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Perceptions Of Nurse Practitioners Regarding Expanded Practice In The Emergency Department

Donnie Scoggin
Mississippi University for Women

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PERCEPTIONS OF NURSE PRACTITIONERS
REGARDING EXPANDED PRACTICE IN
THE EMERGENCY DEPARTMENT

by

DONNIE SCOGGIN

A Thesis

Submitted in partial fulfillment of the requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

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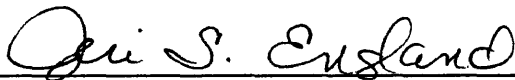
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Perceptions of Nurse Practitioners
Regarding Expanded Practice in
the Emergency Department

by

Donnie Scoggin



Instructor of Nursing
Director of Thesis



Assistant Professor of Nursing
Member of Committee



Member of Committee



Director of the Graduate School

Abstract

Nurse practitioners have been in collaboration with physicians for several years. However, there is only a small percent who work in the emergency department. Due to an increasing population seeking primary care in the emergency department, the purpose of this research study was to identify the perceptions of nurse practitioners regarding the expanded practice in the emergency department. King's Theory of Goal Attainment was utilized as the theoretical framework for the study. The research question for this study was what are the perceptions of nurse practitioners regarding the role of expanded practice in the emergency department? The Scoggin Task Checklist consisting of 27 different tasks was used to identify which tasks were appropriate for the nurse practitioners to perform in the emergency department. This questionnaire determined the tasks that nurse practitioners perceived they could perform with or without physician collaboration and also identified what tasks are outside the nurse practitioner role. The questionnaire was mailed to 300 randomly selected practicing family nurse practitioners in the United States whose names were randomly selected by the American Nurses Credentialing Center in Washington, D.C. Data analysis was performed

using descriptive statistics. Of the 300 mailed questionnaires, 180 (65%) were returned completed. Eleven of the tasks presented were perceived by a majority of the respondents as not in the nurse practitioner role or within the role of the nurse practitioner with the collaborating physician on-site. Responses also revealed that a majority of the respondents perceived 16 of the 27 tasks were within the nurse practitioner role for performance in the emergency department. These 16 tasks perceived within the role of the nurse practitioner were also identified as tasks which could be performed either without the collaborating physician on-site or without physician collaboration.

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Chapter I

The Research Problem

The World Health Organization has set the year 2000 as its goal to establish access to primary health care for all people. The United States is not ready to meet this goal. In the November 1988 issue of the American Journal of Nursing, it was established that the United States had the poorest access to the most expensive health care in the world (Styles, 1990).

Introduction to the Problem

Health-care costs in the United States continue to rise at an alarming rate. Currently, over 12% of the gross national product is spent on health care (Callan, 1992). These figures translate to \$1,800 per person, the highest cost per capita in the world. Despite the high costs, 37 million Americans do not have health-care coverage (Styles, 1990).

As government continues to cut funding for medical programs, insurance costs continue to increase, and malpractice costs continue to skyrocket. As a result, hospitals have been forced to be more creative in providing quality primary health care at competitive prices (Callan, 1992). The increased cost to the public for quality health

care has caused more people to utilize their local hospital emergency departments for primary health care (Powers, Jalowiec, & Reichelt, 1984).

According to McGrath (1990), nurse practitioners have become the focus of a search to find answers to the increasingly difficult access to care issues due to a recent shortage of health care physicians. The practitioner role was created to provide primary health care in response to a growing physician shortage. Since the nurse practitioner role varies from state to state, it is estimated that between 50 and 90% of the physician's activities could have been performed by a nurse practitioner. Nurse practitioners have previously worked in a variety of settings throughout the United States. However, most nurse practitioners seem to be working either in the inner city or in the rural setting (McGrath, 1990).

An increasing population in the United States is unable to access primary health care. Several of the reasons are documented for the lack of primary care for these patients. Mallett and Woolwich (1990) stated one documented reason is the patient may not have the money or insurance as a means of providing payment to the physician. Secondly, physicians' offices may not be conveniently located for patients, or there may be a lengthy waiting period for an appointment. Finally, patients may not be able to access the physicians' offices during regular office hours.

Therefore, many people have been utilizing emergency departments for their primary health care (Covington, Erwin, & Sellers, 1992).

Statement of the Problem

Increased use of emergency departments for primary care has resulted in larger patient loads, overcrowding, and understaffing of emergency departments. The nurse practitioner in the emergency department would be one source for alleviating the problems (Covington et al., 1992; Mallett & Woolwich, 1990). While working in the emergency department, the nurse practitioner could perform a variety of activities to help decrease this overcrowding (McGrath, 1990). These activities could incorporate a variety of tasks including obtaining a history and physical, care of the acutely and chronically ill patient, ordering and interpreting x-rays and lab reports, and prescribing medications. Therefore, the purpose of this study was to identify the perceptions of nurse practitioners regarding expanded practice in the emergency department.

Theoretical Framework

King's (1981) Theory of Goal Attainment was used as the theoretical model for this research study. As human beings, we begin life as members of a group, usually the family unit. Within this family unit we learn to interact, both verbally and nonverbally. These interactions lead to

purposeful transactions which then lead to goal attainment (King, 1981). Establishing a goal with the client is the basis for King's (1981) Theory of Goal Attainment. King's model focuses on the nurse-client interactions which lead to the establishment of a goal. The theory is broad but can be adapted for utilization when nurses provide nursing care in health or illness (King, 1981).

King's theory is complex, but all relationships are clearly set forth and explained. The process of action, reaction, interaction, and transaction are appropriate for use in practice, research, teaching, and administration (King, 1981).

The theory can be adapted for use whenever there is an interaction between a nurse and client. The theory presents concepts that provide a way of more clearly understanding human beings as individuals in a variety of environments. These individuals are influenced by perceptions, roles, past experiences, and concrete situations (King, 1981).

