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## The Scope and Practice of Rural Nurse Practitioners in Central Illinois

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THE SCOPE OF PRACTICE OF RURAL NURSE PRACTITIONERS  
IN CENTRAL ILLINOIS

A THESIS SUBMITTED TO  
THE FACULTY OF ILLINOIS WESLEYAN UNIVERSITY  
IN CANDIDACY FOR  
RESEARCH HONORS

BY  
LISA L. LOVGREN

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1995

THE SCOPE OF PRACTICE OF RURAL NURSE PRACTITIONERS  
IN CENTRAL ILLINOIS

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In today's atmosphere of escalating health care costs, limited access to health care, and changes in the health care delivery systems, it is necessary to evaluate the roles and responsibilities of non-physician health care providers. The advanced Nurse Practitioner is one such health care professional who currently provides vital services to the public. However, utilization of Nurse Practitioners has been limited within Illinois. The purpose of this study was to: 1) examine current perceived roles of rural Central Illinois Nurse Practitioners, and 2) determine perceived practice-related changes and trends for the future.

Qualitative data was collected from three nurse practitioners in Central Illinois. Semi-structured audiotaped interviews were transcribed verbatim. Transcripts were analyzed using a constant-comparative approach outlined by Strauss & Corbin (1990). Data was subjected to three stages of analysis that resulted in saturated themes. Initially, individual statements and phrases were extracted and coded followed by reorganization of the codes into relevant categories. Finally, each category was compared with all the other codes and thematic patterns emerged.

Five stages of career evolution emerged from the data, including 1) Foundational Experiences; 2) Transition; 3) The Beginning Practice;

4) Current Practice; and 5) Future Practice. In addition, each Nurse Practitioner evaluated her experience as a Practitioner, which resulted in career satisfaction based on a foundation in nursing.

Nurse Practitioners perceive little change now and in the future related to practice parameters such as providing health education, maintenance of health in persons with chronic and acute illness, and health promotion focusing on the physical and emotional aspects of wellness. However, they are seeking legal validation for their practice in the areas of prescriptive authority, direct third-party reimbursement and recognition via state nurse practice laws. With renewed understanding of the roles of the Nurse Practitioner, health care providers will be able to collaborate and form coalitions that will aid in the accessibility to quality health care.

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## The Scope of Practice of Rural Nurse Practitioners in Central Illinois

In today's atmosphere of escalating health care costs, limited health care accessibility, and changes in health care delivery within the community setting, it is necessary to evaluate the roles and responsibilities of non-physician health care providers (Bigbee, 1984). The advanced practice Nurse Practitioner is one such health care provider who currently provides vital services in the health care delivery system and who will continue to do so in the future.

The Nurse Practitioner role first originated at the University of Colorado in 1965, as a collaborative venture of a nurse and physician. The goals of the program were to provide health care to an underserved population of children and to expand the role of the nurse. From the movement's beginnings, Nurse Practitioners were encouraged and taught to function as autonomous health care providers. Since this time, the Nurse Practitioners' role has expanded, and they now provide health care to a variety of patients in all types of care settings, such as ambulatory care, health maintenance organizations, and rural or underserved areas.

However, the Nurse Practitioner movement has not been free from resistance. There seems to be a continuing need to clearly define the Nurse Practitioner's scope of practice and to determine their future roles, in order to dispel resistance from consumers and other health care professionals and better utilize their services in a changing health care delivery system. With renewed understanding of the roles of the Nurse Practitioner, health care providers will be

able to collaborate and form coalitions that will aid in the accessibility and effectiveness of health care delivery.

### Literature Review

The role of the Nurse Practitioner has been a controversial health care issue since the beginnings of the Nurse Practitioner (N.P.) movement. Many research studies and anecdotal articles have been written on the variety of advanced practice issues facing the N.P. Koch, Pazaki, and Campbell (1992) performed an exhaustive data base search to track the historical evolution of the N.P. movement over its first 20 years. Dominant issues were organized into categories for each time period.

Koch, Pazaki, & Campbell's (1992) findings indicate that in the late 1960's the N.P. movement was first developed to meet the needs of underserved populations such as the economically deprived and rural consumers. At this time Nurse Practitioners were to practice within health care teams. Two types of health care teams were discussed by Koch, Pazaki, and Campbell (1992). In the first, N.P.'s are identified as physician extenders. The second type of health care team discussed suggests N.P.'s function in an autonomous role with unique knowledge, in which teams are organizations of collaborative health care professionals.

