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Attitudes and Perceptions of Medical and Nursing Staff
to an Emergency Nurse Practitioner Service

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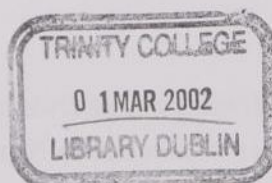
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Attitudes and Perceptions of Medical and Nursing Staff to an Emergency Nurse Practitioner Service

**A dissertation submitted to The University of Dublin, Trinity College in part
fulfilment of the degree of Master in Science in Nursing.**

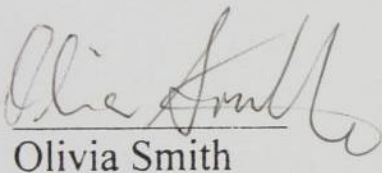
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Olivia Smith

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TABLE OF CONTENTS

Summary	1
Abbreviations	11
Chapter 1 Introduction	3
1.1 Background For Study	3
1.2 The Research Question	5
1.3 Aim and Objectives Of Study	6
1.4 Key Concepts and Operational Definitions	6
1.4.1 Accident and Emergency Department	6
1.4.2 Advanced Practice in Nursing	7
Chapter 2 Literature Review	9
2.1 Introduction	9
2.2 Studies on Advanced Nursing Practice	9
2.3 Development of Nurse Practitioner Roles	10
2.3.1 Nurse Practitioner Development in United States	10
2.3.2 Nurse Practitioner Development in United Kingdom and Ireland	11
2.4 Towards a Definition of Nurse Specialists	12
2.4.1 Clinical Nurse Specialists	12
2.4.2 Advanced Nurse Practitioner	13
2.4.3 Emergency Nurse Practitioner	15
2.5 Research Evidence on ENP Role Effectiveness	17
2.5.1 Processes and Outcomes	18
2.5.2 Outcome Studies on Nurse Practitioner Services	18
2.6 Patient Satisfisfaction	21
2.6.1 Satisfisfaction with Waiting Times	22
2.7 Scope of Practice	23
2.7.1 Scope of Practice in Ireland	23
2.7.2 Scope of Practice in the United Kingdom	24
2.7.3 Research Evidence of Advanced Scope of Practice	24
2.8 Radiography and Medication	26
2.8.1 Nurses Requesting X-Rays	26
2.8.2 Nurses Prescribing Medication	27
2.9 Education and Training of Nurse Practitioners	29
2.9.1 Educating Nurse Practitioners in the USA	29
2.9.2 Nurse Practitioner Training Programs in the United Kingdom	29
2.9.3 Nurse Practitioner Training Programs in Ireland	30
2.9.4 Utilisation of Research among Nurse Practitioners	31

2.10 Perceptions of Staff of an Emergency Nurse Practitioner Service	32
2.10.1 <i>Perceptions of Staff of Nursing Role Development</i>	33
2.11 Conclusion	

CHAPTER 3 Research Methodology 35

3.1 Introduction	35
3.1.1 <i>Aim of Study</i>	35
3.1.2 <i>Objectives</i>	35
3.2 Methodology	36
3.2.1 <i>Quantitative Approach</i>	37
3.2.2 <i>Method of Data Collection</i>	37
3.2.3 <i>Designing the Questionnaire</i>	38
3.2.4 <i>The Questionnaire</i>	38
3.3 Population and Sampling	40
3.3.1 <i>Sampling</i>	40
3.3.2 <i>Inclusion Criteria</i>	41
3.3.2 <i>Exclusion Criteria</i>	41
3.2.4 <i>Sample Size</i>	42
3.3 Validity and Reliability	43
3.3.1 <i>The Pilot Study</i>	44
3.3.2 <i>Validity of Study</i>	45
3.4 Analysis of Results	46
3.5 Ethical Issues	46
3.5.1 <i>Access to Study Hospitals</i>	48
3.6 Summary of Methodology	48