This research study has included two of King's concepts: perception and role. Perception is an individual's description of reality which includes an awareness of people, objects, and events. It is related to past events, experiences, biological make-up, feeling about self, education level, and finally socioeconomic level. Perception is an important concept for nurses to develop in their process of gathering and interpreting information

(King, 1981). Based upon King's definition of perception, the way in which nurse practitioners view expanded practice in the emergency department is dependent upon many variables. Of these variables, the educational level greatly influences the nurse practitioners' perceptions of their ability and competence to perform the tasks required in the expanded role. Former experiences in performing certain procedures also affect how the nurse practitioners perceive the expanded role in the emergency department to be within their scope of practice. As the nurse practitioners' feelings about themselves change and confidence is gained for providing more independent nursing functions, the nurse practitioner may perceive expanded roles in the emergency department more positively.

This study identified perceptions of family nurse practitioners regarding their view of expanded practice in the emergency department. The perception of the nurse practitioner will be determined by the degree to which they feel a given task in the emergency department is within their role.

The second concept from King (1981), used in this research study, was the concept of role. Role is defined as a set of expected behaviors. The concept of role requires individuals to interact with one another in order to achieve a goal. In the health-care system, role can be varied. For example, there are different definitions for the term "sick

role." Role is also considered a situational term. For example, roles of a nurse might include those of helper, co-worker, or coordinator. From the client's view, the role of the nurse can be best defined as an interaction between individuals who come into health-care settings while nurses perform functions of professional nursing based on knowledge, skills, and values (King, 1981).

The concept of role as presented by King (1981) can be utilized in various practice settings, including nontraditional areas for the nurse practitioner such as the emergency department. A role is defined as being partially based upon knowledge; the advanced educational preparation of the nurse practitioner provides the basis for the expansion of roles into areas such as the emergency department. The skills which the nurse practitioner possesses and improves upon also serve as a foundation for expanded nursing practice.

In this study, role will be the tasks that are appropriate for the nurse practitioner in the emergency department. Although the nurse practitioner can perform many tasks, only the ones thought to be of significance were used in the questionnaire.

Misunderstanding of the nursing role and the distortion of perception may significantly influence the client's outcome in the health-care setting. By understanding these

two basic concepts, nurses can better care for the client (King, 1981).

King's (1981) Theory of Goal Attainment provides a theoretical framework for nursing in the emergency department, since it offers a method for nurses to interact purposefully with their clients. As nurse practitioners interact with their clients to teach health-care behaviors and establish goals, the client is better able to meet the goals (King, 1981).

Research Question

This study addressed the question, what are the perceptions of nurse practitioners regarding expanded practice in the emergency department?

Significance to Nursing

The significance of this study for nursing may be long-term. As more people are seeking the emergency departments for primary health care, the nurse practitioner will be ideal to meet those needs. Since limited research has been conducted on the subject of nurse practitioners working in the emergency department, this research played a vital role in identifying the perceptions of nurse practitioners regarding practice in the emergency department. After these perceptions were identified, the long-term effects of this study may be an expanded job market for nurse practitioners who could work in the emergency department. Nurse

practitioners in the emergency department will also offer to the patients a more holistic nursing approach. King's Theory of Goal Attainment has shown if a patient is involved in the establishment of goals and involved in their care, then the patient is more apt to comply with the regimen set forth by the nurse practitioners.

Assumptions

There are several assumptions which serve as principles upon which this research study will be based:

1. Patients are limited in access to primary health care.
2. Nurse practitioners have perceptions about their role in the emergency department.
3. Patients use the emergency departments as a way to seek primary health care.

Definition of Terms

There are four different terms that were defined in the study:

1. Nurse practitioner: A professional nurse who has completed either a master's degree or a certificate program leading to advanced practice. The focus is limited to a specific population, i.e., the family. In this study, the nurse practitioner must be licensed to practice as a registered nurse currently certified by the American Nurses' Association and practicing as a family nurse practitioner.

2. Emergency department: The emergency department has 24-hour physician coverage and is able to care for most medical and traumatic emergencies without transferring to another facility.

3. Perception: A means by which information is organized, interpreted, and transformed from sense data and memory (King, 1981). In this study, perception was an individual's description of reality which includes awareness of people, objects, and events or as identified by the Scoggin Task Checklist (see Appendix A).

4. Expanded practice: The assumption of new roles and tasks beyond the nurse practitioner's traditional function. Expanded practice nurses have education beyond the functional Bachelor of Science in Nursing level. In this study, expanded practice is the nurse practitioner working in the emergency department. The expanded tasks listed on the questionnaire include, but are not limited to, the interpretation of x-rays, electrocardiograms, and lab reports; suturing; splinting fractures; obtaining history and physical exams; and prescribing medications.

Summary

In summary, a large population in the United States does not have primary health care. These patients are utilizing the emergency departments for their primary care, which causes considerable overcrowding and understaffing. Nurse practitioners are well trained in assessment and

counseling skills. Therefore, the nurse practitioner would be ideal in the emergency department to assist in relieving the overcrowding and providing access to primary care to these needy people.

Chapter II

Review of Literature

Little research has been conducted on nurse practitioners working in the emergency department setting. However, there have been studies conducted on the cost effectiveness of nurse practitioners and the role of the nurse practitioner in other settings (McGrath, 1990; Pearson, 1992).

According to Mallett and Woolwich (1990), the number of patients seeking care at the accident and emergency departments has increased over the past few years. The problem of nonemergent attendance at emergency departments continues, and the triage methods do not appropriately deal with the varying degrees of seriousness of an injury. Inadequate reception of patients can lead to poor service for patients with minor injuries and long waiting times for patients who are seriously ill.

Mallett and Woolwich (1990) performed a descriptive study to describe the effects of the triage system on waiting times in the emergency department. An overview of triage was made with the goals of triage presented. The goals included control of patient flow, early patient assessment, prioritizing patients, initiation of diagnostic

measures, and serving as liaison between patients and relatives or other health-care professionals.

A convenience sampling approach was utilized in which data were obtained on all emergency department patients seen during a 7-day period. A questionnaire was utilized to obtain the following information: triage category, time seen in triage, time seen by physician, and time client left the department. Data were collected on 902 of the total 1,027 patients. Data was analyzed using the chi-square and Mann-Whitney U (Mallett & Woolwich, 1990).