According to Koch, Pazaki, and Campbell (1992), in the early 1970's the growing N.P. role began to focus more on autonomy, professional abilities, and advanced clinical skills. The movement continued to focus on delivery of health

care to rural and impoverished populations. The N.P. was seen as a primary health care provider with an integrated medical and nursing education. Early research studies dealing with the effectiveness of the N.P. indicated that N.P.'s delivered cost efficient health care and care that was acceptable to patients, when compared to physician care (Kock, Pazaki, & Campbell, 1992).

Findings in the later 1970's continued to support the effectiveness of the N.P. as a primary care provider, and "joint practice" with physicians became the goal of the Nurse Practitioner. The movement focused on forming a collaborative nurse/physician practice, rather than a hierarchial relationship. A 1977 federal act allowed N.P.'s to own clinics and contract with physicians. In addition, qualified Nurse Practitioners practicing in rural areas were offered Medicare and Medicaid reimbursement funds (Kock, Pazaki, & Campbell, 1992).

The early 1980's revealed the emergence of issues such as third-party reimbursement, hospital privileges, and prescriptive authority. Nurse Practitioner employment within health maintenance organizations was also noted. The movement's collective demand for autonomy called for N.P.'s to deliver health care in a private practice setting. The issue of territory and the notion that N.P.'s were a professional threat to physicians emerged at this time. Studies indicated that N.P.'s manage the majority (as much as 80%) of health care visits. However, public acceptance of the Nurse Practitioner was not uniform (Koch, Pazaki, & Campbell, 1992).

Recently the literature has identified a variety of issues related to the Nurse Practitioner such as the future potential of the N.P. and educational preparation for the advanced practice role. Literature indicates Nurse Practitioner educational programs place emphasis on primary care, pharmacology, health promotion, physical assessment, history taking and nutrition. (Hockenberry-Eaton & Powell, 1991). Price et al. (1992) reported that educational content also focused on advanced technical skills, disease management, phases of chronic illness, holistic care, clinical decision making, nursing theory, diagnosis, prevention and health promotion, counseling, and family systems theory. Thibodeau and Hawkins (1989) found that Nurse Practitioners generally are strongly oriented toward a nursing model of practice, as opposed to a medical model. A later study by the same authors supported this finding and suggested that N.P.'s who are more oriented toward a nursing model are more confident in their skills (Thibodeau & Hawkins, 1994).

It has been suggested that Nurse Practitioner education influences the way in which N.P.'s conceptualize the art of care and, therefore, influences their effectiveness in providing health care. Nursing tends to focus on psychosocial issues such as contextual or holistic care, support of the patient, and patient education (Stone, 1994). Weill et al. (1989) discovered that Nurse Practitioners were successful when they provide a nursing dimension of primary care that includes counseling, focus on community services, collaboration, and spending time with the patient. A meta-analysis by Brown (1993) reported that Nurse

Practitioners scored higher on quality of care measures than physicians, provided lower cost visits (an average of 39% lower) than physicians, and spent more time per visit than physicians (Brown, 1993).

The literature suggests that the time spent in patient visits is related to the Nurse Practitioner's emphasis on patient teaching. Stillwell (1984) believes health education is the most important contribution the N.P. can make towards the health care of the patient. Several research studies and anecdotal articles have documented the importance of the patient education role. Hobbie and Hollen (1993) suggest that the three major roles of the nurse practitioner are educator, clinician or caregiver, and researcher. Specifically, the literature reveals the N.P. focus of practice lies in the areas of patient assessment or physical examination, differential diagnosis, hidden agendas (ie. emotional distress), referral, teaching and counseling, health prevention, and management of acute and chronic illnesses (Glascok, Webster-Stratton, & McCarthy, 1985; Keating & Vaughn, 1985; LaRochelle, 1987; Laurent, 1993; Lukacs, 1984; Stanford, 1987; Swart, 1983). Laurent (1993) discovered that N.P.'s are often the first point of contact in the health care system, and therefore function in a variety of roles including patient education, assessment, counseling, and management of acute and chronic conditions.

Nurse Practitioners not only function in a variety of roles, but also a variety of health care settings. Henne, Warner, and Frank (1988) suggest that Nurse Practitioners are the key to successfully providing care in Ambulatory Care

Centers. They propose that N.P.'s are particularly effective in the management of chronic disease, pediatric care, and women's health care. Riner (1989) suggests that N.P.'s are effective in the comprehensive and coordinated care required in community health departments.

A third area of N.P. practice revealed in the literature is the occupational health setting or health maintenance organizations (HMO's) (Atherton & LeGendre, 1985; Lawler & Bernhardt, 1986). Lawler and Bernhardt (1986) believe that HMO's and occupational health settings are especially tailored to the Nurse Practitioner due to the settings emphasis on health promotion, disease and injury prevention, consumer education, screening, and community referrals. Tertiary care, or care of the chronically ill, is another area of N.P. involvement (Kodadek, 1985; Richmond & Keane, 1992).

