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Perceptions Of Nurse Practitioners In Primary Care Toward Rationing Of Health Care

Donna Baucum
Mississippi University for Women

PERCEPTIONS OF NURSE PRACTITIONERS IN PRIMARY CARE TOWARD RATIONING OF HEALTH CARE

by

DONNA BAUCUM

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Primary Care Toward Rationing
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by

Donna Baucum

Mary Patricia Curtis
Professor of Nursing
Director of Thesis

Lynn Chilton
Assistant Professor of Nursing
Member of Committee

Carol Mamyn
Adjunct Clinical Faculty
Member of Committee

Director of the Graduate School

Abstract

The United States has the highest cost of health care in the world. In an effort to control this continually escalating expense, the concept of rationing of health care has been offered as a solution. Health care providers, such as nurse practitioners, will be confronted with making decisions related to the allocation of health care. Thus, the purpose of this descriptive study was to explore the perceptions that nurse practitioners have regarding rationing of health care. Henderson's Model of Nursing served as the theoretical framework. The research question that guided this study was what are the perceptions of nurse practitioners toward rationing of health care? A sample of 79 nurse practitioners who practiced in primary care in the state of Mississippi were surveyed. Perceptions were measured using the Baucum Rationing Questionnaire, which contained four vignettes that primary care providers might encounter. Respondents were asked to agree or disagree with situations concerning rationing of health care. Results indicated that of the 315 responses, 224 (79%) did not choose rationing, while 91 (21%) did choose rationing. Seven common themes were identified in the comment section: patient responsibility, prevention, ethics/morality, quality

of life, equal access, patient/family choices, and alternate delivery systems. Based on these findings, the researcher concluded that nurse practitioners' perceptions toward rationing of health care was such that rationing would not be an acceptable means to decrease the expense of health care. Implications for nursing were focused on the need for nurse practitioners to support political activists who lobby for a realignment of health care financing. Additionally, preventive care by nurse practitioners must be accepted as a viable alternative to sick care. Recommendations included implementation of a similar study to substantiate these findings and development of nursing curricula which address health care financing and case management.

Dedication

in memory of my parents,

Scott and Edna Smith

who always encourage me to do my best.

Acknowledgements

I would like to acknowledge several special people who have helped me throughout this past year.

To Lynn Chilton, I wish to express my thanks for your encouragement, support, and advice.

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To the two most important people in my life, I want to express my love and devotion:

To my son, Donavan, who has made all these sacrifices this past year worthwhile. I love you dearly.

And to my husband, Vance, who without your words of encouragement and your shoulder to lean on I would never have accomplished this goal. You are not only my husband but my best friend.

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Chapter I

The Research Problem

The rising costs of health care have forced Americans to evaluate potential solutions for decreasing this escalating expense which now accounts for 14% of the Gross National Product (Bast, Rue, & Wesbury, 1993). Additionally, proposed health care reform plans have indicated rationing of health care may be a consideration. Since proposed health care reform has included nurse practitioners as primary care providers, these advanced practice nurses would be confronted with decision making relevant to allocation of care. As yet, no studies have explored nurse practitioners' perceptions of the concept of rationing of health care. Therefore, the focus of this study was to identify these perceptions among advanced practice nurses.

Introduction to Problem

For the year 1992 the United States spent an estimated $817 billion in health care. This amount is higher than in any country in the world (Bast et al., 1993). By the year 2000 a projected $1.7 trillion will be spent annually on health care and that amount would exceed the total current budget. As health care costs continue

to escalate, many solutions have been proposed to decrease costs. One of the frequently mentioned solutions has been rationing of health care.

Rationing of health care is a controversial dilemma that faces all health care consumers and providers. According to Lozano (1993), rationing is already taking place in America. Lozano based this observation on the fact that many Americans are, for one reason or another, unable to afford health care.

England, Canada, and Germany have tried implementing solutions for affordable health care. In 1948, England created the National Health Service to provide all needed services equally to the entire population. Today, in an effort to control health care costs, access to services is limited. For example, out of a population of 55 million, nearly 800,000 are on waiting lists for surgery. The Brooking Institution in England found that 30,450 to 49,000 British are denied medical attention annually (Bast et al., 1993). The additional cost of providing services to those individuals would be approximately $450 million. Rationing in England occurs in three ways: putting people on waiting lists, denying some services or procedures to certain patients, or denying other treatments altogether (Harper, 1993).

Budget restrictions in Canada have produced rationing in a manner similar to England's. Waiting lists in Canada

have grown. In 1990 the wait for a pap smear was up to 5 months, and the delay for different types of surgery ranged from 18.2 weeks to 36.1 weeks (Bast et al., 1993). The quality of care in England and Canada has been negatively affected, and rationing of health care is a large component for this decline in quality of care (Bast et al., 1993).

Germany also has rationed health care. At one time a patient received needed care with the government picking up the tab. Now due to budget restrictions health care providers are forced to make rationing decisions about who gets treated. Decisions are based on a patient's age, life expectancy, dependents, and other contributing behavior, such as compliance to prescribed treatment regimens (Harper, 1993).

Implications for Nursing

With the election of President Clinton, health care reform emerged as a critical social issue. The objectives of health care reform are to contain cost and guarantee health coverage for all Americans and to do so while maintaining quality of care (Minarik, 1993).

Safriet (1992) found that nurse practitioners not only increased Americans' access to health care but were cost effective as well. Safriet also found that the quality of care provided by nurse practitioners is equal to that of physicians. Functions of the nurse

practitioner were found to be "diagnosis and management of common acute illnesses, disease prevention and management of stable, chronic illnesses" (Safriet, 1992, p. 424).