Results of the study by Mallett and Woolwich (1990) revealed that a significant reduction in time was found to exist in the time taken to see a triage nurse once the patient entered the emergency department. However, there was an increase in the amount of time from triage to being seen by a physician because of the large number of patients.

The study by Mallett and Woolwich (1990) indicated that the nurse practitioner could, if trained, work in the emergency department making decisions regarding patient care. As a result of the large number of patients using the emergency department for various problems, the role of the nurse practitioner could reduce the length of time from triage to being seen for care. The study concluded the introduction of nurse triage had successfully reduced the waiting time for patient assessment. Recommendations by Mallett and Woolwich (1990) were to have more experienced

nurses and nurse practitioners in the triage area to expedite the time for triage and for definitive care.

Another study that looked at nurse practitioners in the emergency department was conducted by James and Pyrgos (1989). This descriptive study was designed to determine whether exams and treatments in the emergency departments by physicians and experienced nurses were the same. Also, an attempt was made to determine if any time was saved by seeing the nurse practitioners. A convenience sampling approach was utilized in which four nurses examined the patients in the emergency department, recorded findings, and proposed management plans. The sample ($N = 233$) was limited to patients over the age of 5 years. The waiting time prior to being seen by the physician or nurse practitioner was recorded to determine if there was a difference. No significant difference was found in the treatment of patients either by the physician or nurse practitioner, according to James and Pyrgos (1989). Of the 332 patients examined by the nurse practitioner, 311 (94%) reported acceptance of being treated by a nurse in the expanded role. The results of the study also indicated a shorter waiting time to see the nurse practitioner.

Recommendations by James and Pyrgos (1989) indicated that the role of the nurse practitioner in the emergency department setting should be considered as the role of the nurse expands. Implications were made that the physician

and nurse would have similar treatments and diagnosis if the nurse had more training on acute patient care as seen in the emergency department.

Another study attempted to identify patients' perceptions of nurse practitioners. The descriptive study by Powers, Jalowiec, and Reichelt (1984) attempted to determine if a significant difference exists in patients' perceptions regarding care provided by a nurse practitioner in comparison with the care provided by a physician in the emergency department. Powers et al. sought to answer the question whether the nurse practitioner can deliver adequate primary care in the emergency department for nonacute patients.

Powers et al. (1984) selected the sample over a 24-week period with representation of all five weekdays over the sample period. The criteria used for sample selection allowed for the inclusion of any person who was seeking medical care for a nonemergent problem, had a telephone, between the ages of 18 and 60, not pregnant, and did not have a documented psychiatric problem. Data collection was performed three different times: (a) the interview at the time of emergency department visit, (b) phone follow-up 3 weeks after the emergency department visit, and (c) phone interview 3 months after the visit.

The sample was questioned about five different areas related to their emergency department visit: knowledge of

the problem after seeing the nurse practitioner or physician, satisfaction after seeing the nurse practitioner or physician, compliance with their medication, compliance with follow-up appointment, and finally determination of problem resolution. After data collection, it was determined that the patients were more knowledgeable after seeing the nurse practitioner. Findings also revealed there was no difference in patient satisfaction between the nurse practitioner and physician. Finally, the study showed that patients who saw the nurse practitioner had better compliance with their medication regime and were more likely to keep their follow-up appointments than if seen by the physician (Powers et al., 1984).

According to Spisso, O'Callaghan, McKennan, and Holcroft (1990), the University of California and Davis Medical Center began using nurse practitioners in trauma services in order to alleviate some of the increasing burdens placed on physicians. The introduction of nurse practitioners was an attempt to accommodate the increasing patient volume and activity in the emergency department. The study conducted by Spisso et al. (1990) sought to evaluate the effect of the use of nurse practitioners on the trauma service. The areas of study included an assessment of reports of quality of care for both outpatients and inpatients, an analysis of the cost-benefit ratio, and an

evaluation of the impact which nurse practitioners had on the health-care team.

Data for the study by Spisso et al. (1990) were collected using salary and billing statistics, average inpatient length of stay, patient assistance department data, patient medical records, and evaluations of the nurse practitioner. Data from two consecutive fiscal years were utilized to determine length of stay as well as billing revenue generated. Benefits and salaries were analyzed using monthly department reports. Reviews were made of revenue generated and amount billed for all procedures and visits made to the nurse practitioner. Data regarding the length of stay for the same consecutive fiscal years were analyzed before and after implementation of the nurse practitioner role. The first year's review revealed 1,528 patients met the criteria, while 1,087 met the criteria for the second year.

In order to assess patient satisfaction with the care provided by the team utilizing nurse practitioners, a comparison was made of the waiting time to be seen by the doctor or nurse practitioner in an outpatient clinic. The comparison was made using a sample from two 30-day periods of discharge surveys equivalent to 210 patients each fiscal year.

Results indicated that nurse practitioners were cost-effective caregivers as evidenced by a reduction in the

average length of stay of trauma patients from 8.1 days to 7.05 days. Documentation regarding the quality of care provided to the trauma patients also improved as nurse practitioners were utilized. The number of patient complaints were reduced by 56%, and the length of waiting time to receive care was cut by more than 30 minutes. The study also reported that the nurse practitioners in trauma service were welcomed by all levels including physicians. Nurse practitioners have proven to be of great benefit to not only patients and their families but also now as a way for hospitals to reduce the size of physician staff thereby reducing cost (Spisso et al., 1990).

Summary

Even though these studies did not report on the perceptions of nurse practitioners in the emergency department, they did focus on the usefulness of nurse practitioners in the emergency department. By utilizing the nurse practitioners in the emergency departments, hospitals are trying to reduce the overcrowding and overstaffing. After identifying the perceptions of nurse practitioners regarding their role in the emergency department, the hospitals will be better able to utilize the nurse practitioner.

Chapter III

The Method

The study was designed as a descriptive survey with the purpose being to determine the perceptions of nurse practitioners regarding the role of expanded practice in the emergency department. Descriptive studies have as their main objective the accurate portrayal of characteristics of people. The main objective of this type of study is to "observe, describe, and document aspects of a situation" (Polit & Hungler, 1987, p. 143). Therefore, a descriptive design was appropriate for this study in identifying the perceptions of nurse practitioners.