The mobile health clinic is a practice environment that has emerged in response to the needs of individuals who reside in rural or remote areas. Lee and O'Neal (1994) state a mobile WIC clinic staffed by N.P.'s provided nutrition education, immunization, screening, diagnosis, and testing, on an outpatient basis, to a rural South Carolina population.

Rural health also appears to be an important setting for the Nurse Practitioner due to the poor distribution of physicians (Bennett, 1984). Lawler and Valand (1988) noted the most important outcomes of their service, according to N.P.'s, was an increase in the number of patients seen and improved access of care to previously underserved consumers. Others suggest in the future the N.P.

will function in the areas of insurance company work, care of the chronically ill, community based care, school/college health, adolescent gynecology, family counseling, and work in the political arena (Weill et al., 1989).

However, the literature identifies several barriers to the current and future utilization of the Nurse Practitioner. Specific issues include physician dependence, institutional dependence, legal restrictions, and lack of direct reimbursement (Hupcey, 1993; Mahoney, 1988). It has been suggested that physicians, as the group in power, abuse their status and attempt to limit competition from Nurse Practitioners by maintaining N.P. dependence through statute laws (Pearson, 1994; Swart, 1983). Mahoney (1988) maintains N.P.'s are produced from the nursing profession and therefore should report to nursing rather than medical administration. In regards to the issue of institutional dependence, Mahoney (1988) suggests that N.P.'s should practice in non-traditional clinical sites, such as community settings, hospice, and home care. Swart (1983) believes: "Clarification of the general role of Nurse Practitioners as well as the translation of that role into specific position descriptions for individual practitioners which are compatible with professional autonomy as well as with practice sites may be of value" (p. 21).

Legally, N.P.'s are restricted by Nurse Practice Acts which do not contain definitions for advanced nursing practice. These definitions are necessary to establish legal parameters of practice. Nurse Practitioners need to support

changes in nurse practice acts which will allow nurses to practice in an expanded role, including prescriptive authority (Mahoney, 1988).

Lastly, the restriction of direct third-party reimbursement is a barrier inhibiting N.P.'s ability to function to their fullest extent (Caraher, 1988).

Mahoney (1988) states, "Reimbursement is crucial to professional viability, status, and autonomy." She suggests N.P.'s lobby for reimbursement by emphasizing cost reduction and consumer choice.

These barriers are particularly relevant to the Nurse Practitioner practicing in Illinois. At the present time, the Illinois Nursing Act and the Department of Professional Regulation do not allow prescriptive privileges to the N.P. Second, Medicare and Medicaid reimbursement has not been implemented in accordance with federal guidelines. There is also no state requirement for direct third-party reimbursement to N.P.'s. Finally, the Illinois Nurse Practice Act does not contain a definition of advanced nursing practice. The Nurse Practitioner in Illinois must practice within the legal boundaries of the definition of professional nursing (Pearson, 1994).

The purpose of the present study was to 1.) examine current perceived roles of rural Central Illinois Nurse Practitioners, and 2.) determine perceived health care related changes and trends for the future.

## Methods

### Sample

A convenience sample of three Central Illinois rural Nurse Practitioners participated in this study. All N.P.'s practice in family practice/ ambulatory care settings. Basic educational preparation of the sample included a diploma school (N=1), an associate program (N=1), and a bachelor's degrees (N=1). N.P.'s from diploma and associate degree programs later completed a baccalaureate program. Nurse Practitioner education consisted of a Nurse Practitioner sequence resulting in certification (N=1), or Master's level preparation in Public Health (N=2). Practicum hours ranged from 16 to 22 hours per week, performed two days per week. Years of N.P. practice ranged from 5 to 13, ( $x = 9.33$  years). All N.P.'s work full time.

### Data Collection

Qualitative methods were used to collect the data. All participants were interviewed after obtaining written informed consent. A semi-structured interview schedule was developed using open-ended questions with occasional probes. Data were gathered in one-on-one audiotaped interviews conducted in a private place at each practitioner's site of practice. Each interview lasted approximately 60 minutes. Audiotaped interviews were later transcribed verbatim.

