variables and the results of the correlations for pediatricians. No statistical correlation existed.

TABLE 34
CORRELATION BETWEEN AGE AND SCORES AND
YEARS OF EXPERIENCE AND SCORES
FOR PEDIATRICIANS

Pediatricians	Age	Years of Professional Experience	Consistent Scores	Utilize Scores
1	32	6	102	101
2	46	15	102	107
3	30	5	103	99
4	40	15	73	71
5	41	15	60	53
6	42	8	101	95
7	32	6	124	No Return
8	46	12	111	88

Age vs. consistent: $r_{xy} = 0.2489$

Age vs. utilize: $r_{xy} = 0.1673$

Experience vs. consistent: $r_{xy} = 0.6492$

Experience vs. utilize: $r_{xy} = 0.4607$

Registered nurses' scores were not correlated to either age or years of professional service using the Pearson r . This is shown in Table 35.

TABLE 35
CORRELATION BETWEEN AGE AND SCORES AND
YEARS OF EXPERIENCE AND SCORES
FOR REGISTERED NURSES

Registered Nurses	Age	Years of Professional Experience	Consistent Scores	Utilize Scores
1	24	2	122	111
2	24	3	118	118
3	26	5	59	48
4	22	1	82	72
5	33	12	77	92
6	37	16	74	70
7	30	9	114	80
8	24	2	112	112
9	35	14	104	104
10	22	1	58	57
11	23	1	92	*

TABLE 35

(continued)

12	38	6	109	86
13	24	1	86	54
14	24	1	106	108
15	33	13	97	95
16	27	7	75	75
17	36	9	112	111

*Did not complete utilize portion of questionnaire.

Age vs. consistent score: $r_{xy} = 0.06518$

Age vs. utilize: $r_{xy} = 0.4762$

Years of Experience vs. consistent: $r_{xy} = 0.0381$

Years of Experience vs. utilize: $r_{xy} = 0.0706$

Because of the small sample size, it would be difficult to conclude if age or years of professional experience were or were not actually correlated to scores of the hospital administrators. The results, however, are shown in Table 36.

TABLE 36
CORRELATION BETWEEN AGE AND SCORES AND
YEARS OF EXPERIENCE AND SCORES FOR
HOSPITAL ADMINISTRATORS

Hospital Administrators	Age	Years of Professional Experience	Consistent Scores	Utilize Scores
1	34	5	-12	- 36
2	46	23	82	- 28
3	42	18	98	+98

Age vs. consistent: $r_{xy} = 0.8922$
Age vs. utilize: $r_{xy} = 0.2410$

Experience vs. consistent: $r_{xy} = 0.9400$
Experience vs. utilize: $r_{xy} = 0.7432$

A correlation between sex and scores could not be determined since all the nurses in the sample were female and all the physicians and hospital administrators were male.

A calculation r_{pb} was utilized to determine if a relationship existed between previous working experience with the expanded role of the nurse and scores on the questionnaires. A correlation between area of socialization and scores was also determined utilizing r_{pb} .

The state of each person's professional schooling was used as the "area of socialization" for the purposes of this study. These states ranged from Texas to Australia for registered nurses, California to Illinois for hospital administrators and South Carolina to Colorado for pediatricians. Because of the wide range of states and the small sample size of each professional group, the true effect of the "area of socialization" could not be completely assessed. A test utilizing χ^2 and the categories of "Texas" and "other than Texas" (0) was calculated for statistical purposes.

Table 37 gives the results of the registered nurses' correlations utilizing χ^2 . No correlation existed between previous experience with a nurse in the expanded role and scores on the questionnaire or between "area of socialization" and scores.

TABLE 37
 REGISTERED NURSES' SCORES CORRELATED WITH "AREA
 OF SOCIALIZATION" AND PREVIOUS EXPERIENCE
 WITH A NURSE IN THE EXPANDED ROLE

RN's	Previous Experience	"Area of Socialization"	Consistent Scores	Utilize Scores
1	No	0	122	111
2	Yes	Texas	118	118
3	No	Texas	59	48
4	No	Texas	82	72
5	No	0	77	92
6	No	Texas	74	70
7	No	0	114	80
8	No	Texas	112	112
9	Yes	Texas	104	104
10	No	Texas	58	57
11	No	Texas	92	**
12	No	*	109	86
13	No	Texas	86	54
14	No	0	106	108

TABLE 37
(continued)

15	Yes	0	97	95
16	No	0	75	75
17	No	0	112	111

*Did not indicate.

** Did not complete utilize section.

Previous experience with expanded role vs. no previous experience
consistent $r_{pb} = .2894$

Previous experience with expanded role vs. no previous experience
utilize $r_{pb} = .4054$

Texas vs. "other" consistent $r_{pb} = 0.3270$

Texas vs. "other" utilize $r_{pb} = 0.3643$

There was no correlation between pediatricians' scores and "area of socialization" or between scores and previous working experience with a nurse in the expanded role. This is shown in Table 38.