Chapter 4 Data Analysis and Results 50

4.1 Introduction	50
4.2 Employee Status	51
4.2.2 <i>Age and Gender</i>	52
4.2.3 <i>Years of Service</i>	52
4.3 Professional Qualifications	53
4.3.1 <i>Introduction</i>	53
4.3.2 <i>Post Registration Accident and Emergency Course</i>	54
4.3.3 <i>Academic Qualifications</i>	55
4.4 Attitudes and Perceptions of Staff to Nurse Practitioner Role	56
4.4.1 <i>Introduction</i>	56
4.4.2 <i>Understanding the Role</i>	56
4.6 Minor Injuries	57
4.7 Combine Role	58
4.7.1 <i>Opinions in Hospitals : Combine Role</i>	58
4.8 Operate Within Strict Protocols	60
4.9 Waiting Times	61
4.9.1 <i>Opinions In Hospitals : Waiting Times</i>	62
4.10 Requesting X-Rays	63

4.11 Prescribing Medications	64
4.12 Diagnosing and Treating Patients	65
4.12.1 <i>Opinions in Hospitals : Diagnosing and Treating Patients</i>	66
4.13 Patients Reviewed By Senior Doctor ?	67
4.13.1 <i>Opinions in Hospitals : Patients Reviewed by Senior Doctor ?</i>	68
4.14 Should Advance Scope of Practice	69
4.15 Research Role	70
4.16 Educating and Training Role	71
4.16 Clinical Experience For Role	72
4.17 Education of Nurse Practitioner	73
4.17.1 <i>Nurses Opinions : Education of Nurse Practitioner</i>	74
4.18 Elitism	75
4.18.1 <i>Nurses Opinions : Elitism</i>	76
4.19 De- Skilling	77
4.20 Moving From Caring Role	78
4.20.1 <i>Opinions in Hospitals : Moving From Caring Role of Nurse</i>	79
4.21 Insurance For Nurse Practitioners	81

CHAPTER 5 DISCUSSION OF THE DATA 82

5.1 Introduction	82
5.2 Justification For Study	83
5.2.1 <i>The Commission on Nursing</i>	83
5.3 Aim Of Study	84
5.4 Demographic Profile of Participants	86
5.5 Nursing Qualifications	87
5.6 Role of Emergency Nurse Practitioner	88
5.6.1 <i>Introduction</i>	88
5.6.2 <i>Understanding the Role</i>	88
5.6.3 <i>Waiting Times</i>	90
5.6.4 <i>Minor Injuries</i>	91
5.6.5 <i>Combine Role</i>	91
5.6.6 <i>Autonomy of Role</i>	93
5.6.7 <i>Reviewed by Senior Doctor</i>	93
5.6.8 <i>Advance Scope of Practice</i>	94
5.6.9 <i>X-Rays and Medications</i>	95
5.6.10 <i>Summary</i>	96
5.7 Training and Development Issues	97
5.7.1 <i>Introduction</i>	97
5.7.2 <i>Clinical Experience</i>	98
5.7.3 <i>Education Requirement</i>	98
5.7.4 <i>Training and Education Issues</i>	100
5.7.5 <i>Research Role</i>	101
5.7.6 <i>Summary</i>	102

5.8 Concerns and Possible Barriers to Development 103

5.8.1 Introduction 103

5.8.2 Elitism 104

5.8.3 De-Skilling and Loss of Caring Role 105

5.8.4 Legal Issues 106

5.8.5 Conclusion 108

5.9 Recommendations 109

5.10 Limitations Of Study 110

5.11 Areas For Further Research 111

5.12 Conclusion 111

REFERENCE LIST.....

APPENDICES.....

Appendix A Letter of Access.....

Appendix B Questionnaire.....