### Data Analysis

Data were analyzed using a constant-comparative approach (Strauss & Corbin, 1990). The data underwent three stages of analysis that resulted in

saturated themes. The first stage consisted of extracting statements and phrases from the transcript texts in order to identify pertinent codes. The next stage involved combining codes into relevant categories. Finally, meanings were formulated from the specific categories. Each category was then compared with all other codes to analyze for thematic patterns. (D. Finfgeld, personal communication, October 1994)

### Findings

The data reveal that it was a career evolution, based on a need for independence, decision making, autonomy, and challenge, that placed these Nurse Practitioners (N.P.s) into the N.P. role and determined their scope of practice. One N.P. stated, "My nursing career just kind of evolved."

Five stages of career evolution emerged from the data (see Table 1), including 1) Foundational experience, 2) Transition, 3) The beginning practice, 4) Current practice, and 5) Future practice. In addition, each N.P. evaluated her experience as a Nurse Practitioner, which resulted in findings of career satisfaction based on a background in nursing.

#### Foundational Experience

This initial stage consisted of basic nursing education and work experience. Each N.P. pursued a unique course in both nursing education and work experience, which was determined by her own personal feelings and circumstances. At this point in the career evolution they had no thoughts of becoming a Nurse Practitioner.

Table 1. Summary of themes related to Nurse Practitioner's career evolution.

Stage	Theme
Stage 1	Foundational experience -Nursing education -Work experience
Stage 2	Transition -Need for autonomy, decision making, experience -Background experience -Boredom with repetition
Stage 3	Emerging practice -Difficulties -Rewards
Stage 4	Current practice -Client population -Roles and responsibilities -Political issues and barriers -Professional relationships
Stage 5	Future practice -Future within Illinois -National future
Other	Personal statements -Difficulties of N.P. career -Rewards of N.P. career -Satisfaction with career choice

Nursing education. Among the sample, there was no standard mode of attaining nursing education. Basic nursing education consisted of a bachelor's preparation, a diploma school, and an associate preparation. The associate and diploma prepared nurses later went on to get their bachelor's degrees. One N.P. received her BSN after completing her N.P. curriculum. One N.P. described her thought process in choosing a program for basic nursing education as follows:

I was all set to go to a three year diploma school, because that was what was more popular at the time. And I lived close to one. But also there was a brand new program just starting. You were going to get college credit for it. Where as the diploma school, you didn't get college credit for it....I thought, "I think I'm going to switch and do this."

Work experience. N.P.'s gained work experience in various settings including doctor's offices and hospital units. Family circumstances and personal desires were the deciding factors in choosing a work environment. One N.P. described her work experience as follows:

I worked a medical floor for about four years. It was very, very short staffed. Eventually I transferred (really in hopes of better hours) into Intensive Care. I worked Critical Care for nine years, which I really liked. During that time my patient assessment skills expanded considerably.

Another N.P. gave the following illustration:

I had various jobs in the hospitals. I loved working in them. I worked in surgery and I worked on a medical floor.... I actively sought a job working in an office with a Family Practice doctor. I got one, and that worked great with a family. I worked there for six years. So, I learned an awful lot about what all goes on in an office.

### Transition

Stage two consisted of a sense of disenchantment with the basic nursing role, and a transition towards an expanded nursing role. This stage was the beginning of the career evolution, and occurred due to several factors including a personal need for autonomy, decision making, and independence; background experience; and boredom with repetition.

For two of the N.P.'s, the transition into the Nurse Practitioner role was not completely natural. One described part of her decision process as follows: "Still I never thought of being an N.P., because that was a new thing. I wanted more of a challenge, so I thought I'd teach nursing.."

The other stated:

When I was looking at options I really did not know what a Nurse Practitioner was. I had never heard of it. But there were a couple of physicians who worked in the Intensive Care unit who suggested to me that I ought to investigate it, and consider it.

Need for autonomy, decision making, and independence. During the transition period the N.P.'s experienced dissatisfaction with their current positions, based on the expressed need to function autonomously or independently. They also wanted to gain information and utilize their knowledge in decision making processes. One described these needs: "I needed to make more decisions and I needed to be more in charge of what I was thinking needed to be done for people. I needed to be actively involved in the decision making." Another added, "I was at a point where I wanted more independence. I wanted decision making."

Background experience. The N.P.'s had invested in Nursing, which also affected the transition process. One states, "Because of my family obligations I choose to go on in nursing. And my past [experience in the field]." Another N.P. discussed her background experience as follows: "So I thought I'd go into the N.P. program, because I have a really good background from working in this office.... I know an awful lot about what to do already to be a Nurse Practitioner."

Boredom with repetition. N.P.'s encountered the frustrations of burnout and lack of challenge in the transition period. For example, one individual stated, "I got to a point where I was just burned out. The majority of what I saw and was taking care of, people had done to themselves." Another described her frustrations as follows: "I had a lot of work to do, but without the challenge I just got bored."