The emphasis of health care is changing from the cure of disease to the prevention of disease. Healthy lifestyles have been promoted through health education and disease prevention. Henderson (cited in Marriner-Tomey, 1989) believes that promotion of health is more important than care of the sick. With nurse practitioners' focus being on health promotion and disease prevention, the plans of the proposed health care reform mesh with the philosophy of the practitioner. The nurse practitioner will emerge as the primary care provider for many individuals who now have no health care or are limited in access to care; however, reform and access may be costly. Rationing of health care may be necessary to control this increasing expense.

Only one study has been identified that has previously studied attitudes of health care professionals toward rationing of health care. O'Malley (1991) studied three groups of professionals and their attitudes using age as a basis for rationing of health care. The three groups included gerontologists, ethicists, and hospital administrators. No nurse practitioners were included in O'Malley's study. As nurse practitioners emerge as primary care providers, they will be confronted with

decisions concerning rationing of health care. No study has ever described what their perceptions are toward this issue. This researcher believes that nurse practitioners have perceptions concerning rationing. In this study nurse practitioners who practiced in primary care were asked to face the dilemma of rationing of health care. It was believed that their perceptions influenced the decisions that they made. Since rationing of health care is a contemporary issue, data from this study may provide change for education and input into government policy.

Theoretical Framework

The theoretical framework for this study was Henderson's (1966) model. Henderson defines nursing as a unique function that assists

> . . . the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way to help him gain independence as rapidly as possible. (p. 15)

In helping the patient with these activities, Henderson believes, the nurse has infinite need for knowledge of the biological and social sciences and skills based on them. Henderson also believes that it is more important to promote health than care for the sick.

Of particular interest to this study was the concept of the function of the nurse in assisting the patient to

gain independence as rapidly as possible. In this study, as in Henderson's model, the nurse practitioner would assist the patient in performing basic activities that would contribute to and promote health. The nurse practitioner would do this by teaching the patient and his/her family how to perform these basic activities. It is believed that if rationing of health care is adopted patients may well be required to wait for necessary treatments. While waiting for these treatments, it will be vital for the patient and his/her family to be able to provide the needed care for the patient to remain independent. The practitioner would then use his/her knowledge and skills of the biological and social sciences to assist the patient and family in promotion and maintenance of health.

Assumptions

This study had the following assumptions:

1. Rationing of health care is a national dilemma facing all nurse practitioners.

2. Nurse practitioners have perceptions toward rationing of health care.

3. Perceptions toward rationing can be measured through the Baucum Rationing Questionnaire.

4. The nurse practitioners' perceptions toward rationing of health care will influence his/her health care decisions.

Statement of the Problem

The rising cost of health care has forced Americans to look for means to decrease the expense. With the proposed health care reform, many feel that rationing is closer than ever to being a reality. The new health care reform includes nurse practitioners in the role of primary care providers. No research has been identified that explored nurse practitioners' perceptions of rationing of health care. Therefore, the problem to be explored was what perceptions do nurse practitioners have regarding rationing of health care.

Research Question

The research question that guided this study was what are the perceptions of nurse practitioners in primary care toward rationing of health care?

Definition of Terms

For this study, the following terms were defined:

Perceptions

Theoretical definition: Perception is a process of organizing, interpreting, and transforming information from sense data and memory. It is a process of human transactions with environment. It gives meaning to one's experience, represents one's image of reality, and influences one's behavior (King, 1981).

Operational definition: Perceptions toward rationing of health care as measured by the Baucum Rationing Questionnaire.

Rationing of health care

Theoretical definition: The withholding of potentially beneficial health care services when it has been determined that the cost outweighs the benefit.

Operational definition: Rationing as affected by selection of answers on the Baucum Rationing Questionnaire.

Nurse practitioner

Theoretical definition: Any registered nurse who is prepared to deliver primary care through a formal organized educational program that meets established guidelines determined by the profession (American Nurses' Association, 1985).

Operational definition: Any nurse practitioner who is certified and practicing in primary care in the state of Mississippi.

Chapter II

Review of Literature

Rationing of health care is a dilemma facing all health care consumers and is being discussed more in the literature. However, at present only one study could be found that has explored health care professionals' attitudes toward rationing. This review of literature has detailed that study and those of two other authors in this field.

O'Malley (1991) studied health care professionals' attitudes concerning age as a basis for rationing of health care. The professionals who were involved in the study included gerontologists, ethicists, and hospital administrators. This study was conducted in an effort to define the attitudes of professionals closely involved in the care of the elderly. These attitudes could support or change future medical policies. O'Malley's study used a descriptive format consisting of a mail-out, three-part questionnaire. The first section provided a demographic picture. The second section considered degree of agreement or disagreement for selected policies, regulations, and decisions. Section three quantified the respondents' level of agreement on various issues of

health care. There were 578 responses: 306 from gerontologists, 93 from ethicists, and 179 from hospital administrators. The respondents were 55% men and 45% women. Ninety-seven percent were white, with the remaining 3% being divided among black, Hispanics, Asians, and others. Five percent were between the ages of 25 and 34 years of age, 68% between the ages of 35 and 54 years of age, and 27% between the ages of 55 and 64 years.

Seventy-four percent of the respondents disagreed that there would be justification for physicians to limit care based on the fact that the patient is elderly. Fifty-six percent agreed that a physician could refuse to order disproportionately or extraordinary means of treatment for elderly patients. Fifty-six percent disagreed that a physician could justifiably limit care to an elderly patient with Alzheimer's disease, and 52% disagreed that transplants could be denied to the elderly. When questioned on the matter of legal ramifications, 71% of the respondents disagreed that it was justifiable for public health to be rationed to the young, while 69% disagreed with the passage of laws that would require a provision of artificial nutrition/hydration as a matter of public policy.