LIST OF TABLES

	Page
Table 4.1	Study Participants in the Four A&E Departments 51
Table 4.2	Details of Nursing Staff with Post-Graduate A&E Qualification 54
Table 4.3	Chi-Square Analysis of Understanding The Role Of ENP 56
Table 4.4	Chi-Square Analysis ENP only Treat Minor Injuries 57
Table 4.5	Cross- Tabulation of Nurse Practitioners Should Combine Role 58
Table 4.6	Chi-Square Analysis Hospital Comparisons Combining ENP Role 59
Table 4.7	Chi- Square Analysis Operate Within Strict Protocols 60
Table 4.8	Chi-Square Analysis Service Reduces Waiting Times 61
Table 4.9	Chi-Square Analysis Requesting X-Rays 63
Table 4.10	Chi-Square Analysis Prescribing Medications 64
Table 4.11	Chi-Square Analysis Nurses Diagnosing 65
Table 4.12	Chi-Square Analysis Opinions in Hospitals Nurses Diagnosing 66
Table 4.13	Chi-Square Analysis Patients Reviewed by Senior Doctor 67
Table 4.14	Chi-Square Analysis Opinions in Hospitals Patients Reviewed by Dr. 68
Table 4.15	Chi-Square Analysis Advance Scope of Practice 69
Table 4.16	Chi-Square Analysis Research Role of ENP 70
Table 4.17	Chi-Square Analysis Education Issues 71
Table 4.18	Chi- Square Analysis Experience Necessary for ENP 72
Table 4.19	Chi-Square Analysis ENP Education Requirements 73
Table 4.20	Chi-Square Analysis ENP Role Contribute To Elitism 75
Table 4.21	Chi-Square Analysis Nurses Opinions Elitism 76
Table 4.22	Chi-Square Analysis De-Skilling by ENP Role 77
Table 4.23	Chi-Square Analysis Loss of Caring Role 78

Table 4.24	Chi-Square Analysis Opinions in Hospitals Loss of Caring Role	80
Table 4.25	Chi-Square Analysis Insurance Issues	81

LIST OF FIGURES

	Page
Figure 4.1 Academic Qualifications of Nursing Staff	55
Figure 4.2 Nurse Practitioners Should Only Treat Minor Injuries	57
Figure 4.3 Nurse Practitioner Service Reduces Waiting Times	62
Figure 4.4 Educating Role of ENP	71
Figure 4.5 ENP Education Requirements	74
Figure 4.6 De-Skilling by ENP Role	77
Figure 4.7 Moving From Caring Role	79

Summary

Specialist development in Irish nursing is fast becoming more of a reality than an aspiration. Following The Report of the Commission on Nursing(1998) which issued recommendations for significant change and development within the profession, various interdepartmental bodies were convened to commence the introduction of these changes. One such development was introduced to emergency nursing in Dublin city Accident and Emergency departments with co-operation and co-ordination from medical and nursing staff.

The development of emergency nurse practitioner posts commenced in 1997 following completion of a successful pilot project in one particular department. The emergency nurse practitioner was seen as an advanced practitioner in emergency nursing where patients were assessed diagnosed, treated and discharged by the nurse practitioner. This experienced postgraduate trained nurse operates within protocols and guidelines devised by medical and nursing teams. The patients primarily have minor ailments or injuries and benefit from complete holistic care and treatment implemented by the emergency nurse practitioner.

This study has been conducted in four A&E departments at varying stages of development of an emergency nurse practitioner service. The study's primary aim is to assess the opinions, perceptions of both medical and nursing staff to this new advancement in emergency nursing. The author felt that such a study would investigate and indeed consider the opinions of the staff at the forefront of emergency medical and nursing services. These views may then be incorporated in the future developments in advanced practice in nursing.

The study is primarily quantitative in nature with qualitative comment of the subjects included in the discussion of the data. A questionnaire was distributed to medical and nursing staff in four urban Accident and Emergency departments. It was found that in most areas of nurse practitioner service the majority of nurses and doctors were positive in their opinions regarding this new role development for Irish nurses. Concerns were expressed in some cases regarding the advancement of the practice and the increasing litigious nature of the Irish patient. Specific recommendations from staff were overall very positive and pro-development of this advanced practice in nursing.