### The Emerging Practice

The next stage of the career evolution was the emerging practice. This stage includes the job search process and experiences as a new Nurse Practitioner. At this point, each individual had completed a Nurse Practitioner curriculum and was beginning to assume the N.P. role. Each N.P. experienced different difficulties and rewards in the emerging practice. One N.P. merely experienced a role change in the office practice in which she had worked before completing a N.P. curriculum. Another offered her help to an M.D. because she "had heard that he was really busy and overworked." A third N.P. described her emerging practice as a "challenge". She functioned as an N.P. in a variety of sites, including two rural clinics and a satellite clinic, before settling at her current site of practice.

Difficulties. Each N.P. acknowledged difficulties she encountered in her emerging practice. Experiences varied for each individual and included personal and practice related issues. One N.P. commented that her practice "was slow in the beginning." In addition, she was insecure with her abilities. She stated, "Getting to know what everything was about was the difficult part". Another N.P. experienced difficulties in her job search process. Her first Nurse Practitioner position was at a rural clinic which closed. She also worked in a second rural clinic for one year, until she was displaced by a physician hired into the practice. At this point she was hired at the ambulatory care practice where she is currently employed.

A third N.P. experienced some difficulties with patient acceptance and nurse acceptance of N.P. abilities and authority. However, she stated this has "dissipated with time." In addition, she encountered difficulties with the political climate. She commented, "We have one of the most backward states in the United States as far as advances for Nursing practice."

Rewards. Each N.P. also acknowledged rewards present in the emerging practice. Each N.P. enjoyed patient teaching and a variety of other aspects in her emerging practice. One individual described the rewards of her emerging practice: "I'd say right from the beginning, just the patient contact and patient teaching and the feedback I had from patients would probably be the best [rewards]."

A second N.P. also enjoyed her role in patient education, in addition to the challenge and diversity of the role. She also commented, "I had a lot of opportunity to learn". A third N.P. felt that in her emerging practice she was "trudging the battle for all nurses". She also enjoyed the patient education involved in her role as a Nurse Practitioner.

### Current Practice

The previous stages of career evolution resulted in the current rural, ambulatory care practice. This stage is comprised of several factors including current client population; roles and responsibilities; professional relationships; and issues and barriers to the current practice.

Client population. N.P.'s currently care for approximately 12 to 22 patients per day. Their patient population consists of mixed genders and a wide range of ages. Socioeconomically, clients are primarily middle class with a few at both the high and low extremes of income. Clients visit for both primary care and illness related reasons. N.P.'s stated that the purpose of client visits is a seasonal fluctuation. The following statements illustrate this seasonal fluctuation: "It [type of care] changes throughout the year. In the winter time it's more acute care." Another stated:

In the winter time it's probably 95% acute, with colds and flus and things like that. But in the spring and summer months, the school physicals and annual physicals, which sometimes we're not too good about pushing, and people aren't good about doing.

Another commented on the seasonal fluctuation by stating, "It all just depends on the time of year. Different seasons of the year, like Christmas-time, we don't have a big demand for physicals."

Roles and responsibilities. The N.P.'s manage a variety of health problems, including chronic conditions such as diabetes, hypertension, arthritis, and chronic headaches. They also function in acute care such as management of colds, flu, and urinary tract infections. A third area includes management of psychosocial problems including anxiety and depression. A final area is wellness care, which includes patient education and physical exams. One N.P. described the health conditions Nurse Practitioners manage: "We can manage basically

anything that comes in. It's a matter of triaging.... A lot of times I feel like we are the entrance to the health care system." Another N.P. supported these perceptions by stating, "We help manage anything that there is."

These N.P.s believed their responsibilities were in a variety of areas also. One N.P. stated she functions in areas of prevention, well person care, and non-nursing responsibilities such as office work. Another stated a responsibility to be "knowledgeable and independent". One N.P. feels she has a responsibility towards staying current on health recommendations, and a responsibility in the areas of illness care and emotional care. She again emphasized the need to "handle anything that walks through the door."

The one responsibility shared by each N.P. was that of patient education. One stated, "I do a lot of health teaching." Another individual added, "I see my role as an educator...toward teaching people how to take care of themselves." A third N.P. commented, "Patient education is probably number one...trying to teach people how to stay well. And teaching them what to do when they've become ill, and to try things other than medicines for healing and to feel well."

However, the N.P.'s scope of practice is limited by statute laws. N.P.'s acknowledged that certain areas of care, including diagnosing and prescribing, are legally "questionable". However, in regards to prescriptive authority, one N.P. stated these views: "We are doing it. Whether we're signing our name to it or not, we are doing it." Another stated, "We have been trained to treat. There are a lot of problems in the medical world as to whether we should be treating, but we are

trained to do that." Still another added, "There's a big question whether we can diagnose. And there's a big question whether we can legally write prescriptions, but I do all of that every day."