When questioned concerning the rights of Americans with respect to health care, 18% believed that the American society has achieved a major accomplishment with people living as long as they do. Eighty-six percent

believed that every American has the right to health care regardless of age. Respondents favored programs that support health care of the elderly. Fifty-eight percent disagreed that children suffer from lack of health care while the elderly benefit. Seventy percent agreed that access to public health in rural areas is important. Seventy-three percent believed that a sliding fee scale should be used for services to the elderly.

O'Malley (1991) found that among the three groups surveyed rationing to elders should not be accepted. O'Malley reached four major conclusions:

1. There is little support for age-based rationing.

2. The higher the direct involvement with the elderly, the stronger the opposition to age-based rationing.

3. Females and older respondents are less supportive of age-based rationing.

4. Factors of socialization and ideology are important in accounting for opposition to age-based rationing. Respondents in O'Malley's study indicated that, in their opinion, people who abuse their bodies or people who continue to smoke should be limited to public health care before the elderly.

Recommendations relevant to this study that O'Malley offered included doing more in the area of preventive health care. Another recommendation was that if rationing

does become necessary, it should be administered equitably to all age groups using ethical guidelines.

Lozano (1993) discussed the concept of rationing of health care. He stated that while America has the most technologically advanced medical care in the world, it is an increasingly unjust system. Lozano described rationing as the withholding of potentially beneficial health services because policies and practices establish limits on resources available to health care. Lozano concluded that rationing has already taken place in America and cited these examples:

> Medicaid only covers 40% of the poor. Because of the level of payments, reimbursement delays, and other concerns, many physicians refuse to take care of Medicaid payments.
>
> Due to high deductibles and increasing insurance premiums, access to health care is becoming difficult for middle-income families.
>
> Every year, more employers find themselves and their employees without adequate access to health care when they are unable to cover the rising cost of health insurance premiums.
>
> Individuals with existing conditions, such as diabetes, heart disease or HIV infections, are unable to obtain health care insurance at any price and have joined the ranks of the "uninsurable."
>
> The Medicare programs cover people aged 65 and older but not the 62- or 63-year-olds [sic]. This is another example of rationing by conscious public policy.
>
> Millions of Americans are born into families who have no health insurance. This may be considered rationing by luck, or to be more precise, bad luck. (pp. 36-41)

Lozano (1993) suggested that a nation as great as America should be capable of designing a health care system that provides access to all citizens. This health care system should contain cost as well.

While Lozano stated that rationing is already happening in America, Hadron and Brook (1991) considered rationing from a different standpoint. They maintain that what many people call rationing is really discrimination of access to health care services. A true definition of rationing means that a needed commodity is scarce, and Hadron and Brook (1991) stated that the only scarce commodities of health care were organ transplants and intensive care unit beds. They cited Brook and Lohr as estimating that 30% or more of health care could safely be foregone without loss of quality of care. Therefore, there was a difference between health care wants and health care needs. Health care needs should be defined in the terms of a basic benefit plan. They maintain that by providing access for all citizens to this basic benefit plan, true rationing of health care could well be avoided.

The selected review of literature establishes some relevant information reflecting rationing of health care. O'Malley (1993) explored the attitudes of over 500 health care professionals concerning rationing of health care. O'Malley concluded that there was little support for age as a criteria for restriction of health care services.

Lozano (1993) stated that rationing is already taking place in America. He based this conclusion on the fact that many Americans are denied health care because of the inability to pay for potentially beneficial services. On the other hand, Hadron and Brook (1991) stated that the inability to pay for services results in a denial of access to health care but is not rationing in the true definition of the word. Hadron and Brook believed rationing to be when a commodity was scarce and cited that ICU care and organ transplants were the only scarce health care items in America. O'Malley (1991) also found that the respondents believed that health care should first be rationed to people who abuse their bodies or continue to smoke.

The review of literature reveals the need for further study on the issue of rationing. Only one study (O'Malley, 1993) was found that studied health professional attitudes and that study did not include nurse practitioners. This review disclosed the need for further defining the concept for rationing of health care (Hadron & Brook, 1991; Lozano, 1993). This present research studied nurse practitioners' perceptions toward rationing and in so doing helped define and explore nurse practitioners' perceptions concerning rationing of health care. This study helped establish the role that the nurse

practitioner provides when working with patients who may have services denied.

Chapter III

The Method

The purpose of this descriptive study was to explore nurse practitioners' perceptions concerning rationing of health care. The main objectives of descriptive studies are to observe, describe, and classify phenomena (Polit & Hungler, 1991). The phenomena to be examined in this study were perceptions of advanced practice nurses toward the concept of rationing of health care.

Setting, Population, and Sample

The setting of this study was the state of Mississippi, in which there is a disproportion of health care providers to citizens. The physician to citizen ratio is 1 to 755; however, the primary care provider ratio is 1 to 1,576. Mississippi also has an estimated 143 practicing nurse practitioners (Morgan, 1993), increasing the accessibility to primary care providers for the citizens of the state.

The population for this study included all nurse practitioners practicing in primary care within the state. There were 95 returned surveys representing a 64% return. Of these, 17 respondents indicated that they practice in an area other than primary care. These surveys were not

used for data analysis. The final sample (N = 79) represented a 52% return rate. Anonymity was assured for the participants as no name appeared on the questionnaire.

Methods of Data Collection

Procedures. Approval for the study was obtained from the Mississippi University for Women's Committee on Use of Human Subjects in Experimentation (see Appendix A). A list of all nurse practitioners within the state of Mississippi was obtained from the State Board of Nursing. A cover letter (see Appendix B) to explain the purpose of the study, a questionnaire, a demographic data sheet (see Appendix C), and a stamped, self-addressed envelope were mailed to all nurse practitioners in the state. Only those practitioners involved in primary care were included in the study. The return of the questionnaires indicated willingness to participate. Seven days after the initial mailing a postcard reminder (see Appendix D) was sent. Data collection was from May 16, 1994, to July 8, 1994.

