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THE ROLE OF THE NURSE PRACTITIONER IN HOME HEALTH CARE

by

BONNIE McMILLAN

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

August 1996

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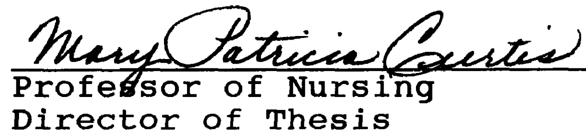
The Role of the Nurse Practitioner

in Home Health Care

by

Bonnie McMillan



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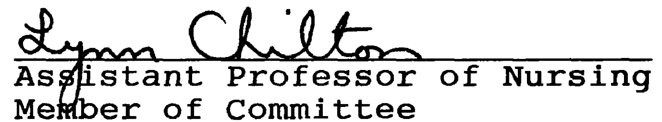

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Abstract

Home health agencies have been slow to employ and capitalize on the care provided by the nurse practitioner. The potential contributions of this advanced practice nurse are far-reaching. However, no studies have assessed the role possibilities for the nurse practitioner in the home health field. The purpose of this study was to examine the need for and define the role of the nurse practitioner in home health care. Two research questions guided the study: What is the role of the nurse practitioner in home health care as perceived by home health nurse practitioners and staff nurses and what are the tasks performed by the nurse practitioner in home health care as perceived by home health nurse practitioners and staff nurses? Benner's Theory of Role Acquisition provided the theoretical framework for this descriptive study. The setting for the study included four states in the Eastern United States. The sample was comprised of nurse practitioners and staff nurses (*N* = 45). Participants who returned surveys were asked to identify specific roles and tasks within the scope of practice of the nurse practitioner in home health care. Data were collected utilizing two researcher-developed

questionnaires and analyzed using descriptive statistics. Three role areas were identified: the expert nurse (46.5%), manager (35.1%), and assessor (17.0%). Based on the data, staff nurses defined the role of the nurse practitioner as one who is an expert nurse with advanced assessment and management skills appropriate to the home health field. A total of 48 tasks were identified within the role. These ranged from home visits (17.0%) to education of staff, patients, and families (15%.0). Implications for nursing practice include the addition of nurse practitioners as primary care providers for homebound patients. Recommendations for further research include replication of the study using a larger sample and a larger geographic area.

Dedication

This research is dedicated to my family, Robert, Scott, Joel, and Tony. I love you all very much.

Acknowledgements

I would like to express my deepest appreciation to Dr. Mary Pat Curtis. Your help and support have been invaluable this year, not only as my advisor and chairperson of my research committee, but on a personal basis. I am honored to call you my friend.

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Chapter I

The Research Problem

In 1994 the number of patients receiving care at home under the Medicare program by a home health agency was 3,179,200; this number has been progressively increasing each year (National Association for Home Care, personal communication, October 11, 1995). Additionally, home health patient management has become more and more complex with sicker patients being cared for in the home setting. The care rendered to many of these patients has been classified as high-tech therapy and has required the knowledge of the expert nurse.

Examples of high-tech therapy rendered in the home setting have included chemotherapy, blood transfusions, and pain management requiring titration of IV medication (Johns, 1994). The American Nurses Association (ANA) (1985) has suggested the nurse practitioner as one expert nurse with the knowledge to provide and monitor this type care. The educational preparation and clinical experience of the nurse practitioner have incorporated essential components for evaluation and intervention of pain management techniques for assessment and monitoring of acute and chronic illnesses. Additionally, one of the

subroles of the nurse practitioner has been a negotiation advocate for patients residing at home (Benner, 1984). The need for research which focuses on this expert nurse role in home health care has been identified. However, no research has been implemented which assesses home health patient management by the nurse practitioner. Therefore, the purpose of this study was to examine the need and define the role of the nurse practitioner in the home health care setting.

Introduction to the Problem

The nurse practitioner has met the requirements of Benner's definition of the expert nurse (Benner, 1984). Benner states that "expertise develops through a process of comparing whole similar and dissimilar clinical situations with one another, so an expert has a deep background understanding of clinical situations based upon many past paradigm cases" (p. 294). Primary care nurse practitioners are registered nurses who have completed advanced, formal, education programs (ANA, 1985) that have prepared them to provide quality care to patients in the home care setting. These nurse practitioners have been prepared to function in independent or collaborative practice. Many have successfully completed certification examinations that verified the level of expertise found in the advanced practice role. The autonomy (Koch, Pazaki, & Campbell, 1992) and expertise of these nurse practitioners

have been viewed as necessary components for providing high quality care in the home setting (Obecney, 1993). With the evolution of the health care system, the areas of practice for the nurse practitioner have been expected to expand.

The home setting has not been utilized as an area of practice for the nurse practitioner, except in a small number of home health agencies (Obecney, 1993). The advanced training of the nurse practitioner, along with the clinical experience received, have qualified this type of professional to be in a position to make judgmental decisions on behalf of the patient. The experience of the expert nurse as described by Benner (1984) could have positively impacted the consumption of home health visits for various patient types (Hays, 1995).

Consequently, the nurse practitioner could have been seen as an asset not only to the patient and the home health agency but to the physician. The physician has obtained information concerning the home care patient over the phone, and the nurse practitioner has been educated to provide concise reports to the physician that would promote the rapid delivery of essential care. In addition, the advanced practitioner would have been able to provide clinical assessment and treatment beyond the scope of the staff nurse in the home care setting. The standards of practice in primary care have been established to describe

the dimensions of the nurse practitioner in the primary care setting and include early diagnosis and treatment to prevent or limit disability (ANA, 1985). These expert capabilities could prove to be lifesaving measures in many situations in the home health care setting. With more acutely ill patients receiving care at home, it has become mandatory for the most qualified health care provider to be available.

Research has indicated that patients have accepted the nurse practitioner as a reputable provider of health care. This has been shown to be true in rural as well as urban areas (Gerchufsky, 1992). This acceptance would be an asset in the home since a feeling of confidence for the health care provider is an important aspect of healing. Gerchufsky (1992) observed that many health problems in rural Americans can be cared for by nurse practitioners, and a large portion of home health patients live in rural areas (National Association for Home Care, personal communication, October 11, 1995). With the combination of the nurse practitioners providing access to care and promoting the needed communication with the primary physician, the elderly and impoverished would definitely benefit from expansion of the established role of the primary care nurse practitioner. Considering the known benefits of nurse practitioners practicing in the rural

health care field (Gerchufsky, 1992), the inclusion of this expert nurse has seemed appropriate.