It is hoped that this research will contribute to the current drive towards advance practice in nursing in Ireland and beyond. The next step may be an investigative study into the perceptions of patients of this advanced practice development in nursing. Research into these new nursing developments must be rigorous and continuous.. It should incorporate the aspirations and specific concerns of those professionals and patients upon whom this service directly impacts in order to ensure a continuous quality and efficient service to our patients.

Abbreviations

A&E	Accident and Emergency Department
ED	Emergency Department
ANP	Advanced Nurse Practitioner
ENP	Emergency Nurse Practitioner
SHO	Senior House Officer
REG	Registrar

Chapter One : Introduction

*"I have the audacity to believe that peoples everywhere
can have three meals a day for their bodies,
education and culture for their minds,
and dignity, equality and freedom for their spirits"*

The words of the great Martin Luther King in his Nobel Peace Prize Acceptance Speech in 1965. The right to adequate nourishment, social and psychological care, dignity and equality for all, expressed by this great human rights campaigner could easily be identified as the foundational concepts for nursing as expressed by nursing scholars and academics down through the ages. As a new century dawns for mankind, in Ireland preoccupation with expanding health technologies, fiscal restraints and cost effectiveness in health care begin to overshadow the traditional deep caring culture of nursing (Nolan 2000). The challenge for nurses today may be to encourage the development and evolution of the profession through scientific and empirical channels while incorporating the rich insights, innate skills and good practices of our colleagues from the past.

1.1 Background for the study

Accident and Emergency nursing has its roots firmly embedded in the past as far back as the Crimean war where a system of triage was introduced to assess the injured and wounded from battle and treat the casualties in order of severity of their injuries. Indeed the first nurses of the Nightingale era were involved in acute emergency care of the critically injured from the battle fields of the Crimea. These nurses had to acquire the additional emergency department skills of triage, advanced trauma life support, emergency care and treatment in cramped and overcrowded conditions, with additional problem of inadequate staff, equipment, and supplies. Some may argue that little may have changed in over a century of acute care provision where nurses working in Accident and Emergency departments are still faced with problems of overcrowding, inadequate staffing and overall stressful and demanding working conditions. However advances in technology, education and training of

nurses have meant that the professional body of nurses has risen to meet the challenges and demands of the service and continue to advance and progress the art of nursing through skill development and knowledge acquisition in order to provide optimum care for the patient. It is within this more patient focused, improved service provision environment that advances in individual nursing roles have been developing over the past number of decades. Worldwide development of specialised roles in nursing were first evolving in the late 1960's (Cooper and Robb 1996) particularly in the United States.

More recently in Ireland, the Report of the Commission on Nursing(1998) provides a in-depth analysis of nursing in Ireland and sets out its recommendations for future advances, developments and recommendations for the profession. This extensive report was recently reiterated in a comprehensive document by the Irish Nursing Board entitled Review of Scope of Practice for Nursing and Midwifery *Final Report*(An Bord Altranis 2000) It was the recommendations of such publications, together with a national desire within nursing to advance and expand the profession that has led to specialist role development in the nursing profession in Ireland. An overall examination into the future place of nursing in health service provision in this country appears to have become a priority.

One such nursing development project was commenced in 1996, in St James's Hospital Accident and Emergency department Dublin, under the guidance of dedicated and committed nursing and medical professionals. This project was the provision of an emergency nurse practitioner service within agreed protocols and guidelines for patients with minor injuries. It involved the assessment, diagnosis and treatment of these patients by nurses, without the traditional medical intervention. The reality of this concept was relatively new to Irish nursing at the time, although an awareness of the development of autonomous nursing roles in other countries was widespread, and gaining momentum in many nursing specialities. Many questions regarding the evolution and development of the profession were pertinent in the Irish nursing arena at the time.

In the United Kingdom nurse practitioner development was emerging with conflicting role definitions, and disparity in educational and training requirements(Castledine 1993). Nursing academics in the United States were calling for a return to the more traditional caring nursing role away from the drive towards a more autonomous scientific and empirical basis for the

nursing profession(Benner 2000). It was upon this background that the drive towards advanced practitioner development in emergency nursing in the Republic of Ireland was emerging in the late 1990's.