Instrumentation. Data were gathered using the Baucum Rationing Questionnaire, a researcher-developed instrument (see Appendix E). This tool was patterned after the Thompson Life Prolonging Survey and Degner Life Prolonging Scale (Thompson, 1991). Four vignettes represented clinical situations that a primary health care provider could encounter in practice. Respondents were asked to indicate their degree of agreement or disagreement with

each vignette regarding the decisions to ration care. Scoring of the four vignettes involved a rating of 1, 2, 3, and 4. On all vignettes a rating of 4 meant that the respondent strongly agreed to rationing, a rating of 3 meant the respondent agreed, 2 meant that the respondent disagreed, and a 1 meant the respondent strongly disagreed with rationing of health care. Vignettes 1 and 4 were designed to reflect denial of health care, and Vignettes 2 and 3 were designed so that health care was approved. Because age, sex, and source of payment could have created a bias for respondents, the four vignettes reflected a balance on this issue. The questionnaire covered the age span and involved 2 males and 2 females. Two patients had private insurance and 2 had government insurance.

The Baucum Rationing Questionnaire does not have established validity and reliability. However, it was designed after the Degner Scale with established reliability and validity, and it was patterned after the Thompson Life Prolonging Survey which has elicited data from primary care nurse practitioners. Additionally, the tool was piloted and reviewed by a panel of experts, thus face validity has been assumed.

Limitations. This study has certain restrictions on generalization. Even though all nurse practitioners in primary care within the state of Mississippi were mailed a Baucum Rationing Questionnaire, this number represents

only the population of one state. Findings must be interpreted with caution if generalized to other states. Another limitation to this study is that the Baucum Rationing Questionnaire has no established validity and reliability. However, every effort was employed to support validity. Additionally, as with all vignette format instruments, response bias is a problem. The researcher attempted to minimize this problem by developing situations appropriate to the nurse practitioner's clinical expertise.

Data Analysis

Descriptive statistics were used to analyze the data. Percentages and frequency distribution assessed the degree of agreement or disagreement of the respondents. The comments following each vignette were analyzed by a panel of experts using content analysis for clusters of themes pertaining to nurse practitioners' perceptions of rationing of health care. Once themes were identified, they were counted for frequency.

Chapter IV

The Findings

The purpose of this descriptive study was to determine primary care nurse practitioners' perceptions toward rationing of health care. Data were collected using a survey method in which two questionnaires were completed. One questionnaire solicited demographic data while the other, the Baucum Rationing Questionnaire, presented four vignettes describing patients seen in a primary care setting for which a decision had been made to either ration or not ration their health care. The respondents were asked to agree or disagree with the allocation of health care decisions that were made. The results of data analysis are presented in this chapter according to description of the sample and vignette evaluation.

Description of Sample

A total of 79 (52%) surveys were used in the sample. Of these, 5 (6%) respondents indicated their major area of practice as Adult, 47 (60%) Family, 9 (11%) Ob/Gyn, 11 (14%) Pediatric, 1 (1%) Ob/Gyn and Pediatric, 3 (4%) Adult and Geriatric, and 3 (4%) Other.

Results of Data Analysis

The research question was what are nurse practitioners' perceptions toward rationing of health care? Vignette 1 presented a one-year-old male child with multiple birth defects who was not expected to live to his second birthday. He had been diagnosed with pneumonia; however, his private insurance denied his admission to the hospital. This was a situation of rationing of health. The majority (78%) of the respondents disagreed with rationing in this situation while a total of 17 (22%) agreed with rationing (see Figure 1).

Vignette 2 presented a young unwed mother of three who was pregnant for the fourth time. After her third pregnancy she was diagnosed with diabetes and was advised to have no other children. Medicaid approved continued coverage for the duration of her pregnancy. Rationing of health care does not happen in this situation. A total of 68 (86%) of the respondents agreed with the decision to provide continued coverage, thus disagreed with rationing of health care. A total of 11 (14%) disagreed with continued coverage (see Figure 2).