TABLE 38
 PEDIATRICIANS' SCORES CORRELATED WITH "AREA
 OF SOCIALIZATION" AND PREVIOUS EXPERIENCE
 WITH THE EXPANDED ROLE OF THE NURSE

Pediatrician	Previous Experience	"Area of Socialization"	Consistent Scores	Utilize Scores
1	Yes	0	102	101
2	No	Texas	102	107
3	Yes	0	103	99
4	No	0	73	71
5	Yes	0	60	53
6	Yes	0	101	95
7	Yes	Texas	124	*
8	Yes	0	111	88

*Did not complete

Previous experience vs. no experience utilize score $r_{pb} = .0937$

Previous experience vs. no experience consistent score $r_{pb} = .2845$

Texas vs. "other" consistent $r_{pb} = 0.4791$

Texas vs. "other" utilize $r_{pb} = .4428$

None of the hospital administrators indicated they had previously worked with a nurse in the extended role; therefore no correlation

could be examined. Neither could a correlation be tested between "area of socialization" and scores because of the extremely small sample size (N-3) and the variety of areas represented.

Discussion

There were many intraprofessional differences in expectations and perceptions of the role of the PCNS. More statistically significant differences were yielded regarding the outpatient activities of the PCNS rather than the inpatient activities. Physical care was the only inpatient area where the professionals had a statistically significant difference in viewpoints. In the outpatient area, differences were found concerning physical care, change agent and teaching activities.

The fact that discrepancies do exist between professionals' expectations of the role and the fact that utilization and consistency scores did not differ significantly may indicate that communication and clarification concerning the role of the PCNS are needed.

The physical care (either inpatient or outpatient) was not viewed by any professional group as the primary activity or responsibility of the PCNS. Instead "behavioral model" was indicated by all the professional groups to be the activity that was most appropriate to the pediatric clinical nurse specialist's job. This information again may signify that clarification of the role is needed.

Chapter V deals with a summary of this investigation. Conclusions are stated and implications are drawn. Recommendations based on the results of this study concerning further research are made.

CHAPTER V

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

A descriptive, non-experimental survey was undertaken to answer the problems: What are the expectations and perceptions of pediatricians, general practitioners, registered nurses and hospital administrators toward the role of the pediatric clinical nurse specialist?

The setting was a single Central Texas county and the population included the pediatricians, general practitioners, registered nurses and hospital administrators in the area. A representative sample of eight pediatricians, seventeen registered nurses and three hospital administrators was obtained. A sample of three general practitioners was obtained but was not representative of the population. Therefore, the score of this group was presented but no statistical analysis or intraprofessional comparisons were made.

A questionnaire based on the literature's description of the role of the PCNS was developed by the investigator for the collection of data.

The questionnaire included six categories of activities and responsibilities in the inpatient setting and six categories in the outpatient setting. The participant was asked to read each activity and indicate, utilizing the two Likert scales, whether (a) the activity was consistent or inconsistent with the role of the PCNS, and (b) whether the participant would or would not utilize the PCNS for that activity if a PCNS were available.

The results of the questionnaire were tabulated to determine (a) the expectations and perceptions of pediatricians, registered nurses and hospital administrators toward the role of the PCNS; (b) the perceived utilization of the role of the PCNS by each professional group, and (c) how the conceptual references of the pediatricians, registered nurses and hospital administrators compared with the literature's description of the role and (d) any similarities and differences between the pediatricians', general practitioners', registered nurses' and hospital administrators' viewpoints.

Statistical analysis of the results were calculated by utilizing the t -test, r point biserial (r_{pb}) and Pearson r .

Conclusions

The results of this study indicate:

1. Pediatricians' overall expectations toward and perceptions of the role of the PCNS were more consistent with the literature's description of the role than either of the other professional groups investigated.

2. Registered nurses' overall expectations toward and perceptions of the role of the PCNS were less consistent with the literature's description than the pediatricians but more consistent than the hospital administrators.

3. Hospital administrators' expectations toward and perceptions of the role of the PCNS were the least consistent with the literature's description than any of the other professional groups.

4. Pediatricians indicated they perceived utilization for the PCNS to be in the following activities and responsibilities in the order in which they are numbered.

- 1) inpatient behavioral model
- 2) outpatient behavioral model
- 3) outpatient consultation
- inpatient research

- 4) outpatient change agent
- 5) inpatient change agent
inpatient teaching
- 6) outpatient teaching
outpatient consultation
- 7) outpatient research
- 8) outpatient physical care
- 9) inpatient physical care

5. Registered nurses indicated they perceived utilization for the PCNS to be in the following activities and responsibilities in the order in which they are numbered.

- 1) outpatient behavioral model
- 2) inpatient behavioral model
- 3) outpatient consultation
- 4) outpatient teaching
- 5) inpatient research
- 6) outpatient research
- 7) outpatient physical care
- 8) inpatient consultation
- 9) outpatient change agent
- 10) inpatient teaching

11) inpatient change agent

12) inpatient physical care

6. Hospital administrators indicated they perceived utilization of the PCNS to be in the following activities and responsibilities in the order in which they are numbered.