No studies that specifically related to the role of the nurse practitioner in home health care could be located. Studies that related to the nurse practitioner as the expert nurse and current roles provided by the nurse practitioner were examined. These studies included care in rural health clinics, mobile clinics (Gerchufsky, 1992), and primary care in private clinics (King & Sagan, 1989). Since no research has been done to identify the role in home health for the nurse practitioner, the current study has been utilized to determine tasks for the nurse practitioner in home care and to define the role.

Significance to Nursing

This study was important to determine the need for and a definition of the role of the nurse practitioner in home health care. The study was important not only to the home health industry but to the profession of nursing since the nurse practitioner currently provides important roles in many areas of health care. The settings for nurse practitioners' practice have been continually expanding and should include home health. This study has provided information to demonstrate the important contributions the nurse practitioner can make in the area of home health patient management. These findings may benefit home health agencies, patients, and nurse practitioners who work in

home care in the future. The relevance of this study was concerned with addressing new or expanded areas of practice for the nurse practitioner.

Theoretical Framework

Benner's Theory of Role Acquisition provided the theoretical framework for this study. Her Theory of Role Acquisition was derived from the Dreyfus Model of Skill Acquisition and applied to nursing (Benner, 1984). This theory has been based on the concept of the nurse's progression through five developmental stages: novice, advanced beginner, competent, proficient, and expert (Benner, 1984).

Benner (1984) defined the novice as "that stage in the Dreyfus Model of Skill Acquisition where no background understanding of the situation exists, so that context-free rules and attributes are required for safe entry and performance in the situation" (p. 296). The advanced beginner was identified as one whose performance is marginally acceptable and has obtained "enough background experience to recognize aspects of a situation" (Benner, 1984, p. 291). The competent nurse was one who reached "an increased level of efficiency" (Benner, 1984, p. 292). In the proficient stage, the nurse looked at the overall situation and determined the important facts with an "intuitive grasp that is obtained through prior experience" (Benner, 1984, p. 297). The expert nurse has

developed a level of expertise "through a process of comparing whole similar and dissimilar clinical situations with one another, so an expert has a deep background understanding of clinical situations based upon many past paradigm cases" (Benner, 1984, p. 294). Benner (1984) also believed that the combination of theory and clinical experience was necessary to obtain expertise.

This study looked at the expert role of the nurse, as defined by Benner, and explored this definition to include the scope of the nurse practitioner's practice in home health. The home care setting required the autonomy and independence seen in the expert nurse. The nurse practitioner has been perceived as an expert in established areas of practice. This study sought to determine the role of this expert nurse in home health care as perceived by staff nurses and nurse practitioners currently working in the area of home health care.

Assumptions

The assumptions of this study were the following:

1. The nurse practitioner is an expert nurse according to Benner's (1984) definition.

2. There is a role for the nurse practitioner in home health care.

3. The role of the nurse practitioner can be defined.

Statement of the Problem

No research has been implemented which has examined home health patient management and the nurse practitioner role. Home health patient management has become more complex since sicker patients are kept in the home. The education and experience of the nurse practitioner have provided contributions to the competency necessary to promote a safe environment conducive to healing. Thus, research has been necessary to provide structure and evidence of a need for this role.

Research Questions

The following two questions guided this study:

1. What is the role of the nurse practitioner in home health care as perceived by home health nurse practitioners and staff nurses?

2. What are the tasks performed by the nurse practitioner in home health as perceived by home health nurse practitioners and staff nurses?

Definition of Terms

For the purpose of this study, the following terms were defined:

Role of the nurse practitioner: The responsibilities and duties carried out on a daily basis by the advanced practice nurse specializing in family, adult health, geriatrics, or pediatrics who, with expert knowledge, has

developed the skills necessary to practice in the area of home health patient management as operationalized by the researcher-developed McMillan Home Health Nurse Practitioner Survey.

Home health: an agency listed as a member of the National Association for Home Care and provides care by either a registered or licensed practical nurse, physical therapist, speech therapist, occupational therapist, or medical social worker in the residence of a patient. These agencies were operationalized as the setting.

Home health nurse practitioners: advanced practice nurses working in the area of home health in an agency listed as a member of the National Association for Home Care. These advanced practice nurses were operationalized as a convenience sample.

Home health staff nurses: nurses working in the home health field in an agency listed as a member of the National Association for Home Care and the Visiting Nurses Association and who make visits to patients' homes in order to assess the patient's condition and intervene appropriately. These nurses were operationalized as a convenience sample.

Tasks: duties performed or responsibilities of the nurse practitioner's job as operationalized by the McMillan Home Health Nurse Practitioner Survey and the McMillan Home Health Staff Nurse Survey.

Summary

This study sought to examine the role of the nurse practitioner in home health care. With the changes in the home health environment, the expansion of the nurse practitioner role into this area needed exploration. Chapter II provides a review of literature related to the research questions and reports results of previous research.

Chapter II

Review of the Literature

After a selected review of the literature, no research emerged which examined the role the nurse practitioner in home health care. Therefore, the following literature review focused on the expert nurse role, the nurse practitioner role established in primary care areas, and barriers to implementation of the role. One study by a nurse practitioner working in a home health agency also was reviewed.

Established Role of the Nurse Practitioner

Two studies were reviewed which examined the expansion of the nursing role into areas that required expert knowledge for role performance. Koch, Pazaki, and Campbell (1992) reviewed 20 years of nurse practitioner literature and found that nurse practitioners were autonomous and innovative with an extensive professional background. This study was beneficial to verify the independent and autonomous practice of the nurse practitioner. The sample (*N* = 136) included selected nurse practitioner/joint practice research using computer search methods to solicit titles that concerned the nurse practice/joint practice role. Of the 2,059 articles found

appropriate for review, 7% were selected by computerized random draw.