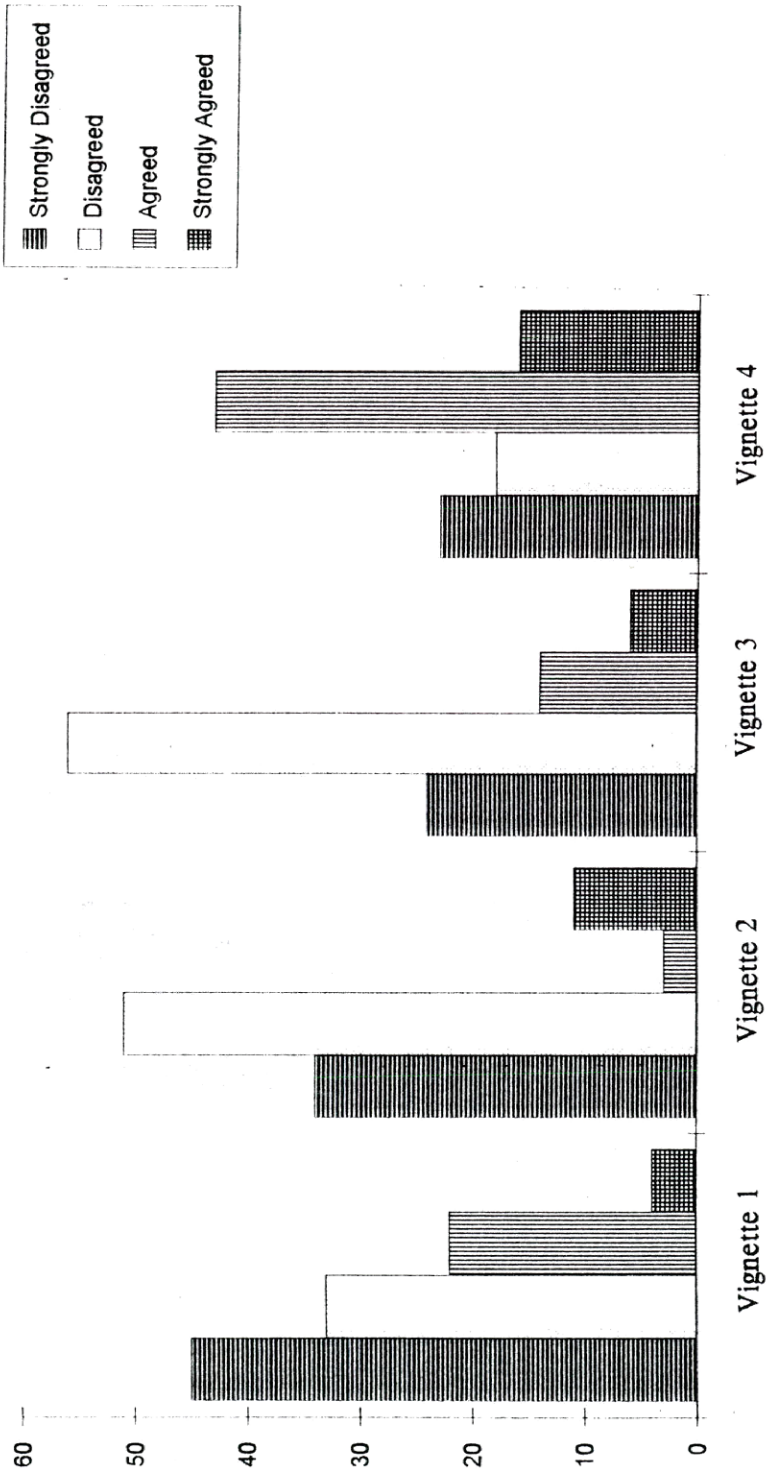

Figure 1. Rationing choices by vignette expressed in percentiles.

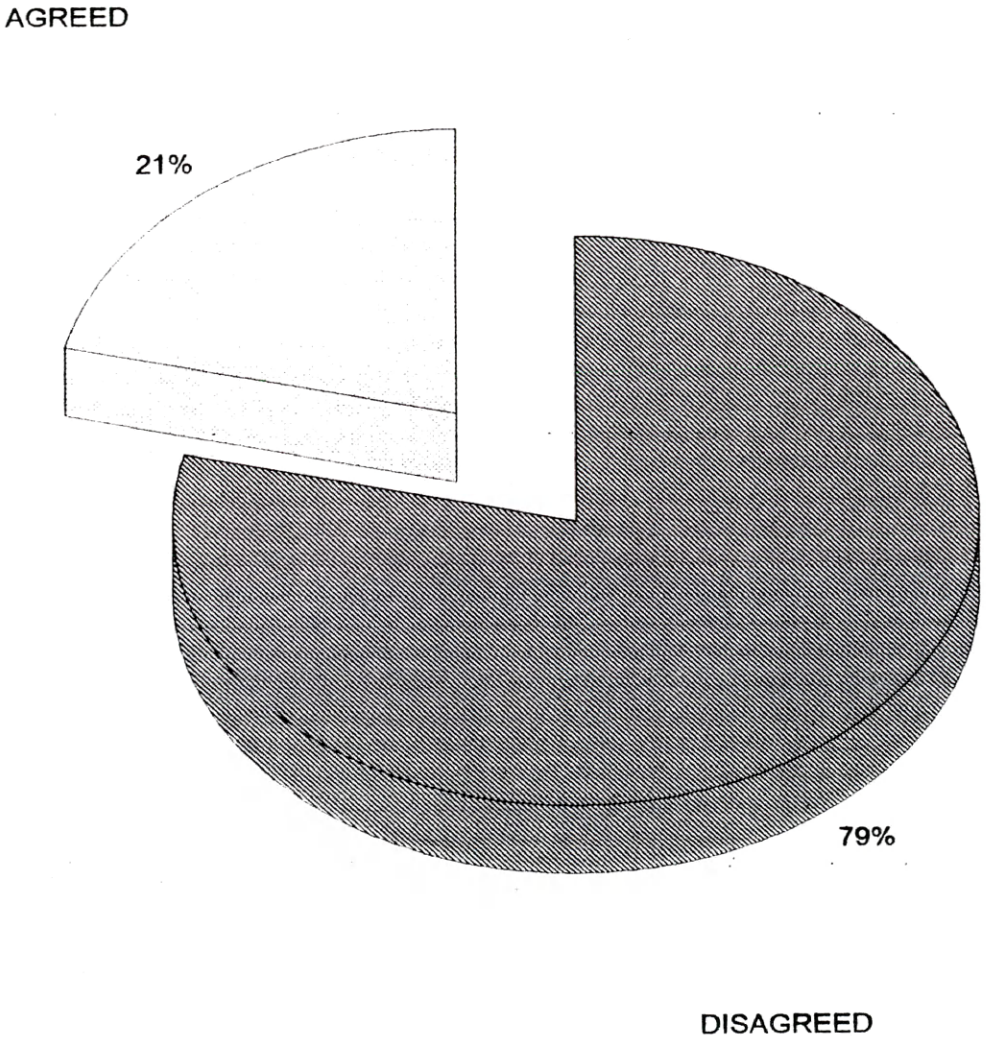

Figure 2. Perceptions of nurse practitoners toward rationing of health care.