1) outpatient behavioral model

inpatient behavioral model

2) outpatient research

inpatient research

3) inpatient consultation

outpatient change agent

4) outpatient teaching

5) outpatient change agent

6) inpatient teaching

7) outpatient physical care

8) inpatient physical care

7. The conceptual references of the pediatricians, registered nurses, and hospital administrators toward the role of the PCNS were statistically significantly different regarding the following activities and responsibilities.

- a) inpatient physical care: difference between registered nurses and hospital administrators ($p = .005$)
- b) outpatient physical care: difference between pediatricians and hospital administrators ($p = .025$)
difference between hospital administrators and registered nurses ($p = .005$)
- c) outpatient change agent: difference between pediatricians and registered nurses ($p = .025$)
difference between pediatricians and hospital administrators ($p = .05$)
- d) outpatient teaching: difference between pediatricians and registered nurses ($p = .005$)

8. There was no statistically significant correlation between age or years of professional experience and "consistency" scores for any group. Nor was there any statistically significant correlation between previous working experience with a nurse of the expanded role or area of socialization and "consistency" scores.

Implications

Based on the results of this study, there are implications for education, clarification and communication regarding the role of the PCNS.

The fact that the overall perceptions of pediatricians regarding the role of the PCNS were more consistent with the literature's description than were the perceptions of the registered nurses may indicate a need for education concerning the PCNS's role to begin within the nursing profession.

Hospital administrators' perceptions were the least consistent with the literature's description of the role of the PCNS. Clarification among hospital administrators regarding the role may be very necessary since potential positions for a PCNS are often within the hospital setting.

Communication regarding the PCNS's role in physical care activities, outpatient change agent activities and outpatient teaching activities is needed among the professionals represented in this study. Common expectations and perceptions regarding the parameters of responsibilities of the PCNS may help to promote more favorable working conditions for professionals if a position of a PCNS occurs within their organizational setting.

Recommendations

Recommendations for further study are:

1. A similar study including all of Texas and utilizing the same questionnaire to determine the expectations and perceptions of pediatricians, general practitioners, registered nurses and hospital administrators toward the role of the PCNS.
2. A similar study comparing health professionals of Texas with health professionals of other states in regard to their perceptions of the PCNS's role and their perceived utilization of the role.
3. A study to determine the expectations and perceptions of health professionals and the public regarding the role of the registered nurse.
4. A study to determine patients' satisfaction when given care by a PCNS.
5. A study to determine the financial impact of the role of a PCNS within a private practice setting.
6. A study to determine the financial impact of the role of a PCNS within a hospital setting.

APPENDIX A
QUESTIONNAIRE
VERBAL CONSENT FORM (B)
SOURCES OF STATEMENTS OF QUESTIONNAIRE

June 20, 1977

Jacqueline Sanner, Graduate Student
Texas Woman's University

Dear Participant:

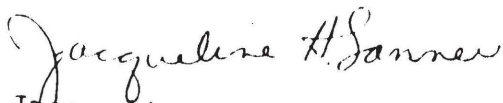
In partial fulfillment of the requirements leading to a Master of Science degree from the Texas Woman's University, I am doing research concerning the role of the pediatric clinical nurse specialist.

This study is designed to measure expectations of and perceptions toward the role of the pediatric nurse clinical specialist (PCNS). The American Nurses Association defined the pediatric clinical nurse specialist as having her masters degree or above in nursing and a "high degree of knowledge, skill, and competence" in pediatric nursing. The pediatric nurse clinical specialist is "directly available to the public" through direct nursing care to clients and "indirectly available through guidance and planning of care with other nursing personnel" (ANA's Congress for Nursing Practice, 1974).

Your opinions concerning the role of the pediatric clinical nurse specialist are of great value and I am grateful to you for your help by filling out the attached questionnaire. No names may be written on the form and there will be no means of identifying which information is yours. A permission form is included and this must be signed before the information you have given may be used as part of the final results. The permission form is for protection of your rights in participating in this study.

Again, I thank you for your valuable time in filling out the questionnaire.

Sincerely,


Jacqueline H. Sanner

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

Consent to Act as a Subject for Research and Investigation:

I have received an oral description of this study, including a fair explanation of the procedures and their purpose, any associated discomforts or risks, and a description of the possible benefits. An offer has been made to me to answer all questions about the study. I understand that my name will not be used in any release of the data and that I am free to withdraw at any time.

Signature

Date

Witness

Date

Certification by Person Explaining the Study:

This is to certify that I have fully informed and explained to the above named person a description of the listed elements of informed consent.

Signature

Date

Position

Witness

Date

DEMOGRAPHIC DATA

1. Sex: Female____ Male ____
(please check)
2. Age: _____
3. Profession: Pediatrician _____
General
Practitioner_____
Registered
Nurse _____
Hospital
Administrator_____
4. What area of the country have you spent most of your life; i.e.,
(Northeast, South, Midwest, etc.) _____

Primarily, which state or states _____
5. Have you ever worked with a pediatric nurse practitioner (yes, no)
pediatric nurse associate (yes, no); or pediatric clinical
nurse specialist (yes, no) in the past?
(Please circle yes or no for each one.)