In addition to these "grey" areas, N.P.'s perceive that assessments are within their legal realm. As one N.P. stated, "We have the right to see the patient, do the physical, order the labs we feel are important, and to make a decision based on the exam and labs."

Political issues and barriers. N.P.'s perceive that a variety of issues directly affect their practice and even function as barriers. One N.P. believes that the issues of collaborative practice and prescriptive privileges are important. She also added that N.P.'s need to make sure "we are within the scope of practice and that nursing practice supports us." Reimbursement is another important issue according to a second N.P. She stated, "We can't get paid [direct reimbursement] for our services. We're really limited to the shirt strings of our physician." She also cited the issues of prescriptive authority, job security, and commensurate pay. She views the Illinois Medical Association as a "road block" and describes the members by stating, "They [physicians] want to be the gate keepers." Another also stated "prescriptive authority and direct reimbursement" are important issues facing the Nurse Practitioner.

As it now stands for these N.P.s, the issues of prescriptive authority and payment for services are handled in such a way as to circumvent the legal system. All Nurse Practitioners report they are reimbursed for their services through a

salary by the practice in which they work. The issue of prescriptive authority is dealt with through the use of protocol books. As one N.P. explained:

When I say we don't have prescriptive authority, basically we can't sign our name. So we sign a physician's name... his initials. And the orders that fit the protocols in the book, for instance, will say "For Otitis Media take Amoxicillin 250 mg.", and we utilize that.

Another addressed the prescriptive authority issue as follows: "We have protocol books that have been written up to reflect our practice, and we've agreed upon treatment plans. We work from that."

Two N.P.'s believe prescriptive authority and third-party reimbursement issues will be resolved through government intervention, namely national mandates. One N.P. stated the consumer is a strength and N.P.'s need to "...keep doing what we're doing. By our presence in the community, by patient satisfaction, by being aware that we're out here trying to do a service and that we have something to offer." Another individual suggests major Universities, which have power and offer Nurse Practitioner curricula, need to "come forward." She also stated, "Nurses need to be active in their state organizations, because at this time we have no other way to organize." Therefore, as revealed by the previous comments, these N.P.'s look towards both personal and collective activities to advance their scope of practice.

Professional relationships. A final aspect of current practice concerns N.P. relationships with coworkers, including physicians and nurses. Collaboration

makes up a large portion of the Nurse Practitioner-Physician relationship. One Nurse Practitioner comments on her relationships with physicians, "They are very trusting and they are usually willing to help. You don't feel like there's a big competition for patients or anything."

Two other N.P.'s feel that their relationships with physicians are collaborative, but marked by a certain amount of interprofessional conflict or tension. One N.P. explained her relationships with physicians as follows: "I'd say it's fairly collaborative. I use them [physicians] as a consultant. What I do regret is that in spite of the years that we have worked with our physicians, I think they do very little referring to us."

Another gave her perspective:

We have a lot of consultation back and forth... a lot of communication....

There's a feeling of power and dominance over the N.P.'s. I have to be honest about that. They don't look on us as being equal, but we do fairly equal work.

The N.P.'s also work with nurses in their current practices, including both RN's and LPN's. The N.P.'s describe these relationships as "good". One commented, "They're [the relationships] very good. They've [nurses] been really supportive of us. They're always willing to help out and they come to our defense."

One N.P. added another perspective:

I think the nurses are supportive.... For the most part, I think that our nurses almost expect too much of us. And I think some of the worst dumps that we get are ones that the nurses have put in with us, and they should have been seen by a physician. But it's because they overestimate what we can do.

Another N.P. examined the issue of social hierarchy present in her relationships with nurses. She stated, "I think you kind of end up being on different levels, but it doesn't mean you can't be friendly with them in the office."

#### Future Practice

A final stage of the career evolution involves the future practice. Issues at both state and national levels influence this area of practice. Despite the perceived struggles, the N.P.'s have hopes for "strides forward" in the future.

Future practice in Illinois. Each N.P. described the struggles of Nurse Practitioner practice in Illinois. However they also noted the national government's positive influence on future practice. Despite state struggles, one N.P. perceives a positive future: "I think it's looking pretty good. I think there is more of a trend for utilizing non-physician providers.... There are still some barriers there, but I think it's positive."

One N.P. emphasized the national government's role in N.P. practice in Illinois. She stated: "I think Illinois is going to be forced, though, to recognize us. I think the federal government is going to mandate it." Another N.P.

supported these views: "Overall, when I look at what's happening on a national level, I think that they are opening the doors for advanced practice nurses. So I think that Illinois needs to get on the bandwagon."