1.2 The Research Question

The pilot emergency nurse practitioner project in St James's Hospital, Dublin in 1996 produced favourable results. The benefits of such a service to overall patient care was greatly appreciated by all nursing and medical staff involved in the project. Ireland's first nurse practitioner commenced autonomous practice in 1997, and subsequently a nurse practitioner training program was developed in the Accident and Emergency department in St James's hospital in conjunction with the University of Dublin, Trinity College. This research study is being conducted by a student on this course in part fulfilment of the degree of Master in Science in Nursing. The study investigates the attitudes and perceptions of nurses and doctors in an emergency department setting to nurse practitioner development. The study has been undertaken in emergency departments in an urban location where nurse practitioner roles are at various stages of development. It is primarily quantitative in nature with a qualitative element incorporated to enrich the data.

1.3 Aim and Objectives of the study

Aim

The overall aim of this study is to investigate the attitudes and perceptions of doctors and nurses in A&E departments to an emergency nurse practitioner service.

Objectives

- To identify any similarities or indeed differences of opinion between medical and nursing staff on this role development.
- To identify factors that may have had significant impact in determining the attitudes of doctors and nurses to nurse practitioner development.

1.4 Key Concepts and Operational Definitions

There are a number of key concepts specific to Accident and Emergency practice that may require definition in order to comprehend this study. These include

- Accident and Emergency Department
- Advanced Practice / Nurse Practitioner

1.4.1 Accident and Emergency Department

The Accident and Emergency department of a hospital is often perceived by the public as the centre for drama, blood and guts and all sorts of exciting shennanigans. This view may be partially attributed to the proliferation of hospital based dramas and soaps that is currently in vogue in literature, plays and on our T.V's . A discussion with an Accident and Emergency

nurse or doctor may however reveal a somewhat different picture to that penned by screen writers with colourful imaginations.

The Accident and Emergency department was so named in the 1960's following the publication of The Platt Report (Standing Medical Advisory Committee 1962). This replaced the Casualty department title which it was felt was contributing to the increasing number of "casual" attenders who dropped into the department whenever the need arose with all manners of ailments and primary health care needs (Fry 1960, Freeman et al 1999). This problem of non urgent attenders to the Accident and Emergency department has long been an issue for emergency care providers, many studies have shown that these patients have not availed of the service of their local general practitioner service (Liggins 1993).

In the United States the Accident and Emergency department is titled the Emergency department in order to further reiterate the fact that the service is for emergency cases only that results from sudden accidents or illnessess. In most Accident and Emergency(A&E) departments a triage system of patient assessment is in operation. This involves the assessment of all patients who present to the department by a suitably experienced A&E nurse and catagorising the patient for treatment in order of severity of their illness or injury.

This system appears to work well in most units and prevents the very ill or injured from waiting protracted lengths of time for treatment. However it does mean that the patients with less serious minor traumas are in general subjected to longer waiting times for treatment. This deficit in the service provided for these patients has contributed to the investigations into the possible role of nursing staff in the provision of care and treatment for the patients with minor injuries (Dowling and Dudley 1995, Crux 1997).

1.4.2 Advanced Practice in Nursing

Advanced nursing practice has various definitions universally. It is widely seen as a process of developing nursing practices through the pioneering and developing of new roles to meet increasing patient demands and to enrich nursing professionl practice (UKCC 1994).

Advanced practice is a new concept to nursing in Ireland. The Report of the Commission on

Nursing(1998) recommended that advanced practitioners in nursing should practice their role in an autonomous manner taking sole responsibility for their care and treatments within agreed parameters and protocols. They should exercise high levels of judgement and advance their area of practice through continuous research and audit. This Report also recommends that advanced practitioners in nursing should be educated to Masters degree level and be responsible for the further education and training of colleagues. The first nurse practitioners in the Accident and Emergency department in Dublin are being trained along the guidelines and recommendations of The Report of the Commission on Nursing (1998).