Registered nurses - please answer #6.

Hospital administrator's please answer #7

M.D.'s please answer #8

6. a. If you are a registered nurse, please indicate the type of
nursing education you received and how many years of
experience you have had in nursing.

Diploma school (3 years)	_____	(indicate major)	_____
Associate degree (2 years)	_____	(indicate major)	_____
B.S. or B.S.N.	_____	(indicate major)	_____
Master's Degree	_____	(indicate major)	_____
		School and Place	_____
Ph.D.	_____	(indicate major)	_____
		School and place	_____
- b. Years and months of
experience as a registered
nurse _____
- c. Geographic area of most of your experience _____
- d. Nursing school name and place _____

DEMOGRAPHIC DATA (page 2)

7. If you are a Hospital Administrator, please indicate if you are also a physician or a registered nurse _____
Also, fill out either question 6 or 8 accordingly.

Where did you receive your undergraduate degree
(School and place) _____

What type of degree (B.S., B.A., associate) _____

Do you have a post-graduate degree _____
(Indicate type of degree, major, school and place

In what type of agency are you an administrator?

Public Health Agency _____

Hospital _____

Outpatient Clinic _____

How many years of experience have you had? _____

Area of country of most of your experience (city and
states) _____

8. If you are a physician, please indicate your specialty area
(i.e., pediatrics, general medicine, etc.) _____

Do you have a sub-specialty? Yes _____ No _____

If so, please indicate what? (i.e., pediatric gastroenter-
ology) _____

Where did you receive your undergraduate education?
(School and place) _____

Where did you attend medical school?
(School and place) _____

Where did you do your internship?
(Hospital and place) _____

Was it rotating or straight? If straight, indicate service.

Have you done a residency? Yes _____ No _____

What specialty? _____

How many years _____

Hospital and place _____

DEMOGRAPHIC DATA (page 3)

Are you in private practice or a hospital setting?

Indicate years of professional experience since medical school.

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Physical Care Activities (Pediatric Ward)</u>										
1. Defines nursing problems designs nursing care plans, writes nursing orders. Assumes responsibility for the nursing care of the patient and holds herself accountable to the patient and the institution	a	b	c	d	e	a	b	c	d	e
2. Utilizes physical assess- ment (hx., physical exam) in order to identify prob- lems and develop a nursing care plan based on these problems	a	b	c	d	e	a	b	c	d	e
3. Has authority to direct nursing staff in implementation of planned nursing care by writing nursing orders	a	b	c	d	e	a	b	c	d	e

(1)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Physical Care Activities (Pediatric Ward)</u>										
4. Takes "whole child" into account. Plans care based on child's physical, emotional, developmental, intellectual, and social needs.	a	b	c	d	e	a	b	c	d	e
5. Is skilled in the physical care of children	a	b	c	d	e	a	b	c	d	e
6. Collaborates with the patient, his family, and other professionals in establishing short and long-term goals for the patient	a	b	c	d	e	a	b	c	d	e
7. Evaluates nursing care and modifies care plan accordingly	a	b	c	d	e	a	b	c	d	e

(2)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Physical Care Activities (Newborn Nursery</u>										
1. Does newborn physical examination of normal term infants and includes Dubowitz scoring. Notifies physician of abnormalities such as heart murmur	a	b	c	d	e	a	b	c	d	e
2. Orders appropriate laboratory tests in newborn nursery such as bilirubin, Hct., Hmgl., and chest x-rays	a	b	c	d	e	a	b	c	d	e
3. Gives anticipatory guidance to new parents based on the physical examination of their child	a	b	c	d	e	a	b	c	d	e
4. Does discharge physical examination	a	b	c	d	e	a	b	c	d	e

(3)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Physical Care Activities (Newborn Intensive Care Nursery</u> 1. Plans nursing care of infants with complicated problems in the intensive care nursery based on their physical, develop- mental, intellectual, and social needs (stimulation etc.). Writes nursing orders accordingly. 2. Identifies and works toward solving needs of the family of an inten- sive nursery patient, i.e. maternal-infant relation- ship (bonding), paternal- infant relationship, possible crisis interven- tion, grief, and grieving, etc.	a	b	c	d	e	a	b	c	d	e
	a	b	c	d	e	a	b	c	d	e

(4)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Change-Agent Activities</u>										
1. Sets, evaluates, and re-evaluates standards of clinical nursing practice on the unit. Communicates these standards to nursing personnel and over a time, modifies or revises standards as necessary	a	b	c	d	e	a	b	c	d	e
2. Interprets recent innovations and research findings to staff and applies relevant scientific knowledge to nursing practice	a	b	c	d	e	a	b	c	d	e
3. Refines, modifies, and develops nursing techniques, practices, procedures, and materials, as necessary	a	b	c	d	e	a	b	c	d	e