The five topics involved in the study were nurse practitioner roles, education, health care crisis, evaluation, and legal aspects (Koch et al., 1992). The expert nurse role was the primary topic of interest in this study. Twenty-eight articles were used in this section of the study. One of these articles defined nurse practitioners as physician extenders. Another listed extended nursing as a separate role with "unique knowledge" (Koch et al., 1992, p. 63). Koch et al. found that the autonomy, independent, and persistent pursuit of innovative measures was important in promoting expansion and professionalism. These characteristics were seen as tools that provided evidence of strength and confidence in the nurse practitioner role.

Koch et al. (1992) concluded that the nurse practitioner/joint practice movement came about due to economic need in the 1960s. "Licensure, clinical autonomy, prescriptive authority and third party payments are dominant issues within the many articles discussing dependent, independent and team organized health care delivery" (Koch et al., 1992, p. 64). However, the primary statements concerning role emphasized the expert level of competency existing in the nurse practitioner role. The unique knowledge of the nurse practitioner and the

increased academic and clinical preparation of the nurse practitioner were listed evidence of expertise.

The expert role of the nurse as indicated by Koch et al. (1992) was an essential aspect of the current study in determining the role of the nurse practitioner in home health care. Therefore, as the 1992 study surmised, independence, innovation, professionalism, and autonomy are necessary qualities for nurse practitioners in the home health setting.

One study was reviewed pertaining to current roles of the nurse practitioner. This study (McLain, 1988) was beneficiary to determine where nurse practitioners currently practice, since no specific literature was found that involved nurse practitioners in the home care setting. McLain (1988) analyzed the joint practice of a group of nurse practitioners and physicians ($\underline{N}$ = 18). This qualitative study looked at the relationship of the 9 nurse practitioners and their physician partners to determine the relationship involved. Included in the study were 4 private practices, 4 public clinics, and a health maintenance organization.

Data collection was achieved through the use of taped interviews conducted during a 6- to 8-hour period of time in which each nurse practitioner or physician was followed by the researcher (McLain, 1988). Each participant was given an opportunity to review a summary of his or her

interview, but no participant was allowed to review another participant's interview.

McLain (1988) found that the nurse practitioner tended to allow the partnering physician to maintain an authoritative and dominating position in the relationship. The possibility remained for the nurse practitioner to create an atmosphere for mutual understanding and effective collaboration in the partnership with the physician. McLain (1988) concluded that these conditions could be achieved by "self reflection, determining clear goals, determination of the means for interaction, willingness to ask questions, commitment to maintaining the level of developed communication over time, and facilitating the physician partner's commitment to these goals" (p. 31).

The primary area of interest of the McLain study centered around the nine practice areas included in the 1988 research. This aspect represented three established areas of nurse practitioner practice: private practice, public clinics, and a health maintenance organization. The establishment of current practice areas was essential to the current study to reveal the diversity of practice sites available to the nurse practitioner. The possibility of expansion into the home health field could therefore be a realization in the future.

The Role of the Nurse Practitioner in Home Health

No studies were located that related specifically to the role of the nurse practitioner in home health care. One study was examined that concerned the number of home health visits necessary for particular types of patient home care. This study (Hays, 1995) was relevant to the current study because it offered an indication of the various illnesses of patients cared for in the home. A second study (Kendrick & Sullivan, 1984) was conducted by two nurse practitioners working in a home health agency. This information was relevant since it relates the beneficial effects of the nurse practitioner in the home care setting, not only for consultation purposes, but as a researcher and teacher. In addition, a third study (Pasquale, 1987) was reviewed that looked at prospective payment for home health care. These studies help to provide structure for the current study.

The number of home health visits by patient type was evaluated by Hays (1995). This study involved the use of the Community Health Intensity Rating Scale as a predictor of resource consumption in public health nursing. Four domains of the Community Health Intensity Rating Scale (environmental, psychosocial, physiological, and health behaviors) were used to determine how accurately they represented the primary foundation of resource consumption in the area of public health. No patients in the

traditional setting of public health had previously been studied using this rating scale.

Current patients of the public health nursing programs were evaluated retrospectively, as well as intensity ratings from discharged patient records (Hays, 1995). Records from three major home visiting programs were used to obtain a stratified random sample (N = 133) patient records including high-risk older adults (n = 47), high-risk prenatal women (n = 44), and high-risk infants (n = 42).

The procedure used for data collection consisted of five steps. Information concerning client descriptors and demographics was transferred from existing computer files to the research data file. Measures of resource consumption were retrieved by manual count from the clinical records. Rights of clients were protected through approval of the appropriate human subjects committee, adherence to agency guidelines for access to records of dismissed patients, and use of code numbers to ensure confidentiality for the dismissed patients. The intensity rating for patients was determined by application of the Community Health Intensity Rating Scale to the clinical records of dismissed patients by a research assistant trained in the use of this rating scale by the principal investigator. Information from the agency referral form and initial nursing visits was used to determine a rating

of the patient's needs at the start of service (Hays, 1995).

The findings of Hays (1995) revealed a wide variation of consumed resources among the programs. The highest mean number of visits (M = 28.3, SD = 21.6) was found in the care of frail older adults. The mean number of visits for high-risk infants (M = 11.4, SD = 8.9) was significantly less (p = < .001). Service for the high-risk prenatal patients was limited by the length of pregnancy and the postpartum period (M = 4.6, SD = 2.1) (Hays, 1995).

Hays (1995) determined that the Community Health Intensity Rating Scale sufficiently explained the variation in nursing resources consumed by the high-risk prenatal patients and high-risk infants. The amount of variation explained was greater than that found in previous studies with home health patients. The variation in nursing resources necessary for the frail older adults was not predicted by the rating scale.

The three domains of the rating scale that provided explanation of the variation in nursing resources consumed were environmental, psychosocial, and health behaviors. No significant difference was noted in the physiological domain. These three significant domains provided information concerning the basic needs of patients that determine high-risk status. The findings of Hays' (1995) study intensified the need to measure not only

quantifiable tasks but also the full range of nursing need.

Hays' (1995) study has significant application to the role of the nurse practitioner in home health care by providing a basic structure for evaluation of need in home health patient management. The Community Health Intensity Rating Scale criteria can be used in practice on a regular basis to determine frequency of nursing visits that is sufficient and cost effective.