Setting, Population, and Sample

The setting for this study included all states within the United States of America. The population included family nurse practitioners (FNPs) who were currently registered with the American Nurses' Credentialing Center located in Washington, D.C. The study sample consisted of 300 practicing FNPs randomly selected from the available listing. For the purpose of the study, a computerized random selection approach was utilized for the attainment of the sample. All nurse practitioners (NPs) included in the sample were sent a letter of explanation regarding the

research study along with the questionnaire. A total of 300 questionnaires were mailed including all the NPs shown on the list provided by the American Nurses' Credentialing Center.

Methods of Collection

Instrumentation. The data for this research study were collected using a 22-question demographic data questionnaire (see Appendix A) that was attached to the Scoggin Task Checklist (see Appendix B). The Scoggin Task Checklist, a researcher-developed instrument, consisted of 27 different tasks for the FNP to identify as (a) not in NP role, (b) in the NP role with physician collaboration on site, (c) in the NP role with physician collaboration off site, or (d) would perform without physician collaboration. The Scoggin Task Checklist does not have established validity or reliability but has been reviewed by a panel of experts to establish face validity.

Procedures. Approval for research was obtained from the Committee on Use of Human Subjects in Experimentation of the Mississippi University for Women (see Appendix C). A telephone call was made to the American Nurses' Credentialing Center to obtain information about a randomly selected mailing list for practicing FNPs. A written letter of request was then sent to Dr. Marie Reed, Director of the Center, to acquire the mailing list (see Appendix D). A cover letter (see Appendix E) to explain the purpose and

focus of the study, a demographic questionnaire, the Scoggin Task Checklist and a self-addressed, stamped envelope were mailed to the FNPs. The return of the questionnaires indicated a willingness to participate. Subjects were assured of anonymity and that the results would be reported as a group rather than individually. Subjects were also informed they could withdraw from the study up until data analysis. A follow-up letter (see Appendix F) was sent 10 days later as a reminder to complete the questionnaire. Included in this letter was a statement of thanks for participation in the study. Three weeks were allowed for return of the questionnaire.

Methods of Data Analysis

Data obtained from the demographic questionnaire and the Scoggin Task Checklist were analyzed using descriptive statistics including means, percentages, and frequencies. Descriptive statistics were used to describe characteristics and the frequency with which certain phenomena occurred (Polit & Hungler, 1987). By using descriptive statistics, the study could more accurately identify the perceptions of NPs regarding expanded role in the emergency department.

Limitations

In evaluating the present study, it should be noted that certain restrictions and generalizations existed. One of the limitations was the FNPs who participated in this

study practiced in a variety of specialty areas. The NPs who responded also had varied levels of education and diverse work experiences. An additional limitation for this study was that the Scoggin Task Checklist did not have established validity or reliability beyond face validity. Despite these limitations, the results have potential value for identifying the perceptions of NPs regarding expanded roles in the emergency department.

Summary

In summary, the Scoggin Task Checklist was mailed to 300 NPs randomly selected by the American Nurses' Credentialing Center. A follow-up letter was sent 10 days later and then 3 weeks were allowed for return. Descriptive statistics were used for data analysis.

Chapter IV

The Findings

The purpose of this descriptive study was to determine what the perceptions of NPs are regarding expanded practice in the emergency departments. Data were collected using a mail-out survey in which two forms were completed. First was a demographic questionnaire about the NP. Secondly, the Scoggin Task Checklist was used to identify tasks the NP thought to be within their scope of practice.

Description of Sample

The sample consisted of 300 randomly selected ANA certified NPs from across the United States. These NPs were certified by the American Nurses' Credentialing Center. Of the 300 questionnaires mailed out, 23 were returned due to inadequate addresses, while 180 (65%) of the questionnaires were returned completed. The ages of the sample ranged from 25-62 years of age. Within the sample, the largest category was from age 36-40 (28.9%, $\underline{n} = 52$). The other age categories were age 31-35 which had 20.6% ($\underline{n} = 37$), age 41-45 with 20.6% ($\underline{n} = 37$), age 46-50 with 15.6% ($\underline{n} = 28$), age 51-55 with 6.7% ($\underline{n} = 12$), age 55 and over included 5.6% ($\underline{n} = 10$), and the last group was from age 25-30 years old

which had 2.2% ($\underline{n} = 4$). The overwhelming majority of the sample was female, 95.0% ($\underline{n} = 171$).

Of the 180 FNPs who returned the demographic sheet and the Scoggin Task Checklist, several left parts unanswered. For example, information regarding their current specialty area of practice or their preparation status was missing. Ninety-eight percent ($\underline{n} = 176$) of the sample were educated as FNPs, while the other 2% ($\underline{n} = 4$) were trained in other areas of NP preparation. There was a wide variation of practice areas. Sixty percent ($\underline{n} = 99$) were practicing currently as FNPs in family practice, 7.3% ($\underline{n} = 13$) in the OB/GYN area, 5.6% ($\underline{n} = 10$) in pediatrics, and 1.7% ($\underline{n} = 3$) in the area of a medical-surgical NP. Other areas of practice were 1.7% ($\underline{n} = 3$) in the emergency department, 1.1% ($\underline{n} = 2$) in occupational health, 0.6% ($\underline{n} = 1$) in a mental health setting, and finally 26.4% ($\underline{n} = 47$) practiced in areas other than those listed above. The most common area written in the other area space was school NP.

Most of the NPs surveyed were educated on the master's level (64.2%, $\underline{n} = 113$), while 35.8% ($\underline{n} = 63$) held certificates for practice. Of those surveyed, 62.9% ($\underline{n} = 112$) had been in the NP role for more than 5 years, 16.9% ($\underline{n} = 30$) had practiced from 1-3 years, 15.7% ($\underline{n} = 28$) had practiced 3-5 years, while 4.5% ($\underline{n} = 8$) had practiced in the NP role for less than one year.