(5)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Change-Agent Activities</u>										
4. Facilitates change within the system concern- ing communication skills	a	b	c	d	e	a	b	c	d	e
5. Understands the prin- ciples of learning and utilizes this to assist patients in making behavioral changes	a	b	c	d	e	a	b	c	d	e
<u>Inpatient Teaching Activities</u>										
1. Identifies learning needs of self and staff	a	b	c	d	e	a	b	c	d	e
2. Improves clinical com- petencies of staff by developing formal inser- vice programs for staff development	a	b	c	d	e	a	b	c	d	e

(9)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Teaching Activities</u>										
3. Communicates both the technical skills and theoretical and scientific basis underlying various treatments of patient care	a	b	c	d	e	a	b	c	d	e
4. Identifies learning needs of patients concerning health maintenance	a	b	c	d	e	a	b	c	d	e
5. Carries out various on going teaching of patients with long-term health problems (such as diabetes, heart disease, cystic fibrosis, etc.)	a	b	c	d	e	a	b	c	d	e
6. Carries out preventative teaching for all patients concerning health	a	b	c	d	e	a	b	c	d	e

(7)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Teaching Activities</u>										
7. Designs teaching methods for children based on an assessment of the child's developmental level, information needs, and ability to understand	a	b	c	d	e	a	b	c	d	e
8. Will often use such techniques as "play" to assess a child's perceptions and anxiety of a situation	a	b	c	d	e	a	b	c	d	e
9. Informally teaches staff by acting as a resource person on ward. Exchange of information is two-way (gives and receives information)	a	b	c	d	e	a	b	c	d	e
10. Teaches staff to problem-solve	a	b	c	d	e	a	b	c	d	e

(8)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Consultation Activities</u>										
1. Serves as an internal source of consultation for physicians, staff nurses, administrators, and selec- ted professionals concern- ing patient care status and problems	a	b	c	d	e	a	b	c	d	e
2. Communicates and in- terprets nursing evalua- tions of infant and child- ren in-patients regarding physical, emotional, in- tellectual, social, and developmental aspects of the child's health	a	b	c	d	e	a	b	c	d	e

(9)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Consultation Activities</u>										
3. Coordinates patient care contributions from other disciplines (social worker, physical therapy, etc.)	a	b	c	d	e	a	b	c	d	e
4. Involves patient, family, and staff in set- ting short and long-term goals for patient	a	b	c	d	e	a	b	c	d	e
5. Participates in crisis intervention for family and patient	a	b	c	d	e	a	b	c	d	e

(10)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Inpatient Behavioral Model</u>										
1. Practices skilled nursing care of children	a	b	c	d	e	a	b	c	d	e
2. Demonstrates an in-depth knowledge of growth and development, physical, emotional, intellectual, and social needs of children, thus acting as a role model for other nurses	a	b	c	d	e	a	b	c	d	e
<u>Research Activities</u>										
1. Identifies problems within the organizational system utilizing a research technique	a	b	c	d	e	a	b	c	d	e
2. Identifies problems concerning health standards and practices of the community utilizing a research technique.										

(11)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Research Activities</u>										
2. (continued) Knows limitations and involves other qualified professionals in this process	a	b	c	d	e	a	b	c	d	e
3. Identifies problems concerning nursing care and utilizes a scientific approach to investigate them	a	b	c	d	e	a	b	c	d	e
<u>Outpatient Physical Care Activities</u>										
1. Does well-baby exam- inations at routine inter- vals during child's first year of life. Includes diet counseling, growth and development assess- ment and counseling, safety, and physical care as needed	a	b	c	d	e	a	b	c	d	e

(12)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Physical Care Activities</u>										
2. Distinguishes between normal and abnormal when physically assessing an infant. Knows limitations and refers or consults with physician accordingly	a	b	c	d	e	a	b	c	d	e
3. Orders appropriate and routine laboratory examin- ations such as Hmgl., Hct., urinalysis, sickle cell screening, chest x-rays, etc.	a	b	c	d	e	a	b	c	d	e
4. Does routine well- child physical exams for school and camp physicals	a	b	c	d	e	a	b	c	d	e

(13)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Physical Care Activities</u>										
5. Handles many out- patients with acute minor illnesses such as strep throat, upper respiratory infections, and otitis media. Assess physical status of child. Orders appropriate laboratory tests. Develops plan to meet problems identified. Knows limitations and refers appropriately	a	b	c	d	e	a	b	c	d	e
6. Prescribes medications from an established list of drugs (authorized by the physician and approved by the agency)	a	b	c	d	e	a	b	c	d	e

(14)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Change-Agent Activities</u>										
1. Applies principles of behavioral change to patients who are learning new methods of dealing with health problems	a	b	c	d	e	a	b	c	d	e
2. Establishes standards of clinical nursing practice in the outpatient clinic through evaluation and re-evaluation and communicates these standards to health care personnel	a	b	c	d	e	a	b	c	d	e
3. Interprets recent innovations and research findings to staff; translates relevant scientific knowledge to nursing personnel	a	b	c	d	e	a	b	c	d	e