In another study reflecting home health care management (Kendrick & Sullivan, 1984), both nurse practitioners working in a home health agency determined if a dressing used in the hospital setting would be beneficial to patients in the home care setting. Other aspects considered were to determine when the use of this dressing should be suggested and the type of care necessary to obtain successful results. Thus, the effectiveness of the transparent, semipermeable, adhesive, waterproof dressing that produces a wet healing environment by sealing in drainage, as opposed to traditional gauze packing which absorbs drainage, was evaluated (Kendrick & Sullivan, 1984).

Two research tools were developed to gather data. These tools were used by home health staff nurses to measure results. The patients were randomly selected and a

target number of 50 was anticipated (Kendrick & Sullivan, 1984).

Referral to the study was made by the staff nurse. The nurse practitioner then contacted the patient's physician to obtain permission for the treatment. A visit was made to the patient's home to determine if the patient's environment was defined in the criteria, to explain the project to the patient and the family, and to obtain consent to participate (Kendrick & Sullivan, 1984). After this initial visit, assignment was made to either the control group or the experimental group. A visit was then scheduled for the staff nurse to instruct the data collection procedure.

The caretakers were expected to keep records of the date, supplies used, and the time required for treatment (Kendrick & Sullivan, 1984). Weekly data collection was conducted for 3 months and recorded on the appropriate tools.

The study was conducted over 13 months with a total of 22 patients followed. The new treatment was found to increase the healing rate of decubitus ulcers at a statistically significant level (Kendrick & Sullivan, 1984).

Multiple conclusions were reached by the nurse practitioners including the determination that home health care provided a setting conducive for conduction of

nursing research. The atmosphere in each home was different; therefore, data collection was more difficult than in a hospital. Attrition was pronounced due to the type of patient who received care. Finally, sufficient planning time was essential to avoid interruptions in data collection that may have proven crucial to the study.

The Kendrick and Sullivan (1984) study was beneficial to the study of the role of the nurse practitioner in home health care since the researchers were nurse practitioners working in the home health field. The conclusions of the study revealed basic information concerning the daily environment encountered by home health nurses.

In another study that was useful to promote an understanding of the changing environment in the home health field, Pasquale (1987) conducted a pilot study to define the factors that affect the consumption of home health care resources. The National Association for Home Care (cited in Pasquale, 1987) has advocated a prospective payment system model for reimbursement of home care services. Content validity was determined through studying the appropriate literature and a review by a team of community health administrators, educators, practitioners, and nurse researchers. Establishment of reliability ($r = -.95$) was done by pilot testing the tool.

Pasquale (1987) sought to answer one research question: "What are the relationships among Medicare

eligible home care patients' living arrangements, functional status, plan of care, and consumption of home care resources?" (p. 186). The researcher conducted a retrospective review of Medicare eligible patients who received home care services from a not-for-profit home health agency between July 1, 1985, and June 30, 1986. Data were collected using a five-part tool developed by the researcher. Part one included the demographics of the sample; part two addressed the patients' living arrangements and primary caretaker; part three evaluated the patients' function level; part four listed 50 possible parameters of the plan of care; and part five yielded information on home care resources (Pasquale, 1987).

The Pasquale study sample was comprised of subjects with a mean age of 76 years (SD = 7.1). The researcher found that average length of service to these patients was 37.8 days (SD = 25.5), and an average of 14.8 visits per patient was needed to provide the necessary care. Pasquale (1987) concluded that the living arrangements, functional status, and plan of care significantly explained resource consumption and that differences appear to exist for age and gender cohorts. These were the areas identified in the research tool.

The results of this study provided direction for defining a basis for setting prospective reimbursement rate criteria. The classification of patient requirements

as determined by the study indicated a need to revise the reimbursement system to be more efficient and effective in the changing climate of home health care.

Since there has been no reimbursement for nurse practitioners working in home health, research into this problem was essential. Prospective payment could provide a means for specific payment for the nurse practitioner in the area of home health in the future.

Summary

A selected review of the literature offered no evidence that any study has been attempted to determine a role of the nurse practitioner in home health care. However, insight into the current roles for nurse practitioners (McLain, 1988) indicates that the nurse practitioner is considered an expert nurse (Koch et al., 1992), and barriers such as reimbursement (Pasquale, 1987) were determined. This information was useful for the current study to establish current perception of the nurse practitioner role and possible answers to questions concerning expansion of the nurse practitioner role.

Chapter III

The Method

The purpose of this study was to examine the need and define the role of the nurse practitioner in home health care. This chapter includes the methodology components of this research.

Design of the Study

This study utilized a descriptive research design. Polit and Hungler (1995) list the purpose of descriptive studies as observation, description, and documentation of aspects "for a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development" (p. 178). This study sought to observe, describe, and document the role possibilities of the nurse practitioner in home health care.

Setting, Population, and Sample

The setting for this study included home health agencies located in four areas of the Northeast and Southeast, including Maryland, Mississippi, Virginia, and Washington, DC. Names of agencies were elicited through contact with the National Association for Home Care (NAHC)

and the Visiting Nurses Association (VNA), with the names of five agencies given which would be appropriate sites for this survey. The population included nurse practitioners and staff registered nurses who were currently employed by an agency suggested by the NAHC or the VNA. The sample (N = 45) was one of convenience.

Instrumentation

Two researcher-developed tools, the McMillan Home Health Nurse Practitioner Survey (see Appendix A) and the McMillan Home Health Staff Nurse Survey (see Appendix B) were used to collect data. The McMillan Home Health Nurse Practitioner Survey consisted of 12 questions, and the McMillan Home Health Staff Nurse Survey had 13 questions. Each instrument was divided into three sections. The sections in the McMillan Home Health Nurse Practitioner Survey were Demographic Information, Nurse Practitioner Responsibilities, and Vision for the Future. Section I consisted of 6 questions related to demographic information. Section II included 3 questions concerning nurse practitioner duties specifically related to duties carried out on a daily basis and types of consultation currently used. Section III consisted of 3 questions to ascertain the nurse practitioner's ideas concerning the future of the nurse practitioner role in home health care. The sections in the McMillan Home Health Staff Nurse Survey were Demographic Information, Nurse Practitioner

Information, and Nurse Practitioner Responsibilities. Section I consisted of 6 questions to elicit demographic information. Section II (Nurse Practitioner Information) included 4 questions that specifically related to the staff nurse's perception of the nurse practitioner role. Section III (Nurse Practitioner Responsibilities) consisted of 3 questions that concerned information to be obtained from those nurses who had worked with a nurse practitioner and the perception of the nurse about specific experiences with nurse practitioners.