National future. N.P. perspectives on national use and acceptance of Nurse Practitioners are also positive. They perceive future opportunities for alternative health care providers. More specifically, they believe the changes prompted by national health care reform will bring benefits, such as third party reimbursement and an increase in salary to the N.P. One N.P. discussed the benefits she believes will be present in the future:

I think probably there will be more direct third party reimbursement. I think that will be mandated. I think there will be generally more support for us. There will probably be incentives. I know some of the HMO's are already getting a lower cost to see the N.P.... so financial incentive.... I think generally it looks good.

Another individual discussed the increased demand for Nurse Practitioners and the benefits this demand will bring to them:

As it appears, there's going to be a much greater need for N.P.'s.... You get a list of job offers every week in the mail. I think there are plenty of jobs. I think that because there are a lot of jobs and not many of us, that hopefully our salaries will improve, and benefits, and make the job more attractive too.

### Personal Statements

In closure, the N.P.'s looked back on their experiences thus far as Nurse Practitioners, and evaluated personal issues related to their careers. Each analyzed difficulties and rewards of being a N.P. After personally evaluating their careers, all N.P.'s agreed that they would be Nurse Practitioners again, and each articulated individual reasons for this choice.

Difficulties of the N.P. career. Various personal difficulties related to the N.P. career were mentioned by each individual. One N.P. evaluated her feelings as follows:

I think the hardest thing for me is if this is something the physician should be managing or "Can I manage this one?"....It [the N.P. career] leaves you some days that you can handle everything. There wasn't a question; you know you did the right thing. And then the next day you have three in a row where you say, "Oh my gosh."... where you had to get physician consultation; where you really weren't sure.

Another emphasized difficulties with physicians she has encountered:

The doctors expecting too much of you....When you do get something that's really complicated...I just think that they're so busy themselves, and they have a hard time tuning in to the complexity of what you're telling them. And the hours are long. You have to be dedicated to do this.

Rewards of the N.P. career. Statements about personal rewards of practice revealed several commonalities. These include the challenge of the role, patient

contact, and the satisfaction of helping people. For example, one N.P. commented, "I think the best thing is the satisfaction of interacting with patients and having them satisfied. For me it's the challenge. I like being in a practice where there is variety. In this job, you'll never get bored."

In support of this view, another N.P. stated:

Patients are very supportive and complimentary. You know you're helping people. I like learning. I find that it's a very challenging role. I like it because I have something to give. I'm independent. It's OK for me to have my own ideas.

Another agrees with the other N.P.'s. She stated:

I still think I'm in a job where I can help people every day and help them take care of themselves so they can stay healthy.... I feel challenged. I don't have boredom. And I feel like I'm helping people. So it's very satisfactory.

Satisfaction with career choice. Each N.P. stated if given the opportunity again, she would be a N.P. One N.P. simply acknowledged, "the benefits far outweigh any aggravations there are." For the others, personal satisfaction was related to nursing's "edge" in providing holistic care.

One N.P. discussed this issue as follows:

I think that if I had become a physician, I would be socialized so differently and my approach would be different. I feel that by being a nurse first, there's a lot more caring in it. I think nurses are very good about caring for the person. And often times caring about the person eliminates the need for medicine.

Another N.P. has similar views:

If I look back, I'm glad I didn't become a doctor. I think we have the best of both worlds. We have the teaching. We have the challenge of making independent decisions that effect people's lives. I think the Nurse Practitioner looks at the whole person maybe a little bit more. I think nursing had an edge on it. That's something we've done all along. I mean that's what we do in nursing.

In conclusion, feelings of career satisfaction related to a nursing background have emerged from a process of career evolution. For all participants, their career began in a basic nursing role and expanded into the roles of the advanced practice Nurse Practitioner.

### Discussion

Data indicate that the interviewees function in a variety of roles. These Nurse Practitioners (N.P.s) began in a basic nursing role, which provided educational and work related experience for their future N.P. career. The N.P.s then experienced a transition stage in which a need for autonomy, decision

making, and independence, along with a sense of boredom, led to a career as a Nurse Practitioner. As discovered by Bennett (1984, p. 154), "role identity is as much a personal as a social or professional phenomenon and the key to it lies within the individual."

In the emerging practice stage, the N.P.'s experienced challenge and diversity. However, there were also several difficulties such as insecurity with abilities, a harsh political climate, and poor acceptance by physicians, patients, and staff nurses. Despite these difficulties the N.P.'s enjoyed their role in patient education, which Hobbie and Hollen (1993) suggest is one of the most important roles of the N.P.