Chapter 2 : Literature Review

2.1 Introduction

Nursing and midwifery practices are generally viewed as being the cornerstones of any health service. In Ireland, nurses currently account for approximately 40% of the health services work force, and one third health expenditure on salaries (Dwyer and Taffe 1998). In more recent times the developing and changing role of the nurse within the health service has set new challenges as well as opportunities for the profession (An Bord Altranais 2000).

Significant among these developments has been the need to advance nursing practices in the clinical area in the form of specialist practice. Prior to this, development and professional growth was only possible in administrative or managerial areas.

This review of the literature surrounding the role of the advanced practitioner in the A&E department will seek to clarify issues relating to the advanced practitioner and identify the research that has emerged from this professional development. The review will also attempt to evaluate these studies and examine the significance of the nurse patient relationship in the consultative process. It is hoped that gaps in the literature will be identified thus stimulating further empirical investigation into the advanced practice role.

2.2 Studies on Advanced Nursing Practice

Initially, it was noted that a substantial amount of the literature pertinent to advanced nursing practice was primarily opinion and discussion based and although detailed and factual it applied specifically to developmental issues and difficulties experienced in specific A&E units. There appears to be a dearth of recent research based articles on the influence advanced practitioner's were having on A&E depts. Several studies were noted to be

comparative in nature, addressing nurse practitioner versus doctor issues, as opposed to the effect advanced practitioner's had on patient outcomes or patient satisfaction. For this reason some in-depth research studies from the 1970's are included in this review.

2.3 Development of Nurse Practitioner Roles

Currently the developing concept of advanced practice has its roots embedded in the US however it is unclear as to the evolution of the term. Initially the advanced practitioner was referred to as the nurse with the extended or expanded role however in recent times the terms advanced practice denotes a more hierarchical development encompassing advanced clinical nursing skills and expertise (Bigbee 1996).

2.3.1 Nurse Practitioner Development in United States.

The history of specialism in nursing can be traced back to Florence Nightingale who set up the first training school for nurses after the Crimean War in the late 1800's. Although Nightingale is seen as the founder of nursing in general, prior to her intervention nursing was done by untrained woman with little concerns for professional, moral or ethical codes (Castledine 1998). Nightingale identified the specialists tasks of patient care as the primary focus with specific diseases and illness determining the facility for the patient to be nursed at and identifying the nurse who had the specific skills to care for him (Nightingale 1969). The works of Peplau (1965) on specialist psychiatric nursing practice was seen as the first advanced education program for specialist nurses. Peplau (1965) noted three social forces that may precede specialisation development. These include increasing information and knowledge relating to a specialty, the development of new technology within a specialty and significantly more important today the increasing health awareness among the public and the

demand for a high quality service. More recently the work of Benner (1984) and Benner et al (1999) on specialist practice development and clinical nursing practice has been most influential in acknowledging the need for further investigation and inquiry into the practice of nursing. The coherent framework devised by Benner(1984) within the concept of developing from novice to expert practice has been recognised internationally as a seminal piece of work on nursing practice development. Although the adoption of Benner's work appears to have been minimal it does offer a significant basis for growth and development along the nursing practice continuum and has contributed significantly to the understanding to the enhancement of educational, clinical and professional development within nursing in the last two decades (Savage 1998). Benner's more recent work incorporates an ethnographic study of the clinical wisdom and skills nurses exhibit in their daily practices. This study demonstrates the real life experiences of nurses in specialists clinical fields and its concepts reverberate the essence of critical thinking in specialist nursing roles (Benner et al 1999).

2.3.2 Nurse Practitioner Development in United Kingdom and Ireland

In the United Kingdom confusion has emerged as to role definition, educational requirements and job description of specialist clinicians in nursing. Indeed a lack of clarity at the highest level still exists as to what constitutes an advanced practitioner or clinical nurse specialist, leading to confusion and disillusionment among nurses (Castledine and McGee 1998).