The surveys were developed employing researcher experience in the home health setting and questions of interest to the study. The instruments were reviewed by a panel of experts to determine if the information requested was appropriate for this study. The tools were then pilot-tested by nurse practitioner students for clarity and content. Therefore, the instruments were assumed to have face validity within the confines of this study.

Data Collection

Permission was obtained from the Committee on Use of Human Subjects in Experimentation at Mississippi University for Women to conduct the study (see Appendix C). The sample of nurse practitioners and home health staff nurses (*N* = 45) was obtained by telephone from the National Association for Home Care. The intent of the survey was explained to the contact person, and the

Visiting Nurses Association in Washington, DC was the agency suggested by the contact person as possibly employing nurse practitioners. When the researcher telephoned this agency, the names of several agencies in the Northeast that possibly employed nurse practitioners were given. The researcher then telephoned these agencies and found that two of these agencies employed nurse practitioners. The researcher received permission to mail groups of survey packets to the attention of the contact person to place in each nurse's box.

Data were collected by mailing out a packet of materials. The packet included a cover letter (see Appendix D) that presented an introduction to the study and stated that consent to participate was determined by return of the survey. A self-addressed, stamped envelope, a postcard for any participant requesting results of the study, and either the McMillan Home Health Nurse Practitioner Survey or the McMillan Home Health Staff Nurse Survey were also included. After 3 weeks, a follow-up telephone call was made to the agencies as a reminder to promote response from the staff involved.

Data Analysis

Data were analyzed using descriptive statistics including percentages and frequency. Content analysis was employed with the responses of the participants individually scored by calculating the total number of

like answers and using a percentage to determine the perception of nurse practitioner tasks and role by the participants.

Limitations

Survey research offered a number of limitations. Mailed-out surveys allowed the researcher no guarantee of response, resulted in low rates of return, and tended to be relatively superficial (Polit & Hungler, 1995). However, the survey was necessary to reach the nurse practitioners and staff nurses in the home health agencies due to demographics and accessibility.

Due to the specific nature of the McMillan data collection tools, external validity was limited. The results obtained from the use of this tool cannot be generalized to any setting other than the relationship between the nurse practitioner role and home health care. The McMillan Home Health Nurse Practitioner Survey and the McMillan Home Health Staff Nurse Survey were developed by the researcher. Reliability and validity were not established; however, face validity was assumed since the tools were pilot-tested. The use of researcher-developed tools was necessary since no survey forms could be located that were appropriate for this study.

Summary

Chapter III described the methodology of this research study concerning the role of the nurse practitioner in home health care. The design of the study, setting, population, sample, methods of data collection, and methods of data analysis were given. Limitations of the study were also addressed.

Chapter IV

The Findings

The purpose of this study was to examine the need for and define the role of the nurse practitioner in home health care. A descriptive study was utilized. Data were derived to ascertain the perceptions of nurse practitioner contributions by nurse practitioners and staff nurses currently working in the home health field in Maryland, Mississippi, Virginia, and Washington, D.C. This chapter explains the empiricalization of the study and presents a description of the sample data related to and the results of analysis.

Description of the Sample

The convenience sample (N = 45) consisted of 42 (93.3%) staff nurses and 3 (6.7%) nurse practitioners. Forty-two (93.3%) were females and 3 (6.7%) were males. The age of the staff nurse respondents ranged from 25 to 62 years with a mean age of 44.2 years. The age of the nurse practitioners ranged from 35-42 years with a mean age of 41 years. The years of employment by the staff nurses in the home health field ranged from 1 to 26 years with a mean years of employment of 8.3 years. The years of the nurse practitioners' employment in home health ranged

from 2 to 15 years with a mean number of 7.7 years. Twenty-one (50%) of the staff nurses had worked for more than one home health agency. The nurse practitioners' areas of practice prior to home health were obstetrics and gynecology (67%) and critical care (33%). Twenty-six (62%) staff nurses had worked with a nurse practitioner in the past. Thirteen (31%) staff nurses were employed in Virginia, 17 (40.5%) in Maryland, 6 (14.3%) in Washington, D.C., 5 (11.9%) in Mississippi, and 1 (2.4%) listed no state of employment. Two (67%) nurse practitioners were employed in Virginia and 1 (33%) nurse practitioner was employed in Washington, D.C.

Results of the Data Analysis

Using the McMillan Home Health Nurse Practitioner Survey and the McMillan Home Health Staff Nurse Survey, data were collected to answer two research questions. Descriptive statistics including frequencies and percentiles were used to analyze the data.

Research question 1. The first research question sought to determine the perception of the role of the nurse practitioner in home health care by staff nurses and nurse practitioners working in the home health field. The participants were polled to determine the number of respondents working in an agency currently employing a nurse practitioner. Twenty-four (57%) staff nurses responded "yes," and 18 (43%) responded "no" to this

question. The participating staff nurses were asked if having a nurse practitioner working in the home health agency was/would have been beneficial. Eighty-three percent (n = 35) of the respondents answered yes. All staff nurses (n = 42) were asked to answer questions concerning nurse practitioner role possibilities. The possible role of the nurse practitioner in home health care as perceived by staff nurses identified 12 areas appropriate to the NP role. The researcher determined these to be subroles and grouped them into three content areas or role areas including the expert nurse (46.4%), manager (35.1%), and assessor (17.0%). Based on these findings, staff nurses defined the role of the nurse practitioner as one who is an expert nurse with advanced assessment and management skills appropriate to the home health field. Five percent of the participants responded that the nurse practitioner role in home health was unneeded. A complete listing of the NP role by subroles can be found in Table 1. Nurse practitioners defined their role in home health as an assessor/manager of specialty cases and as consultant (25%) for difficult care. Two (50%) NP responses indicated a need for role expansion within home health.

Table 1

Staff Nurse Perceptions of the Nurse Practitioner Role by Subrole

Response	% of Response
Expert nurse	
Informative resource to answer questions	24.4
Teacher/educator	12.0
Consultant	7.0
Expert clinical nurse	4.0
Manager	
Handle specialty cases such as oncology, HIV, and wounds	15.1
Liaison with the physician	12.0
Resource for case manager	6.0
Prescriptive capabilities	4.0
Case manager	4.0
Assessor	
Use of advanced assessment skills	7.0
Continuous quality assessment	3.0

One hundred percent of the NPs and 62% of the staff nurses responded that physicians were or would have been receptive to a nurse practitioner working in the home health agency.