This role as patient educator has continued to be important to the N.P.'s in the current practice stage. Patient education is present in all areas of care, including prevention and treatment. The N.P.s use patient education in the management of chronic and acute conditions, psychosocial problems, and in wellness care.

Nurse Practitioners in this study manage the health problems of both males and females of all ages and a wide range of socioeconomic status. As noted by Laurent (1993) and one of the N.P.s in this study, Nurse Practitioners are often the first point of contact with the health care system and must be prepared to function in a variety of roles.

Each N.P. in this study manages a variety of health problems and even prescribes medications daily through the use of approved protocol agreements.

The findings from this study support prior research that documented the role of the N.P. in patient assessment, differential diagnosis, teaching, and the management of acute and chronic conditions (Glascock, Webster-Stratton, & McCarthy, 1985; Keating & Vaughn, 1985; LaRochelle, 1987; Laurent, 1993; Lukacs, 1984; Stanford, 1987; Swart, 1983).

However, resistance to these roles persists. Each of the N.P.s experienced barriers related to their roles such as lack of third-party reimbursement, physician dependence, and the absence of legal support through state nurse practice acts, for diagnosis and prescription of medications. As discussed by Swart (1983), Hupcey (1993), and Mahoney (1988), barriers to advanced nursing practice include lack of third-party reimbursement and prescriptive authority. Opposition from the American Medical Association and physician dependence also limit the practice of the Nurse Practitioner.

Despite these barriers and struggles, the N.P.s in this sample believe opportunities in future practice will continue to expand. The N.P.s expect the utilization of non-physician providers to increase in the future due to changes in health care delivery at the national level. They believe positive change will develop through government mandates, which will force the state government of Illinois to recognize the professional status of the advanced practice Nurse Practitioner.

In general, these N.P.s are satisfied with their N.P. career. They enjoy the challenge and variety of the roles they fulfill. The N.P.s also enjoy the

satisfaction they receive from patient contact and their role in helping people maintain or achieve health. The Nurse Practitioners also stated that much of their satisfaction with their career choice is related to their background in nursing. Similarly, Thibodeau and Hawkins (1994) found that Nurse Practitioners are oriented toward a nursing model of practice. The Nurse Practitioners in this sample believe that a nursing orientation gives them an "edge" in practice, as compared to the physician. They believe that nursing's holistic approach produces a more caring attitude that benefits the patient in ways that physician care cannot.

#### Implications

The implications of this research are somewhat limited due to the sample size. However, its comprehensiveness has provided a large volume of information that defines the scope of practice of the rural nurse practitioner practicing in Central Illinois. It also may be used to legally advance N.P. roles and responsibilities by documenting the vital contribution N.P.'s make to our health care system.

It is important to continue to define the N.P.'s scope of practice to provide a base of information that nurses, interested in advanced practice, may study as they consider the Nurse Practitioner role as a potential career. In addition, it is necessary to continually reevaluate the roles and responsibilities of the Nurse Practitioner and utilize this information in structuring and modifying educational curricula. Finally, the findings from this study can be used as an outline of

professional responsibilities to assist other N.P.'s beginning their practice in Central Illinois.

It is also essential that N.P.s fully define the boundaries of their practice in order to better educate health care consumers, physicians, and national and state government officials about the roles and skills of N.P.s. In this way, Nurse Practitioners will also be working towards advancing their scope of practice. First, educating the general public will produce consumers who understand N.P.'s purpose and function, and who are more comfortable in seeking health care from the N.P. Next, educating physicians on the complementary aspects of the N.P. practice will bring about more support and collaboration rather than defensiveness produced by feelings of professional encroachment. Finally, the Nurse Practitioner must be active in informing state and national political figures about the educational preparation, roles, and capabilities of the N.P. in order to influence policies that will legally define and protect the advanced practice of the Nurse Practitioner.

The Nurse Practitioner's scope of practice is susceptible to change due to the current state of uncertainty in our nation's health care system. Continued research is needed to achieve a clear picture of the role of the rural nurse practitioner because of the present drive to provide health care to the underserved. It is imperative that nurses regularly reevaluate where they have come from as a profession, where they believe they may be going, and where "road blocks" have been experienced. Such "road blocks" have been the norm in

Illinois for over a decade. A large degree of professional responsibility is necessary to support and advance the N.P. career. The nurse practitioner must continually provide information to the public and government officials that identifies the N.P.'s effectiveness in patient outcomes and cost of care issues. By doing so, Nurse Practitioners are better prepared to support themselves in the political battle facing our health care system today.

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