Vignette 3 presented a 53-year-old male with COPD who had continued to smoke against his provider's advice. His provider ordered a nebulizer machine for which his private insurance approved coverage. Rationing of health care did not happen in this situation. A total of 63 (80%) respondents agreed with providing the patient with a nebulizer, thus disagreed with rationing. A total of 16 (20%) disagreed with providing the patient with a nebulizer, thus supported rationing of care.

Vignette 4 presented an elderly woman with senile dementia who resided in a nursing home. She had begun to experience anuria and her health care provider wished to begin dialysis. Medicare and Medicaid refused to pay for this treatment. This vignette was a situation in which rationing of health care occurred. A total of 32 (41%) of the respondents disagreed with rationing of health care while 47 (59%) agreed with Medicare/Medicaid decision to ration health care.

In general, respondents were not supportive of rationing of health care. Results of the four vignettes indicated that of the 315 responses, 91 (21%) responses advocated rationing, while 224 (79%) did not advocate rationing of health care.

Additional Findings

The comment section of the Baucum Rationing Questionnaire was analyzed using an open-coding method to

determine common themes reflecting perceptions of these primary care nurse practitioners toward the rationing of health care as a viable means of reducing cost of care. Seven themes emerged including patient responsibility, preventive health care, ethics/morality, quality of life, equal access, patient/family choices, and alternate delivery systems. The theme of patient responsibility was described as being compliant to prescribed treatments as well as responsible to society in general. Respondents advocated contracting with noncompliant patients so that if they continued to be noncompliant they would then be denied needed health care benefits. Examples cited included denial of Medicaid for mothers of two or more illegitimate children as well as forced sterilization. Additionally, respondents believed smokers should be denied insurance benefits if they continued to smoke.

Prevention was the second common theme identified. In Vignette 2 respondents indicated that prenatal care as a prevention measure would be far less costly than delivering an unhealthy child. Additionally, in Vignette 3 respondents believed that prevention of complications of chronic diseases would be less expensive than emergency room visits and hospitalizations. Counseling and education were advocated as preventive measures that should be used for all patients. Although respondents advocated denial of needed health care benefits for

noncompliant patients, these nurse practitioners believed that counseling and education should be continued for these patients in the hope that they would become compliant.

Ethics and morality were identified as respondents indicated that providers and insurance companies should not play God since "only God knows when someone will die." One respondent stated,

> As a medical professional we all take an oath to provide the care necessary for health. Having lost a child to a genetic abnormality [sic] he lived for 13 productive years due to physicians treating the health problem as it arose, not saying he would eventually die so, why bother. After he was diagnosed, his life expect(ancy) was six months, so I had 13 more years with medical interventions.

Other issues involved in this theme include ethics in relation to the insurance companies. The nurse practitioners believed that it was unethical for insurance companies to accept premiums and not pay for needed treatment. Respondents also indicated that in patients who had a poor prognosis there is still an obligation to provide comfort measures in accordance with joint decisions made by the health care provider, the patient, and the family.

Quality of life was the fourth theme. Respondents believed that decisions to withhold needed treatments should be based on the quality of life a person has or

will have, and not on whether a person or his insurance company can afford the needed care. When a person was deemed to have a poor quality of life, the nurse practitioner believed that "heroic" measures should not be pursued. This theme of quality of life was identified in all the situations; however, it was mentioned more in Vignettes 1 and 4 than in Vignettes 2 and 3.

Another common theme that emerged from the vignette comments was that of equal access. Many respondents indicated that all persons, regardless of age, prognosis, or quality of life, should be granted equal access to health care.

A sixth theme concerned that of patient and family choices. The primary care nurse practitioners indicated that only patients can choose to comply with prescribed treatment regimens. This theme emerged from Vignettes 2 and 3. Also, respondents questioned whether or not the patient and/or family was involved in decisions that were made in Vignettes 1 and 4 indicating a concern for whether or not the patient and family were given enough information and were involved in decision making.

Finally, an alternate delivery system was identified as a common theme in Vignette 1 only. The subjects overwhelmingly indicated that home health care should be utilized. The respondents believed that home care would be less expensive than hospitalization. These nurse

practitioners also indicated that home care would be less emotional and physically upsetting for the patient and family than hospitalization. Some of these respondents suggested working with the insurance agency for an approval of benefits to provide for the home health service.

Summary

The results of data analysis were described in this chapter. The sample including demographics were presented. An analysis of the Baucum Rationing Questionnaire and four vignettes revealed that nurse practitioners did not generally endorse rationing of health care. Additionally, although a small percentage of the responses did subscribe to rationing under some circumstances, seven common themes emerged from the comment section: patient responsibility, prevention, ethics/morality, quality of life, equal access, patient/family choices, and alternate delivery systems. Chapter V provides an outcome of the findings including discussions, conclusions, implications, and recommendations.

Chapter V

The Outcomes

Rationing of health care has been identified as a way to help decrease the rising cost of health care. However, only one study was found which focused on health care professionals' perceptions toward rationing. Thus, this researcher implemented a descriptive study to examine primary care nurse practitioners' perceptions toward rationing of health care. Data were collected using the Baucum Rationing Questionnaire. Henderson's Model of Nursing provided the theoretical framework. An explanation of the findings of this study in regard to the research question is discussed in this chapter. Conclusions, implications for nursing, and recommendations are examined.