Research question 2. The second question sought to determine the current tasks performed by the nurse practitioner in home health. Only staff nurses (n = 24) currently working with nurse practitioners were asked to respond. A total of 48 tasks were identified as possible on a daily basis. Responses concerning tasks within the role included home visits (17%), education of staff, patients, and families (15%), and specialized cases (15%). Six percent of the responding staff nurses considered no proper role for the NP. A complete listing of responses of staff nurses concerning nurse practitioner daily tasks can be found in Table 2. Forty-three percent of the nurse practitioners responded that direct patient care and physical assessments were tasks completed on a daily basis. Other daily tasks (14% for each) are listed as follows: communication liaison with the physician, staff information resource, intervention planning, and consultation with the staff. In addition to daily tasks, the NPs were asked to list current tasks carried out by consultation on an intermittent basis. The responses to this question included complex wound care (50%), pain management (25%), and education of other home health nurses (25%).

Table 2

Staff Nurse Perceptions of Daily Nurse Practitioner Tasks

Response	% of Response
Home visits	17
Educating staff, patients, and families	15
Handling specialized cases such as wounds, pain management, cardiac patients, pediatrics	15
Information/resource person for the staff	12
Administrative tasks such as supervising, overseeing the field staff and interpreting agency policies	12
Liaison between the staff and the physician	6
Unaware of nurse practitioner duties	6
Prescribe medications	6
Direct patient care through physical assessment	6

The 24 participants who currently worked with an NP were polled concerning when the staff nurse consulted the NP. Fifty-six percent wrote that consultation was needed with difficult or complex cases, such as wounds, nutrition, pain management, and pregnancy. Another 16% wrote that consultation was necessary for specific

treatment plans for certain patients. However, 12% stated that no consult was ever made with the NP. A complete listing of these findings can be found in Table 3.

Table 3

Current Staff Nurse Consultations with the Nurse Practitioner

Response	% of Response
Difficult or complex cases such as wounds, nutrition, pain management, pregnancy	56
Specific treatment plans for patients	16
Teaching/educating about complicated issues	8
Everyday consultation	8

The participants currently working with nurse practitioners were asked if the nurse practitioner participates in community awareness activities to inform the local community about the work of the home health agency. Forty-six percent responded yes and 16% responded no, with 38% responding that they did not know. Of those responding yes, 24% wrote that the NP leads the Home Call Visitation Program. Eighteen percent of the respondents answered with each of the following activities: Visiting schools to educate the students concerning specific

issues, to act as public relations officer for the agency, and provider of assistance to groups concerning AIDS/HIV.

The NPs were polled concerning future involvement in staff development. Thirty-three percent responded that a critical issue would continue to be enhancement of staff nurse knowledge base, and 33% responded that regular workshops were necessary. Thirty-three percent replied that development of staff is good if the productivity of the staff would not be affected.

Additional Information

The McMillan Home Health Nurse Practitioner Survey and the McMillan Home Health Staff Nurse Survey allowed space for comments. Some positive comments to the question that concerned beneficial aspects of the nurse practitioner included the following:

> It is good to have a knowledgeable professional available as a resource person to answer questions.
>
> They are beneficial because they are more accessible for assistance than the physicians are.
>
> They are beneficial because they are a liaison between the M.D. and the visiting nurse.

One negative comment was listed in the question concerning role: "We have some but I don't know what they do." Other negative comments were listed that concerned MD receptiveness. These comments were, "MD's are

protective of their caseload because of HMO's and do not want to give up their cases" and "MD's feel threatened (less powerful/less important) by NP's."

One NP respondent noted that although NPs are needed their growth in home health will probably be slow because of the problematic health care system. Another NP participant stated that nurse practitioners are currently not cost effective, especially with layoffs planned in that respondent's agency. All of the nurse practitioners (*n* = 3) felt that physicians were receptive to NPs in the home health area. All three NPs responded that the agency in which they were employed had no plans to hire more nurse practitioners.

Summary

The results of the data analysis were given in Chapter IV. The sample including nurse practitioner role, specific tasks within the role, and demographics was presented. The results revealed that home health nurse practitioners and staff nurses perceive a role for the nurse practitioner in home health care and were able to list specific roles and tasks within the role. Chapter V will discuss an outcome of the findings including implications and recommendations.

Chapter V

The Outcomes

Home health agencies have been slow to employ and capitalize on the care provided by the nurse practitioner. The potential contributions of this advanced practice nurse in this area are great. However, no studies have assessed the role possibilities for the nurse practitioner in the home health field. The purpose of this research was to define the role of the nurse practitioner in home health care. Benner's Theory of Role Acquisition provided the theoretical basis for this study. This chapter provides a discussion of the findings and presents the conclusions, implications, and recommendations that were developed from the findings.

Summary of Significant Findings

The population consisted of 100 home health staff nurses and nurse practitioners in four eastern states who were sent the McMillan Home Health Staff Nurse Survey and the McMillan Home Health Nurse Practitioner Survey. The surveys asked open-ended questions that allowed the participants to elaborate on possible aspects of the nurse practitioner role and specific tasks within the role.

Forty-five (45%) of the survey forms were returned and assessed using descriptive statistics.

Two research questions guided the study:

1. What is the role of the nurse practitioner in home health care as perceived by nurse practitioners and staff nurses working in the home health field?

2. What are the tasks to be performed within the role of the nurse practitioner in the home health field?

The respondents offered three specific roles and nine feasible daily task possibilities for the nurse practitioner in home health care. In addition, the NP respondents offered three specific tasks possible on an intermittent basis by consultation. Therefore, the research concluded that home health staff nurses and nurse practitioners perceive a role and specific tasks within the role for the nurse practitioner in the home health field.

Discussion

The findings identified that home health staff nurses and nurse practitioners perceived a role for the nurse practitioner in home health care. There were multiple responses to each question by each participant that suggested various role possibilities and tasks for the nurse practitioner. Since the responses varied, careful interpretation was necessary.