The population settings for the NPs' practice were divided into five categories. Most of the respondents, 35.4% ($n = 62$) practiced in a large city with a population over 100,000 people, while 22.9% ($n = 40$) practiced in a mid-sized city with a population of 25,001-100,000. Eighteen percent ($n = 32$) of the respondents practiced in a small city with 5,001-25,000 people, while 12.6% ($n = 22$) were in a town of 2,501-5,000 people and 10.9% ($n = 19$) practiced in a community with less than 2,500 people.

Most of the responding NPs practiced in physician offices (66.7%, $n = 118$), while 17.5% ($n = 31$) practiced less than 5 miles away from the precepting physician's office. The participants were questioned as to the distance that was desired from the collaborating physician. The majority (50%, $n = 96$) wanted to be in the same office (24.4%, $n = 42$) or less than 5 miles from the physician. The remaining 20% desired to be greater than 5 miles away from the preceptor. Two questions on the survey asked about the use of protocols. Of the 180 respondents, 68.6% ($n = 119$) reported having adequate protocols, while 18.5% ($n = 32$) stated protocols were nonexistent. Additionally, 6.9% ($n = 32$) reported protocols as being too restrictive, and 5.8% ($n = 10$) thought their protocols were too general. When respondents were asked how specific they would like their protocols to be, respondents reported that protocols should be general (46.9%, $n = 83$), detailed but allowing for

independent decision-making (37.3%, $\underline{n} = 66$), and thought they should not have protocols (15.8%, $\underline{n} = 28$).

The majority, 94.3% ($\underline{n} = 165$), thought the NP should be in the acute care setting. The final question on the survey asked the NP if they were satisfied with their role. Again, the majority, 89.1% ($\underline{n} = 156$), reported being satisfied with their role as a NP.

Results of Data Analysis

The Scoggin Task Checklist was established to identify 27 different tasks the NP might be performing in the emergency department. The tasks ranged from performing simple tasks, such as taking routine medical histories and performing physical exams to complex tasks such as removing foreign bodies from the eye or injecting inflamed joints. The Scoggin Task Checklist had four different columns for each task. The four columns were not in practitioner role, perform the task collaboratively with physician on-site, perform the task collaboratively without physician on-site, and finally the NP could perform without physician collaboration. Each NP who responded to the questionnaire was to give his/her perception of the category each task should be. Figure 1 represents the analysis of the findings of how the NPs responded to each task presented. After identifying the NP's perception of each task, the frequency

was determined. When looking at Table 1, there were 16 tasks that the researcher considered to be positively perceived by the NP for the emergency department. The remaining 11 tasks were perceived to be either not in the NP role or performed only with the physician on-site. Table 2 identifies to which category each task belongs.

Other Findings

Results from the survey of the 27 tasks from the Scoggin Task Checklist indicated that most of the statements had responses in which a single selection was favored by the respondents. However, there were several tasks that were very controversial. One of these tasks was to manage patients with chronic disorders. The respondents answered 4.5% ($\underline{n} = 8$) not in NP role, 31.1% ($\underline{n} = 55$) perform with physician on-site, 33.3% ($\underline{n} = 59$) perform with the physician off-site, and finally, 31.1% ($\underline{n} = 55$) did not think physician collaboration was necessary. Splinting broken extremities was another controversial task, with 25.0% ($\underline{n} = 44$) reporting that this is not in NP role, 25.6% ($\underline{n} = 45$) reporting they would perform with physician on-site, 14.8% ($\underline{n} = 26$) would perform with physician off-site, and finally 34.7% ($\underline{n} = 61$) stated they would splint the extremity without any physician collaboration. The final task that had mixed opinions was the ability to prescribe controlled medications for out-of-hospital patients. Twenty-seven percent ($\underline{n} = 48$) thought it was not in the NP role, 18.1%

Table 1

Raw Data

Task	Not in NP role		Perform with MD Collaboration				Perform without MD Collaboration	
	n	%	n	%	n	%	n	%
Take routine medical histories	-	0.0	5	2.8	6	3.4	167	93.8
Counsel patients on family planning methods	5	2.8	1	.6	4	2.2	168	94.4
Prescribe family planning methods	7	4.0	8	4.5	20	11.4	141	80.1
Manage patients with chronic disorders	6	3.4	35	19.7	59	33.1	78	43.8
Diagnose and initiate treatment for chronic disorders	8	4.5	55	31.1	59	33.3	55	33.1
Perform complete physical exams	2	1.1	3	1.7	8	4.5	165	92.7
Regulate diabetic medications	15	8.5	42	23.7	62	35.0	58	32.8
Dilate pupils	64	38.1	36	21.4	20	11.9	48	28.6
Remove foreign bodies from the eye	60	34.7	52	30.1	16	9.2	45	26.0
Diagnose and treat otitis media	5	2.8	9	5.1	20	11.3	143	80.8
Regulate hypertensive medications	13	7.4	76	44.8	55	31.3	82	46.6
Diagnose and treat chest pain	28	15.8	82	46.3	38	21.5	29	16.4
Interpret EKGs	36	20.9	74	43.0	35	20.3	27	15.7

Table 1 -- Cont'd

Task	Not in NP role		Perform with MD Collaboration				Perform without MD Collaboration	
	n	%	n	%	n	%		
Diagnose and treat abdominal pain	10	5.6	48	27.1	48	27.1	71	40.1
Inject inflamed joints	102	59.0	40	23.1	14	8.1	17	9.8
Diagnose and treat low back pain	10	5.6	25	14.1	34	19.2	108	61.0
Splint broken extremity	44	25.0	45	25.6	26	14.8	61	34.7
Set and cast broken extremity	101	57.7	49	28.0	14	8.0	11	6.3
Interpret chest x-rays	54	30.5	70	39.5	30	16.9	23	13.0
Aspirate fluid from joints	108	61.7	39	22.3	12	6.9	16	9.1
Incision and drainage of an abscess	33	18.6	44	24.9	22	12.4	78	44.1
Suture using local anesthetic	37	20.9	34	19.2	22	12.4	84	47.5
Prescribe noncontrolled analgesic	6	3.4	11	6.2	27	15.3	133	75.1
Have hospital admitting privileges	73	41.7	35	20.0	37	21.1	40	17.1
Prescribe controlled medications for in-hospital patients	90	51.1	24	13.6	36	20.5	26	14.8
Prescribe controlled medications for out-of-hospital patients	48	27.1	32	18.1	51	28.8	46	26.0
Order and interpret laboratory studies	-	0.0	11	6.2	31	17.5	135	76.3