(15)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Change-Agent Activities</u>										
4. Refines, modifies, and develops nursing tech- niques, materials, and procedures as necessary for child health care	a	b	c	d	e	a	b	c	d	e
5. Facilitates communica- tion skills within the health care system toward the promotion of change	a	b	c	d	e	a	b	c	d	e
<u>Outpatient Teaching Activities</u>										
1. Teaches outpatient group classes such as future parent classes, parenting, etc.	a	b	c	d	e	a	b	c	d	e
2. Does individual patient teaching regarding health maintenance with										

(16)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Teaching Activities</u>										
2. (continued) own caseload of patients and patients referred to her for this purpose. Includes preventive health maintenance	a	b	c	d	e	a	b	c	d	e
3. Does teaching with patients who have long- term health problems such as diabetes, cystic fibrosis, asthma, etc., regarding health maintenance	a	b	c	d	e	a	b	c	d	e
4. Often develops and teaches formal inservice programs for staff	a	b	c	d	e	a	b	c	d	e
5. Acts as an internal source of information for staff concerning the growth and developmental										

(17)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Teaching Activities</u> 5. (continued) needs of children (in- cluding their physical, social, emotional, and intellectual needs)	a	b	c	d	e	a	b	c	d	e
<u>Outpatient Consultation Activities</u> 1. Consults with patient, family, and related pro- fessionals (physicians, nurses, and physical therapists, dietician, etc.) in developing short and long-term goals for patient and establishing a plan to reach these goals	a	b	c	d	e	a	b	c	d	e
2. Consults with parents via the telephone regard- ing children's problems	a	b	c	d	e	a	b	c	d	e

(18)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Consultation Activities</u> 3. Often consults with other agencies (outside hospital) regarding child health needs (i.e., school, public health nurse)	a	b	c	d	e	a	b	c	d	e
<u>Outpatient Behavioral Model</u> 1. Demonstrates an in-depth knowledge of the growth and developmental needs of children (to include physical, social, intellectual and emotional needs)	a	b	c	d	e	a	b	c	d	e
2. Based on scientific principles, facilitates expert nursing care of children, thus acting as a role model	a	b	c	d	e	a	b	c	d	e

(19)

	Very Consistent With the Role	Somewhat Consistent With the Role	Undecided	Not Consistent With the Role	Very Inconsistent With the Role	Very likely to Utilize	Somewhat likely to Utilize	Neutral	Not likely to Utilize	Very unlikely to Utilize
<u>Outpatient Research Activities</u>										
1. Identifies problems within the organizational system utilizing research techniques	a	b	c	d	e	a	b	c	d	e
2. Identifies problems concerning nursing care utilizing a scientific approach	a	b	c	d	e	a	b	c	d	e
3. Identifies problems concerning health standards and practices within the community utilizing a research technique. Knows limitations and involves other qualified personnel (i.e., statistician, demographer, etc.) in this process, as necessary	a	b	c	d	e	a	b	c	d	e

(20)

SOURCES OF STATEMENTS OF QUESTIONNAIRE

The statements of responsibilities and activities concerning the pediatric clinical nurse specialist were derived from sources in the literature. Each statement number, its category and reference source are presented below.

Inpatient Physical Care

1. Activity quoted from the following statement of Georgopoulos and Christman:

"The nurse specialist makes assessments of the nursing needs of patients; formulates nursing care plans, using not only nursing knowledge but also knowledge from the medical, biological and social sciences; writes nursing orders, when appropriate, for the implementation of the nursing plans; and generally directs the provision of nursing care in the patient unit " (Georgopoulos and Christman, 1970, 1034).

No quotation marks were utilized within the questionnaire in order to minimize the Hawthorne effect.

2. Statement modified from article by Silver, Ford and Day (1968).
3. Statement adapted from article by Georgopoulos and Christman (1970).

4. Statement modified from the general information within Child Health Maintenance: Concepts in Family-Centered Care concerning "physical competency", "social competency", "learning and thought" and "inner competency" of a child (Chinn 1974, 26-31).

5. Statement modified from article by Reiter (1961).

6. Statement adapted from article by Georgopoulos and Christman (1970).

7. Statement modified from article by Georgopoulos and Christman (1970).

Inpatient Physical Care Activities (Newborn Nursery)

1. Statement adapted from unpublished paper of Gaber (1976), page 26 and from article by Storms (1976), page 42.

2. Statement modified from article by Storms (1976), page 42.

3. Statement adapted from article by Storms (1976), page 42.

4. Statement adapted from Gaber (1976), page 31.

Inpatient Physical Care Activities (Newborn
Intensive Care Nursery)

1. Statement adapted from article by Georgopoulos and Christman (1970). Also modified from general information within Chinn's Child Health Maintenance: Concepts in Family-Centered Care (Chinn 1976, pp. 1-39, 109-245).

2. Statement adapted from Chapter by Lancaster and Roberts.

Inpatient Change Agent Activities

1. Statement quoted from Georgopoulos and Christman:

"Sets, evaluates and re-evaluates standards of clinical nursing practice for the unit; communicates these standards to the nursing personnel on the unit; and over time, changes standards, as necessary or desirable" (Georgopoulos and Christman 1970, 1034)

No quotation marks were utilized within the questionnaire in order to minimize the Hawthorne effect.