The three roles that were envisioned by the participants were the expert nurse, manager, and assessor. The role of the expert nurse as identified by the respondents included the subroles of informative resource person to answer questions, teacher/educator, consultant, and expert clinical nurse. The nurse practitioner as manager encompassed the subroles of handling specialty cases such as oncology, HIV, wounds, liaison with the physician, resource for the case manager, prescriptive capabilities, and case manager. The role of assessor included use of advanced assessment skills and continuous quality assessment.

No prior studies could be found to support or contradict the findings. There was literature, however, that examined nurse practitioner roles in other areas of the health care industry. The nurse practitioner role in primary care was investigated by McLain (1988). An analysis of joint practice by nurse practitioners and physicians in three established areas of nurse practitioner practice (public clinics, a health maintenance organization, and private practice) was studied. McLain (1988) found that the nurse practitioner tended to allow the partnering physician to maintain an authoritative and dominating position in the relationship. The possibility remained for the nurse practitioner to create an atmosphere for mutual understanding and

effective collaboration in the partnership with the physician. The primary area of interest of the McLain (1988) study centered around the established practice areas for nurse practitioners. The establishment of current practice areas was essential to the current study to reveal the diversity of practice sites available to the nurse practitioner.

In another study, the expert role of the nurse practitioner was investigated. Koch, Pazaki, and Campbell (1992) found that nurse practitioners were innovative with an extensive professional background. The primary statements that concerned the nurse practitioner role emphasized the expert level of competency, unique knowledge, and increased academic and clinical preparation (Koch, Pazaki, & Campbell, 1992).

Along with the studies that concerned current practice sites and the expert nurse, studies were examined that involved utilization of home health visits (Hays, 1995), consumption of home care resources (Pasquale, 1987), and a research study by nurse practitioners working in a home health agency (Kendrick & Sullivan, 1984). These studies were important to stress the role to be established by the nurse practitioner in home health care.

Hays (1995) evaluated the number of home health visits by patient types. Data concerning high-risk infants, high-risk older adults, and high-risk prenatal

women were evaluated. The findings of the study revealed a wide variation of consumed resources among the programs. The highest mean number of visits was found to be in the frail, older adults (Hays, 1995). The variation in visit consumption was found to be related to environmental, psychosocial, and health behaviors (Hays, 1995). Hays' study had significant application to the role of the nurse practitioner in home health care by providing a basic structure for the evaluation of need in home health patient management. The nurse practitioner could impact visit consumption in the home health industry.

In a related study, Pasquale (1987) conducted a pilot study to define the factors that affect the consumption of home health care resources. This study was useful to relay an understanding of the changing environment in the home health field. This study looked at a prospective payment system model for reimbursement of home care services. The results of the study provided direction for defining a basis for setting prospective reimbursement rate criteria. The results of the study indicated a need to revise the reimbursement system to be more efficient and effective in the changing climate of home health care (Pasquale, 1987). This study was important to the current study since no reimbursement has been provided for nurse practitioners working in home health care. Prospective payment could

provide a means for covering payment for nurse practitioners in the home health area.

In another study Kendrick and Sullivan (1984), both nurse practitioners working in a home health agency, investigated the use of a particular wound protocol in the home care setting. This study attempted to identify the positive benefit of the advance practice nurse to provide research in areas of interest in home care.

The findings from the Kendrick and Sullivan (1984) study were congruent with the current study in that positive aspects of having a nurse practitioner in home health care were found. The role of the expert nurse (47.4%) was the primary element of need expressed by the staff nurses in the study. This was supported by the statement, "They provide better overall care to patient." Another statement was, "We need more nurse practitioners. They are much needed." On the negative side, 12% of respondents to the question concerning consultation with the nurse practitioner wrote, "I never consult with the nurse practitioner." Lack of reimbursement was also listed as a negative aspect of the nurse practitioner working in home health.

The geographical area included in the sample was confined to the eastern portion of the United States. Involvement of home health agencies in the eastern area was necessary since nurse practitioners working in other

sections of the country could not be located by the researcher.

The majority of responses to the questions on both the McMillan Home Health Staff Nurse Survey and the McMillan Home Health Nurse Practitioner Survey were favorable, with three distinct role possibilities for the NP in home health care listed. The three roles included expert nurse, manager, and assessor. The participants were also able to identify specific tasks to be performed daily within the role. These tasks included consultant, liaison between the physician and the visiting nurse, staff educator, assessment of difficult cases, and public relations officer. The skill of the expert nurse as defined by Benner (1984) would be necessary to perform the tasks listed by the survey respondents.

The participants each listed multiple comments for each question. The format of the mail-out surveys possibly contributed to these responses. The open-ended questions allowed the respondents the option to elaborate on the comments that were stated. This possibly affected the survey results since the participants were allowed to document their ideas without space constraints.

The questions listed on the McMillan surveys were reviewed by a panel of experts for clarity and content. Since 100% of the participants responded to all the questions, the researcher assumed that respondents

understood the meaning of the questions. Staff nurses were not asked to respond to the section of questions that related to current NP tasks.

The participants worked in the home health field and were familiar with the area in question. Knowledgeable respondents were able to identify both positive and negative aspects concerning the role of the nurse practitioner in home health care.

Conclusions

This research determined that a role, and tasks within the role, was identified for the nurse practitioner in home health care. The majority of participants (89%) responded positively and were able to list specific tasks to be performed within the role. Koch et al. (1992) believed that nurse practitioners were autonomous and innovative. These are characteristics necessary to promote the expert level of function that would be necessary to perform as a leader in the home health field.

Another conclusion drawn from the findings by the researcher was that home health staff nurses trust the judgment and abilities of the nurse practitioner. The responses indicated that the participants expect the nurse practitioner to perform various professional tasks that would benefit not only the patient, but also the visiting nurse, physician, and the home health agency. Kendrick and Sullivan (1984) acted as pioneers in the home health field

and conducted the study listed to ascertain methods that would positively impact patient care.

Further research must be done to examine the role of the NP in home health care using a larger sample size and covering a larger geographical area. The McMillan surveys need to be tested further to increase the validity and reliability of these research tools as measurements of staff nurse and nurse practitioner perception of the role of the nurse practitioner in home health care.