Table 2

Breakdown of Tasks Perceived by Nurse Practitioners to be Performed in Emergency Department

Tasks perceived by NPs to be done in emergency department	Tasks perceived by NPs not to be done in emergency department
Take routine medical history	Dilate pupils
Discussion of family planning	Removal of foreign bodies from cuts
Prescribe family planning	Diagnose and treat chest pain
Manage patients with chronic disorders	Interpret EKG
Diagnose chronic disorders	Inject inflamed joints
Perform physical exams	Splint broken extremity
Regulate diabetic medication	Set and cast broken extremity
Diagnose and treat otitis media	Interpret chest x-ray
Regulate hypertension medications	Aspirate fluid from joints
Diagnose and treat abdominal pain	Have hospital admitting privileges
Diagnose and treat low back pain	Prescribe controlled medications for in-hospital patients
Incision and drain abscess	
Suture using anesthetic	
Prescribe noncontrolled analgesic	
Order and interpret lab studies	
Prescribe controlled medication for outpatients	

($\underline{n} = 32$) stated they would prescribe controlled medications with the physician on-site, 28.8% ($\underline{n} = 51$) would prescribe with physician off-site, and finally 26.0% ($\underline{n} = 46$) said they did not need physician collaboration to prescribe controlled medications. After cross-referencing the three above controversial tasks with the length of time each respondent had been in the NP role, the following data were recorded (see Table 3).

Following a review of the data in Table 3 comparing the length of time each respondent had been in the NP role, no relationship was found to exist between the perceptions of the tasks to be performed and the length of time spent as a NP. However, when the researcher cross-referenced the tasks with the size of the population served by the NP, it was found that the NP who serves a population less than 25,000 people was more independent. These practitioners perceived more tasks could be performed either with the collaborating physician off-site or even without physician collaboration.

Summary

A total of 300 questionnaires were mailed out to randomly selected FNPs throughout the United States. Sixty-five percent ($\underline{n} = 180$) of the questionnaires were returned completed. Each respondent marked how they perceived the task on the Scoggin Task Checklist.

Table 3

Comparison of Controversial Tasks with Years of Experience

	< 1 year		1-3 years		4-7 years		7-10 years		10 years	
	n	%	n	%	n	%	n	%	n	%
Manage patients with chronic disorders										
Not in NP role	-	-	2	6.7	2	3.6	1	3.2	1	2.0
Perform with MD on-site	3	30.0	5	16.7	13	23.2	6	19.4	8	15.7
Perform without MD on-site	3	30.0	10	33.3	17	30.4	7	22.6	22	43.1
Perform without MD	4	40.0	13	43.3	29	42.9	17	54.8	20	39.2
Total	10	100.0	30	100.0	56	100.0	31	100.0	51	100.0
Splint broken extremity										
Not in NP role	30	30.0	9	30.0	14	25.5	8	26.7	10	19.6
Perform with MD on-site	20	20.0	8	26.7	15	27.3	7	23.3	13	25.5
Perform without MD on-site	20	20.0	4	13.3	7	12.7	3	10.0	10	19.6
Perform without MD	30	30.0	9	30.0	19	34.5	12	40.0	18	35.3
Total	10	100.0	30	100.0	55	100.0	30	100.0	51	100.0
Prescribe controlled meds for out-of-hospital patients										
Not in NP role	1	10.0	11	6.7	11	19.6	10	33.3	15	29.4
Perform with MD on-site	1	10.0	6	20.0	15	26.8	4	13.3	6	11.8
Perform without MD on-site	7	70.0	6	20.0	16	28.6	7	23.3	15	29.4
Perform without MD	1	10.0	7	23.3	14	25.0	9	30.0	15	29.4
Total	10	100.0	30	100.0	56	100.0	30	100.0	51	100.0

Chapter V

The Outcomes

An explanation of the findings of this study in relation to the research question are summarized and discussed in this chapter. Conclusions are drawn, implications for nursing examined, and recommendations which evolved from these findings are delineated.

NPs in the acute care setting is a relatively new concept and a small amount of research has been done on their cost-effectiveness. However, the researcher was unable to locate any research on the perceptions of NPs regarding the expanded practice in the emergency department. This descriptive study identified the perceptions of NPs regarding expanded practice in the emergency department. Data were collected using the Scoggin Task Checklist. King's Theory of Goal Attainment was the theoretical framework for this study.

Summary of the Findings

Three hundred practicing NPs were mailed the Scoggin Task Checklist and demographic questionnaire. One hundred eighty (65%) of the checklist and questionnaires were returned completed. The demographic data questionnaire asked questions about the NP's background, practice, and

opinions. The Scoggin Task Checklist had 27 different tasks that could be done by the NP. The sample was asked to identify if these tasks were not in the NP role, could be performed with the collaborating physician on-site, could be performed collaboratively with the physician off-site, or finally could be performed without physician collaboration. The frequency was determined for each task. If the majority of the sample thought the task was not in the NP role or could only be performed collaboratively with the physicians on-site, it was believed not to be useful in the emergency department. The researcher based this belief on the opinion that NPs in the emergency department must feel comfortable and secure with the task they perform. There was a positive response if the NP indicated the task could be performed collaboratively with the physician off-site or without physician collaboration.

Discussion

In this study, the NPs' perception varied with each task. There were many remarks made in the comment section on the Scoggin Task Checklist when they were returned. Respondents found some of the tasks were vague and did not have a clear answer. One of these controversial tasks was to take care of patients with chronic disorders. There were comments from the respondents about which chronic disorders they would care for.

The researcher was able to draw several conclusions from the research discussed in this study. First, from the demographic data sheet, NPs function in a variety of roles and have many different settings. These roles cover the spectrum from working in the acute care setting, to general family practice, and then as a resource person for other health care professionals. The settings are also widely diversified. They include working dependently with a physician, to working in a clinic with occasional physician collaboration, and finally working independently in a clinic without physician support. The NPs surveyed also believe their protocols are adequate. The respondents believe that protocols should be general, not too specific or nonexistent.