Summary of Findings

A total of 151 nurse practitioners in Mississippi were surveyed using a questionnaire that presented four situations in which the insurance company chose to either ration or not ration health care. A total of 79 (52% of the total surveyed) were used in the study. Nurse practitioners made a total of 315 decisions about the vignettes, 91 (21%) choosing rationing while 224 (79%) not

choosing rationing. Of those who chose rationing, 30 (10%) strongly agreed and 61 (19%) agreed. Based on these findings, the respondents failed to support rationing of health care as a means of decreasing the cost of health care.

Discussion of Findings

In this study, 71% of the decisions made by nurse practitioners disagreed with rationing of health care. These perceptions may in part be due to the fact that nurses have traditionally been known for caring for the patient and providing for his or her needs without regard to cost. Nurses historically have had little involvement in the financial aspect of patient care. Additionally, personal experience may have influenced respondents' decisions to not ration health care because they may have relatives or are themselves in similar situations as described in the vignettes.

A total of 29% of the respondents' responses agreed with rationing. The respondents may have viewed the questionnaire in total and not each situation as a separate dilemma, therefore, perceiving the need to ration care to at least one of the patients in the vignettes. The respondents chose to ration care to the elderly patient in Situation 4. Moreover, the respondents may have believed that health care dollars could have

benefitted society more by being spent on a younger person or one who could have a better and longer quality of life.

In general, nurse practitioners' perceptions toward rationing centered around seven themes: patient responsibility, prevention, ethics/morality, quality of life, equal access, patient/family choices, and alternative delivery systems. The theme of patient responsibility is consistent with Harper's (1993) statement that Germany bases decisions to ration health care on such factors as patient compliance. In this study, respondents who chose to ration care to the noncompliant smoker (Situation 3) may have based their decision on the idea that a provider could better utilize his/her time and effort on patients who complied with a prescribed treatment regimen. This finding is also consistent with the conclusion that people who continue to smoke should be limited to public health care before the elderly (O'Malley, 1991).

Prevention was a common theme identified. Henderson (1966) addressed this issue by positing the importance of promoting health rather than caring for the sick. This theme supports Safriet (1992) who proclaimed that the role of the nurse practitioner is to prevent disease. Another explanation for the emersion of this theme is that the respondents may have focused on prevention instead of addressing the real issue of rationing care to an

individual. By doing so, the respondents were, therefore, able to avoid the issue of having to make a decision which resulted in a person not receiving health care that the participants believed was necessary to sustain or maintain health.

Respondents were concerned about equal access. The concern of equal access was evident in articles by Lozano (1993) and Hadron and Brook (1991). Lozano (1993) believed that when a person is denied equal access to care, rationing of health care has taken place. On the other hand, Hadron and Brook (1991) believed that unequal access is not rationing but a form of discrimination. These nurse practitioners may have shared the concern of equal access and believed that people should be allowed to have the needed health care warranted by their health condition regardless of cost. O'Malley (1991) also found that health care professionals believed that every American has the right to health care regardless of age. The issue of equal access again may be because of the nature of caring that nurses have toward their patients, demonstrating that nurses are often patient advocates as well as providers of technical skills (Henderson, 1966).

Respondents identified ethical/moral obligations. These nurse practitioners indicated that both the insurance companies and health care providers have an ethical and moral obligation to patients. The respondents

may have believed that insurance companies should have paid for treatments ordered as a result of personal experiences with insurance companies. Additionally, respondents, as health care providers, may have believed that only providers have the right to decide how or where a patient will be treated. Additionally, the respondents may have been influenced by religious beliefs. Thus, respondents believed that not to provide treatment to an individual who would die as a result of the withheld treatment would be playing God.

The quality of life theme may indicate that nurse practitioners believed it was important for the patient to be of some benefit to society as well as to himself or herself and the family. Additionally, nurse practitioners may have viewed no quality of life as a basis for the patient's right to "die with dignity." These respondents endorsed the notion that if a possibility for quality of life existed, then that quality should be preserved at whatever the cost.

An additional theme that emerged was that of the patient and family choices. The concern expressed by the respondents dealt with the patient and family having enough information to make informed decisions. A second issue was that patients in the end must make their own decision as to whether to follow or not to follow a provider's advice. Further, the respondents indicated

that the patient's decision should be accepted and not judged by the provider. Accepting a person's choice is advocating the patient's rights which refutes Harper's (1993) position that rationing be based on compliance versus noncompliance.

Alternate delivery systems was a theme identified in Situation 1. Respondents suggested that home health be utilized when hospitalization was denied. Thus, nurse practitioners believed that patients should have the needed care for treatment of illnesses regardless of cost. Conversely, nurse practitioners could have been avoiding the issue of denying a person health care. By choosing to treat the patient at home, the nurse practitioner avoided rationing.

The respondents in this study rationed care to the elderly patient. Nurse practitioners stated that often more money was spent in the last year of a person's life and this money could be better used to treat younger patients. In the current study, the rationing of care to the elderly patient may be attributed to the belief that the other three vignette patients were more in need of health care than this elderly patient. This rationing of health care to elders contradicts O'Malley's (1991) position that age should not be used as a basis for rationing of health care.

Conclusions

Several conclusions can be deducted based on the findings of this research. The overwhelming decision by these primary care nurse practitioners was rationing of health care is not an acceptable means for decreasing health care spending. This conclusion may be a result of historical role perceptions, personal experiences, or ethical beliefs of the respondents. Furthermore, respondents suggested more money should be spent on preventive health care. This preventive care should include counseling services for addiction and possible complications from noncompliant behavior. The researcher determined from the responses that nurse practitioners endorse the notion that everyone should be responsible for his or her health care. A large number of the respondents indicated that a person should consider how his/her actions will affect not only himself or herself but his/her family and other taxpayers. Lastly, an alternate delivery system was specified as a means to provide needed care for patients. Lastly, the respondents encouraged the use of home health to help decrease the cost of hospitalization.