Implications for Nursing

A number of implications for various areas were derived from this study. Implications are suggested for the areas of nursing practice, research, education, and administration.

Nursing practice. The addition of nurse practitioners to the home health field would provide additional expertise for the patient confined to the home. The nurse practitioner is best suited to provide advanced assessment in the home and is more easily accessible than the physician. Additional research is necessary to further document the role possibilities and the positive impact of the nurse practitioner in the home health area.

Research. No studies were found that examined the role of the nurse practitioner in home health care. Therefore, additional research studies are needed to determine the role of the nurse practitioner in the home

health field. A larger sample covering a larger geographical area would be beneficial to gain insight into the ideas of staff nurses and nurse practitioners working in home health across the United States. The McMillan surveys could be used in larger studies to establish validity and reliability.

This study provided the groundwork for further study into the role of the nurse practitioner in the home health field. The results of this study can serve as the starting point for further examination into this topic.

Education. With the expansion of the nurse practitioner role, it is essential that areas not currently open to the nurse practitioner be evaluated to determine positive benefits for expansion. Schools of nursing should examine the possibility of starting home health nurse practitioner training at the onset of expansion of the nurse practitioner role into the home health field. Consumers must be educated concerning the expertise of the nurse practitioner and the advantages of having a nurse practitioner working in home care.

Administration. Administrators of home health agencies should investigate the advantages of having nurse practitioners working in home health. These advantages include expert knowledge, advanced physical assessment capabilities, consultation with the visiting nurse concerning complex care, and conservation of home visits.

These advantages could serve to aid the home health agency in providing the best quality care possible as well as financially.

Recommendations

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

Nursing

1. Include the concept of the nurse practitioner in home care in curriculums of schools of nursing as a possible future need.

2. Publish findings from research that examines the role of the nurse practitioner in home health care.

Research

1. Replicate the study using a larger sample and covering a larger geographical area.

2. Conduct further research that examines the possibility of a nurse practitioner role in the area of home health.

Education

Investigate the expansion of the nurse practitioner role into the home health field and if/when occurs, add a home health nurse practitioner track to the curriculum.

Administration

1. Investigate the possibility of reimbursement for the nurse practitioner in home health by proposing the

positive aspects of the role as identified by the research study participants.

2. Pilot test the nurse practitioner role possibilities to determine increased patient satisfaction and possible financial advantages.

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APPENDIX A

McMILLAN'S HOME HEALTH NURSE PRACTITIONER SURVEY

McMillan's Home Health Nurse
Practitioner Survey

Section I: Demographic Information

Please answer the following questions by filling in the blank.

1. Age:______

2. Sex:______

3. The state in which you are employed as a nurse practitioner in the home health field: ______________

4. Specialty area of nurse practitioner preparation:
____

5. Number of years employed as a nurse practitioner in the area of home health:__________________________

6. Area(s) of practice prior to working in home health care:
____
____
____

Section II. Nurse Practitioner Responsibilities

1. Duties carried out on a daily basis:
____
____
____

2. Duties carried out by consultation on an intermittent basis:
____
____
____

3. Duties of the nurse practitioner in your agency related to community awareness or public relations?
____
____

Section III. Vision for the Future

1. How do you envision the nurse practitioner role in patient management within home health?

____
____
____

2. Does your agency have plans to expand the nurse practitioner role, and if so, how?

____
____
____

3. How do you see nurse practitioners involved in staff development/education?

____
____
____

APPENDIX B

McMILLAN'S HOME HEALTH STAFF NURSE SURVEY

McMillan's Home Health Staff

Nurse Survey

Section I. Demographic Information

Please answer the following questions by filling in the blank.

1. Age:______

2. Sex:______

3. The state in which you are employed as a staff nurse in the home health field: ____________________________

4. Number of years you have worked as a staff nurse in home health: _________________

5. Have you worked for more than one home health agency? Yes_____ No______

6. Have you ever worked with a nurse practitioner? Yes_____ No______

Section II. Nurse Practitioner Information

1. Is there a nurse practitioner working in your home health agency? Yes_____ No______

2. Do you feel that having a nurse practitioner in your agency is/would be beneficial, and if so, how?
____
____

3. What role do you feel the nurse practitioner could have in patient management within your agency?
____
____

4. Do you feel that the physicians in your region are/would be receptive to a nurse practitioner working in your agency?
____
____

Section III. Nurse Practitioner Responsibilities

<u>Note:</u> Answer only if you work with a nurse practitioner.

1. What duties does the nurse practitioner perform on daily basis that you are aware of?

____
____
____

2. When do you consult the nurse practitioner?

____
____
____

3. Does the nurse practitioner in your agency work in areas related to community awareness related to your organization? If yes, then how?

____
____
____

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
Eudora Welty Hall
P.O. Box W-1603
(601) 329-7142

March 5, 1996

Ms. Bonnie McMillan
c/o Graduate Program in Nursing
Campus

Dear Ms. McMillan:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research provided the following standards are met:

a) The consent form must state that the results of the survey will remain confidential.

b) Participation is voluntary.

I wish you much success in your research.

Sincerely,

Susan Kupisch
Vice President
for Academic Affairs

SK:wr

cc: Mr. Jim Davidson
Dr. Mary Pat Curtis
Dr. Rent

APPENDIX D

LETTER TO PARTICIPANTS

P. O. Box 31
Lucedale, MS 39452

Dear ___________________________:

My name is Bonnie McMillan, and I am a graduate student in the Family Nurse Practitioner Program at Mississippi University for Women in Columbus, Mississippi. A thesis is required in this program and the topic that I have chosen to examine is the role of the nurse practitioner in home health care. I believe that the nurse practitioner can serve a useful and productive role in the area of home health patient management.

I have developed a survey relevant to the aspects of this issue and would appreciate your cooperation in completing this study. I realize that the demands on your time are great, but I believe that this research will have a positive impact on the care provided for home health patients.

Please note that the return of this survey will indicate your consent to participate. Participation in this survey is on an anonymous basis and all data will be analyzed as a group. Please complete the enclosed survey and return in the enclosed self-addressed, stamped envelope. If you are interested in the survey results, please return the attached postcard.

Your participation will be greatly appreciated. If you have any questions regarding this study, you may reach me by calling (601) 947-6732.

Thank you,

Bonnie McMillan, RN, BSN