Also from the demographic data, the majority of the respondents feel the nurse practitioner has a role in the acute care setting. This role should be for the patients who use the emergency room for their primary care clinic. The researcher believes if NPs were adequately used to staff emergency departments that had a high volume of clinic patients, these patients could receive the needed primary care they lack.

The last question of the demographic data form asks the NP if they are satisfied with their role. Almost all of the respondents replied they were pleased with their role. Many different comments were made on the questionnaire. These

included the NP role is very satisfying or "the area which we serve has no one but us, so I feel we can really help the patients." There were, however, a few negative comments. They included "We do not get any respect," or "My physician and patients don't understand my abilities." There were many comments that referred to the specific states in which the NP worked. Most of the NPs who commented about their state or state rules and regulations would like to see a nationwide agreement on the role of the NP. Some states have prescriptive ability, some states allow for independent practice, and some states only allow for certain tasks to be performed.

After looking at the 27 different tasks, the researcher believes the data support a majority of these tasks can be performed by NPs. From the different comments made, different schools teach different tasks. Almost all respondents agreed if the nurse practitioner was properly trained, then he/she could do that task. However, most schools do not teach how to remove foreign bodies from eyes, inject joints or interpret EKGs or x-rays. These were just a few of the tasks that were perceived to be either not in the NP role or the NP would perform collaboratively with the physician on-site.

After reviewing the data, the researcher believes the NPs do have an important role in the emergency department. Since the respondents perceived 16 of the 27 tasks could be

performed in the emergency department, NPs could be the answer to providing the long needed answer to overcrowding and understaffing.

Implications for Nursing

The results of this study had many implications for nursing. There was an extremely large percentage of the sample who participated in the study. This indicated to the researcher that NPs are interested in this area of study since there had been little research done. As more people are unable to access primary care from the physician's office, the emergency department will continue to be used as a primary care source. By utilizing the emergency department NP, these patients will receive the needed primary care. The NP will also attempt to relieve the overcrowding and understaffing that currently plague the emergency departments. As more NPs are looking at emergency departments for possible workplace, the school curriculum may need to be changed. Are these NPs taught to interpret chest x-rays or EKGs, or do the NPs know how to aspirate fluid from joints or sutures? In recognizing these educational needs, schools should begin to incorporate the necessary changes. One other possibility might be to offer an emergency or acute care NP tract that would incorporate these needed skills and focus on the acutely ill patient.

The last implication is relevant to health care reform. As the government seeks ways to provide more access to

primary care, the NP has unlimited opportunities. As the introduction to the problem stated in Chapter I, the United States has the most expensive health care in the world with the poorest access. As NPs, we have the ability to provide the needed access into primary care.

Recommendations for Further Study

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

1. Replication of a similar study to increase the Scoggin Task Checklist validity.
2. Conduction of a study to review the education of NPs with the skills necessary to work in the acute care area. These skills include interpreting chest x-rays and EKGs, aspirating fluid from joints, injecting inflamed joints and suturing.
3. Utilization of NPs in the acute care area to evaluate their effectiveness in providing primary care to the acutely ill patient.
4. Emphasis on educating the public on the importance and abilities of NPs.

REFERENCES

References

- Callan, M. E. (1992). Nurse practitioner management of hospital-affiliated primary care centers. Nurse Practitioner, 17(8), 71-74.
- Covington, C., Erwin, T., & Sellers, F. (1992). Implementation of a nurse practitioner staffed fast track. Journal of Emergency Nursing, 18(2), 124-131.
- James, M. R., & Pyrgos, N. (1989). Nurse practitioners in the accident and emergency departments. Archives of Emergency Nursing, 6, 241-246.
- King, I. M. (1981). Theory for nursing: Systems/concepts, process. New York: John Wiley & Sons.
- Mallett, J., & Woolwich, C. (1990). Triage in accident and emergency departments. Journal of Advanced Nursing, 15, 1443-1451.
- McGrath, S. (1990). The cost effectiveness of nurse practitioners. Nurse Practitioner, 15(7), 40-42.
- Pearson, L. J. (1992). Nurse practitioners in primary care centers. Nurse Practitioner, 17(6), 22-26.
- Polit, D. F., & Hungler, B. P. (1991). Nursing research principles and methods (4th ed.). Philadelphia: J. B. Lippincott.
- Powers, M. J., Jalowiec, A., & Reichelt, A. (1984). Nurse practitioner and physician care compared for nonurgent emergency room care. Nurse Practitioner, 9(2), 39-52.
- Spisso, J., O'Callaghan, C., McKennan, M., & Holcroft, J. (1990). Improved quality of care and reduction of house staff workload using trauma nurse practitioners. Journal of Trauma, 30(6), 660-665.
- Styles, M. M. (1990). Nurse practitioners creating new horizons for the 1990's. Nurse Practitioner, 15(2), 48-57.

APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Please answer the following questions by checking the appropriate response(s) or by filling in the blank.

Demographic Variables

1. Age: _____
2. Sex: _____
3. Specialty area of nurse practitioner preparation:

4. Specialty area of present nurse practitioner practice:

5. Specialty area prior to nurse practitioner status:

6. Basic nursing preparation:
____ Associate degree
____ Diploma
____ Baccalaureate degree
____ Master's
7. Nurse practitioner preparation:
____ Master's degree
____ Certificate program
8. Length of nursing experience prior to the nurse practitioner role:
____ Less than 1 year
____ 1 to 3 years
____ 4 to 7 years
____ 7 to 10 years
____ More than 10 years
9. Length of time in nurse practitioner role:
____ Less than 1 year
____ 1 to 3 years
____ 3 to 5 years
____ More than 5 years