2. Quoted from statement by Georgopoulos and Christman:

"Utilizes teaching and other opportunities to improve the clinical competencies of the nursing staff of the unit; communicates or interprets recent innovations and research findings to the staff; and translates relevant scientific knowledge into nursing practice" (Georgopoulos and Christman 1970, 1034).

No quotation marks were utilized within questionnaire in order to minimize the Hawthorne effect.

3. Statement quoted from Georgopoulos and Christman:

"Introduces nursing practice innovations; refines nursing techniques and procedures; conceptualizes new formats of nursing practice; and modifies, as necessary, particular nursing practices" (Georgopoulos and Christman 1970, 1034).

No quotation marks were utilized within questionnaire in order to minimize the Hawthorne effect.

4. Statement quoted from Aradine and Denyes:

"Facilitate change in clinical communication skills" (Aradine and Denyes 1972, 415).

No quotation marks were utilized within questionnaire in order to minimize the Hawthorne effect.

5. Statement adapted from the general information contained in the article by Reiter (1966) and general information in Biggee (1971).

Inpatient Teaching Activities

1. Statement adapted from article by Reiter (1966) and Aradine and Denyes (1972).

2. Statement adapted from article by Aradine and Denyes (1972) page 415.

3. Adapted from article by Reiter (1966).
4. Adapted from article by Georgopoulos and Christman (1970).
5. Modified from article by Selekman (1977).
6. Modified from article by Storms (1976) and from article by Georgopoulos and Christman (1970).
7. Modified from Child Health Maintenance: Concepts in Family-Centered Care by Chinn (1974).
8. Modified from article by Erikson (1968).
9. Modified from article by Reiter (1966) and from study by Aradine and Denyes (1972).
10. Modified from study by Aradine and Denyes (1972).

Inpatient Consultation Activities

1. Activity quoted from statement made by Doctor Cynthia R. Kinsella in the Journal of Hospital Administration:

"She serves as an internal source of consultation in problems relating to her specialty" (Kinsella 1973).

No quotation marks were utilized within the questionnaire in order to minimize the Hawthorne effect.

2. Statement adapted from the information contained in the article by Wingert (1969), the article by Georgopoulos and Christman (1970), and the general information in Child Health Maintenance: Concepts in Family-

Centered Care written by Peggy L. Chinn (1974).

3. Statement adapted from article by Georgopoulos and Christman (1970), page 1034.

4. Modified from the information contained in the article by Georgopoulos and Christman (1970) and the article by Reiter (1966).

5. Modified from the information contained in study by Aradine and Denyes (1972).

Inpatient Behavioral Model

1. Modified from the information contained in article by Georgopoulos and Christman (1970) and from article by Reiter (1966).

2. Modified from the articles by Reiter (1966); Silver, Ford and Day (1968) and from information concerning "physical competency", "social competency", "learning and thought competency" and "inner competency" (Chinn 1974, pp. 26-31).

Research Activities

1-3 Adapted from the information contained within the articles by Georgopoulos and Christman (1970) and Christman (1971).

Outpatient Physical Care Activities

- 1-2 Modified from information within the article by Silver, Ford and Day (1968).
3. Modified from the general information within the article by Silver (1973) and Silver, Ford and Day (1968).
4. Modified from the general information contained within article by Silver, Ford and Day (1968).
5. Adapted from the general information contained within the articles by Silver, Ford and Day (1968) and Duncan, Smith and Silver (1971).
6. Modified from the information within the unpublished paper of Gaber (1976) page 22.

Outpatient Change Agent

1. Information derived from the general information in the article by Reiter (1966) and book by Biggee (1971).
2. Statement quoted from Georgopoulos and Christman:
 "Sets, evaluates and re-evaluates standards of clinical nursing practice for the unit; communicates these standards to the nursing personnel on the unit; and, over time, changes standards, as necessary or desirable" (Georgopolus and Christman 1970, 1034).

No quotation marks utilized within the questionnaire in order to minimize the Hawthorne effect.

3. Statement quoted from Georgopoulos and Christman:

"Utilized teaching and other opportunities to improve the clinical competencies of the nursing staff of the unit; communicates or interprets recent innovations and research findings to the staff; and translates relevant scientific knowledge into nursing practice" (Georgopoulos and Christman 1970, 1034).

No quotation marks were utilized within the questionnaire in order to minimize the Hawthorne effect.

4. Activity quoted from Georgopoulos and Christman:

"Introduces nursing practice innovations; refines nursing techniques and procedures; conceptualizes new formats of nursing practice; and modifies, as necessary, particular nursing practices" (Georgopoulos and Christman 1970, 1034).

No quotation marks were utilized within the tool in order to minimize the Hawthorne effect.

5. Activity quoted from Aradine and Denyes:

"Facilitates change in clinical communication skills" (Aradine and Denyes 1971, 415).

No quotation marks were utilized within the tool in order to minimize the Hawthorne effect.