Implications for Nursing

The results of this research have implications for nursing. The large percentage of respondents who participated in this study may indicate that nurse

practitioners are concerned with the cost of health care and are interested in helping decrease this cost. Moreover, these nurses were concerned with how rationing of health care will affect all health care consumers. Thus, nurse practitioners need to support political activists who lobby for a realignment of health care spending from tertiary care to primary and preventive care.

The role of economics is critical to health care reform, equal access, and care for patients. Thus, schools educating nurse practitioners have an obligation to include health care financing and management, such as budget development and case management, in curricula.

Preventive care rendered by nurse practitioners must be accepted as a viable alternative to sick care. Reimbursement for these services is germane to the promotion of health care. Nurses should support legislation and programs that advocate reimbursement for nurse practitioners. Support should be given to candidates who share this viewpoint. Additionally, nurses must influence health care businesses, such as insurance companies, to pay third parties payments to nurse practitioners for preventive care. To accomplish these goals, nurses must become politically active.

Recommendations for Further Study

Based on the findings of this study, the following recommendations are made:

1. Replication of this study to validate of the Baucum Rationing Questionnaire.

2. Development of nurse practitioner curriculum to include health care financing.

3. Implementation of a similar study to substantiate the findings of this research.

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APPENDIX A

APPROVAL OF MISSISSIPPI UNIVERSITY FOR WOMEN COMMITTEE ON USE OF HUMAN SUBJECTS SUBJECTS IN EXPERIMENTATION

MISSISSIPPI UNIVERSITY FOR WOMEN
Columbus, MS 39701

Vice President for Academic Affairs
P.O. Box W-1603
(601) 329-7142

May 3, 1994

Ms. Donna Lynn Baucum
c/o Graduate Nursing Program
Campus

Dear Ms. Baucum:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research upon the condition that the informed consent be expanded to ensure that consent is voluntary, that there is anonymity of the subjects, and that the consent advise that participants may withdraw at any time.

I wish you much success in your research.

Sincerely,

Thomas C. Richardson
Vice President
for Academic Affairs

TR:wr

cc: Mr. Jim Davidson
Ms. Jeri England
Dr. Nancy Hill
Dr. Rent

APPENDIX B

COVER LETTER TO PARTICIPANTS

Post Office Box 205
Raleigh, MS 39153

Dear _____:

The rising cost of health care is forcing Americans to look for means to decrease this expense. With the proposed health care reform, many feel that rationing is closer than ever to being a reality. The proposed health care reform includes nurse practitioners strongly in the role of primary care providers.

As a nurse practitioner student at Mississippi University for Women, I am interested in studying nurse practitioners' perceptions toward rationing of health care. Enclosed are a demographic data sheet and a questionnaire that will help define your perceptions. Your responses will remain anonymous since no name will appear on the returned questionnaire. I would appreciate your time to answer the questions and your comments.

Enclosed is a self-addressed, stamped envelope for return of the questionnaires. Please return them within the following week. Return of the questionnaire implies your consent to participate in the study.

Sincerely,

Donna Lynn Baucum, RN

APPENDIX C

DEMOGRAPHIC DATA SHEET

Demographic Data Sheet

Please check (✓) the following response that best describes your practice:

_____ Adult

_____ Geriatric

_____ OB/GYN

_____ Family

_____ Pediatric

_____ Other, Please explain:_____

_____

_____

Which choice best describes your location of practice:

_____ Primary care

_____ Education

_____ Administration

_____ Other, Please explain:_____

_____

_____

APPENDIX D

FOLLOW-UP POSTCARD

Dear Nurse Practitioner:

It is important that your perceptions about rationing of health care be known. If you have not completed the questionnaire, please try to do so today. If you have already done so, please disregard this reminder.

Thank you,

Donna L. Baucum

APPENDIX E

BAUCUM RATIONING QUESTIONNAIRE

Directions

The following are four situations which primary care providers could encounter if rationing is adopted. Given the amount of information each situation provides, please indicate your degree of agreement or disagreement, with the decisions made by checking (✓) one of the four possible responses. Following each situation is a comment section; please discuss the reasons behind your decision.

Vignette 1

This child is one year old. He has multiple birth defects and is not expected to live to his second birthday. He now has pneumonia. His primary health care provider wishes to admit him to the hospital; however, his insurance company denies his admission. Do you

____ a. Strongly agree
____ b. Agree
____ c. Disagree
____ d. Strongly disagree

Comments:_____

_____

_____

_____

Vignette 2

A 28-year-old unwed mother has three children. After her third pregnancy, she was diagnosed with diabetes mellitus and advised to have no other children. However, she is pregnant for the fourth time. Her Medicaid has been approved for continued coverage for the duration of her pregnancy. Do you

____ a. Strongly agree
____ b. Agree
____ c. Disagree
____ d. Strongly disagree

Comments:_____

_____

_____

_____

Vignette 3

A 53-year-old male has COPD. He has repeatedly been advised by his primary health care provider to stop smoking. He has been noncompliant and continues to smoke. His health care provider orders a nebulizer machine and contacts his private health insurance. His insurance approves coverage for cost of the machine. Do you

_____ a. Strongly agree
_____ b. Agree
_____ c. Disagree
_____ d. Strongly disagree

Comments:_____

_____

_____

_____

Vignette 4

An 84-year-old female with a diagnosis of senile dementia has been a resident of a nursing home for 3 years. She begins to experience a prolonged period of anuria. Her primary health care provider feels that dialysis will be necessary. However, Medicare and Medicaid refuse to pay for her treatments. Do you

_____ a. Strongly agree
_____ b. Agree
_____ c. Disagree
_____ d. Strongly disagree

Comments:_____

_____

_____

_____