10. Principal site(s) of nurse practitioner practice:
 Community health center
 Nurse clinic
 Outpatient clinic
 Extended care facility
 Emergency department
 Hospital
 Physician's office
 Health department
 Rehabilitation facility
 Industry
 School
 Other
11. Population setting of nurse practitioner practice:
 Community (2,500 or less)
 Town (2,501 to 5,000)
 Small city (5,001 to 25,000)
 Medium-sized city (25,001 to 100,000)
 Large city (over 100,000)
12. Distance from physician backup:
 In same office
 Less than 5 miles away
 6 to 10 miles away
 11 to 20 miles away
 More than 20 miles away
13. Distance you desire from physician backup:
 In same office
 Less than 5 miles away
 6 to 10 miles away
 11 to 20 miles away
 More than 20 miles away
14. Frequency of contact with backup physician by visits or phone:
 None
 Once a day
 Several times a day
 Once a week
 2-3 times a week
 Once a month
 2-3 times a month
15. Do you believe that you have adequate backup from your physician?
 Yes
 No

16. Protocols should be
 Restrictive
 Detailed but allowing for nursing judgment
 General
 Nonexistent
17. Your present protocols are
 Too restrictive
 Adequate
 Too general
 Nonexistent
18. Are you performing tasks that you believe are or should be beyond the scope of your nurse practitioner role?
 Yes
 No

If "Yes," please explain:

19. Do you believe that all of the functions that are expected of you and the tasks that you perform are covered by the rules and regulations of your particular specialty?
 Yes
 No

If "No," please explain:

20. Do you believe that the existing rules and regulations governing your specific practice are specific enough?
 Yes
 No

If "No," please explain:

21. Do you believe the nurse practitioner should be in the acute care setting?
 Yes
 No

Please explain:

22. Are you satisfied with your role as a nurse practitioner?

Yes

No

Please explain:

APPENDIX B
SCOGGIN TASK CHECKLIST

Scoggin Task Checklist

Please indicate an "X" in the column that applies for each task.

Task	Not in NP Role	Perform with MD Collaboration		Perform Without MD Collaboration
		On- Site	Off- Site	
1. Take routine medical histories.				
2. Counsel patients on family planning methods.				
3. Prescribe family planning methods.				
4. Manage patients with chronic disorders.				
5. Diagnose and initiate treatment for chronic disorders.				
6. Perform complete physical exams.				
7. Regulate diabetic medications.				
8. Dilate pupils.				
9. Remove foreign bodies from the eye.				
10. Diagnose and treat otitis media.				
11. Regulate hypertensive medications.				
12. Diagnose and treat chest pain.				
13. Interpret EKGs.				
14. Diagnose and treat abdominal pain.				
15. Inject inflamed joints.				
16. Diagnose and treat low back pain.				
17. Splint broken extremity.				
18. Set and cast broken extremity.				
19. Interpret chest x-rays.				
20. Aspirate fluid from joints.				
21. Incision and drainage of an abscess.				
22. Suture using local anesthetic.				
23. Prescribe noncontrolled analgesic.				
24. Have hospital admitting privileges.				
25. Prescribe controlled medications for in-hospital patients.				
26. Prescribe controlled medications for out-of-hospital patients.				
27. Order and interpret laboratory studies.				

APPENDIX C

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



MISSISSIPPI
UNIVERSITY
FOR WOMEN

Columbus, MS 39701

Office of the Vice President for Academic Affairs
Endora Welty Hall
P.O. Box W-1603
(601) 329-7142

February 11, 1993

Mr. Donnie Scoggin
c/o Graduate Nursing Program
Campus

Dear Mr. Scoggin:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research.

I wish you much success in your research.

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas C. Richardson".

Thomas C. Richardson
Vice President
for Academic Affairs

TR:wr

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

APPENDIX D
REQUEST FOR MAILING LIST

1003 Magnolia Street
Ellisville, MS 39437
January 21, 1993

Dr. Marie Reed, ANCC
600 Maryland Avenue, S.W.
Suite 100 West
Washington, DC 20024

Dear Dr. Reed:

My name is Donnie Scoggin. I am in the family nurse practitioner program at Mississippi University for Women in Columbus, Mississippi. As a part of our requirements for graduation, I am writing a thesis on the perceptions of nurse practitioners regarding expanded practice in the emergency department. I am requesting mailing labels for 300 randomly selected practicing family nurse practitioners in the United States. If possible, I will need three copies of the labels. The survey will remain anonymous, and the names will be kept confidential. The Committee on Use of Human Subjects in Experimentation at MUW will review the study prior to implementation of the research. I have enclosed an abstract for your review.

Thank you for your assistance.

Sincerely,

Donnie Scoggin, RN, BSN

APPENDIX E
COVER LETTER TO PARTICIPANTS

1003 Magnolia Street
Ellisville, MS 39437

(Inside Address)

Dear _____:

My name is Donnie Scoggin. I am a graduate nursing student in the Family Nurse Practitioner program at the Mississippi University for Women in Columbus, Mississippi. As part of the requirements for graduation, I am writing a thesis on the perceptions of nurse practitioners regarding the role of expanded practice in the emergency department.

It would be most helpful if you would agree to participate in my study by completing the enclosed questionnaire and returning it to me in the enclosed self-addressed envelope within 2 weeks.

Your consent to participate in the study will be implied by the return of the completed questionnaire. Any information you provide will remain confidential, and your anonymity will be preserved. You may withdraw from the study at any time up to data analysis.

I realize the demands on your time are great, but I believe that the results of this study will benefit nurse practitioners by identifying perceptions of expanded practice that may impact professional opportunities.

Your participation will be greatly appreciated. If you have any questions regarding this study, you may reach me by phone at (601) 426-4593.

Sincerely,

Donnie Scoggin, RN, BSN

APPENDIX F
FOLLOW-UP LETTER TO PARTICIPANTS

1003 Magnolia Street
Ellisville, MS 39437

(Inside Address)

Dear _____:

I appreciate your time and effort to fill out the questionnaire I mailed to you recently. A great deal of useful information has been sent to me regarding the nurse practitioner role and your perceptions of nurse practitioners in the emergency department. I hope to have all the data collected and the statistics compiled and analyzed by the middle of April. If you are interested in any of the results, please let me know. I will be glad to share the statistics with you.

If you have not returned your questionnaire, please do so as soon as possible. This will allow me to present more reliable results as the statistics are compiled.

Again, thanks for your help.

Sincerely,

Donnie Scoggin, RN, BSN