Outpatient Teaching Activities

1. Statement modified from the general information contained within the article by Wingert (1969).
2. Statement modified from the general information contained within the article by Georgopoulos and Christman (1970).
3. Statement modified from the general information contained within the article by Selekman (1977), pages 32-35.
4. Statement adapted from study by Aradine and Denyes (1972).
5. Activity quoted from statement made by Kinsella:
 "She serves as an internal source of consultation in problems relating to her specialty" (Kinsella 1973, 135).

No quotation marks were utilized in the questionnaire in order to minimize the Hawthorne effect.

Statement was also modified from the general information contained in the reference concerning "physical competency", "social competency", "learning and thought competency" and "inner competency" (Chinn 1974, 26-31).

Outpatient Consultation

1. Modified from the general information within the article by Georgopoulos and Christman (1970).
2. Modified from the general information within the article by Silver and Duncan (1971), page 333.
3. Modified from the general information contained within the article by Georgopoulos and Christman (1970).

Outpatient Behavioral Model

1. Modified from the general information within the article by Silver, Ford and Day (1968), from the article by Reiter (1966) and from Chinn's discussion of "physical competency", "social competency", "learning and thought competency" and "inner competency" (Chinn 1974, 26-31).
2. Modified from Reiter (1966).

Outpatient Research Activities

- 1-3 Modified from article by Georgopoulos and Christman (1970).

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

PERMISSION OF HUMAN RIGHTS COMMITTEE

TEXAS WOMAN' S UNIVERSITY

AGENCY CONSENT FORMS

TEXAS WOMAN'S UNIVERSITY
DALLAS, TEXAS 75235



COLLEGE OF NURSING

June 20, 1977

Ms. Jacqueline Harris Sanner

Dear Ms. Sanner:

Your prospectus, "Expectations of/and Perceptions Toward the Role of the Pediatric Clinical Nurse Specialist," has been approved by the Human Research Review Sub-committee. A copy of this letter will be forwarded to Dr. Phyllis Bridges, Graduate Dean, by the chairperson of your thesis committee. Also, the prospectus will be forwarded to Dr. Carolyn Rozier, the newly appointed chairperson for the main committee on the Denton Campus. If she has any question she will notify you. In the meantime, proceed with your plans to collect data following the acquisition of agency and/or client permission.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Geri Goosen'.

Geri Goosen, R.N., M.S.
Assistant Professor/Coordinator
Graduate Medical/Surgical Nursing

cc: Dr. Phyllis Bridges

GG:js

OFFICE OF THE ASSOCIATE DEAN
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TEXAS WOMAN'S UNIVERSITY
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DENTON, TEXAS

138

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Dallas, Texas 75235

HOUSTON CENTER
1130 M.D. Anderson Blvd.
Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE -

GRANTS TO

Regina H. H. H.
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem:

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

6-22-77

Signature of Agency Personnel

J. Samson

Signature of student

Mona M. Grants R.N., Ph.D.

Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original -- Student; first copy -- agency; second copy -- T.W.U. College of Nursing.

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COLLEGE OF NURSING
DENTON, TEXAS

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AGENCY PERMISSION FOR CONDUCTING STUDY*

THE

GRANTS TO

Jacqueline Hame

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

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. opt.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date

6/21/77

Signature of Agency Personnel

Jacqueline Hame
Signature of student

Mona M. Counts R.N., Ph.D.
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original -- Student; first copy -- agency; second copy -- T.W.U. College of Nursing.

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DENTON, TEXAS

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Houston, Texas 77025

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO _____

Jacqueline D. Sanner

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

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
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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 6/22/77

Signature _____ Agency Personnel _____

Jacqueline D. Sanner
Signature of Student

Mona M. Counts R.N., Ph.D.
Signature of Faculty Advisor

*Fill out and sign three copies to be distributed as follows: Original — Student; first copy — agency; second copy — T.W.U. College of Nursing.

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AGENCY PERMISSION FOR CONDUCTING STUDY*

THE

GRANTS TO

Jacqueline H. Samu

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

The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of constitutive 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

6/22/77

Signature of Agency Person

J. Samu
Signature of student

Mona M. Counts, R.N., Ph.D.
Signature of Faculty Advisor

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5. Other _____

Date 21 June 77

Signed _____ Agency Personnel _____

J. Sanner
Signature of Student

Mona M. Counts R.N., Ph.D.
Signature of Faculty Advisor

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5. Other _____

Date 22 June 77

Jacqueline H. Sanner
Signature of Student

Signature of Agency Personnel
Mona M. Coats, R.N., Ph.D.
Signature of Faculty Advisor

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APPENDIX C
VERBAL EXPLANATION OF STUDY

APPENDIX C - VERBAL EXPLANATION OF THE STUDY

_____, I am _____ and a
Name of participant

graduate student at Texas Woman's University. As part of the requirements toward a master's degree, I am writing a thesis concerning viewpoints toward the role of the pediatric clinical specialist. You have been chosen to participate in the study because you are a _____
(pediatrician or general practitioner,

or R.N. or hospital administrator). Your opinions are a vital part of the study. There will be no means of identifying what information is yours. You may withdraw from the study at any time.

A permission form is included. This must be signed before the information you have given us may be used as part of the results. The permission form is a protection of your rights in participating in this study.

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