Within the last few years in Ireland there has been an increasing interest in specialisation in nursing which has been substantially augmented by the recent publication of the Report of The Commission on Nursing (1998). This Commission published its recommendations for the future development of nursing in Ireland following extensive research with nurses and

nursing organisations both at national and international level. It specifically outlined the increasing demand and indeed necessity for the development of a structured clinical career pathway for the profession. The development of specialisms and post-registration programs is identified as the way forward for nursing as a professional body in Ireland and it is upon this background that the advanced practitioner training program was initiated in the Accident and Emergency (A&E) at St James's Hospital, Dublin.

2.4 Towards a Definition of Nurse Specialists

With the expansion and development of the role of the nurse over the past decade, many new specialty roles have emerged and increasingly are causing some confusion as to what constitutes their individual responsibilities and functions (Duffield et al 1996). This confusion appears to have emerged because of the significant differences between specialist role training and development within European countries (Davis 1993), and in the United States (Cooper and Robb 1996). Several specialist nursing titles have emerged over the last number of years. The most significant of these being Advanced Nurse Practitioner and Clinical Nurse Specialist (Hicks and Hennessy 1998).

2.4.1 Clinical Nurse Specialists

The concept of clinical nurse specialist originated in North America in the 1960's and incorporates elements of educator, consultant and a research role (Dowling 2000). In the United States the most accepted definition is that the clinical nurse specialist is to nursing what the specialist is to the medical profession. According to McGee et al (1996) clinical nurse specialists are nurses who have developed skills and knowledge in their particular field through years of experience and are expected to adopt a multifaceted role incorporating elements of clinical practice, education, consultancy, research and management. This role appears to be an evolution of the previous extended role and incorporates the recommendations of the United Kingdom Central Council (1992a), who recommended that

nurses in specialist roles should focus more on professional accountability and responsibility, rather than just achieving certificates for tasks performed competently. Commenting on this proposal, Pyne (1992) felt that this was an important step in the development of nursing as a professional accountable practice, and a significant recognition of the skills and experience of individual nurses. He viewed it as the precursor to the next step of advanced practitioner.

In Ireland The Report of The Commission on Nursing (1998) identifies the clinical nurse specialist as one who has completed a recognised post registration specialist course at diploma level demonstrating an experience and expertise in their specialist area. The key ingredient in this development of specialism is the emergence of an increasingly more autonomous and independent role for nurses (Dwyer and Taaffe 1998). These changes in the traditional role of the nurse correlates with the changes in structure and organisation of the Irish health services which began with the rationalisation of hospital services in the late 1980's. However it is clear that these emerging trends in the evolution of nursing practices in Ireland, the US and the U.K have been the focus of much debate and disparity. A definitive agreement on clinical nurse specialist definition has yet to be formulated, with areas such as scope of practice, educational requirements and legislation requiring much development and standardisation (Savage 1998).

2.4.2 Advanced Nurse Practitioner

In Ireland, The Report of The Commission on Nursing (1998) outlined the role of the advanced practitioner as one which incorporates a masters level educational preparation where the nurse demonstrates an independence in practice and an autonomy in clinical decision making, with a commitment to research involvement and the future education of advanced practitioners. In their proposal "The Future of Professional Practice", the United Kingdom Central Council (1996) described advanced practitioners as a group of nurses

experienced and proficient in their clinical field, responsible for delivering high levels of quality care by constantly monitoring and improving care standards, through effective auditing and research. However Castledine (1993), Hicks and Hennessy (1997) suggest that this identification of the developing role of the nurse, stopped short of clarifying role boundaries and standardising education and training for advanced nurse practitioners (ANP). This failure to specifically clarify the ANP's role has added to the confusion and the varying degrees of development of ANP role in England. McGee (1998) also suggests that while clinical speculums may have evolved and developed through advancing nursing practices advanced practitioners appeared to be a concept that was imposed from the top down by the UKCC. McGee(1998) also extends the discussion further by suggesting that the NHS Trusts were distinctly unclear about whether the emergency nurse practitioner were the same as the advanced nurse practitioner and called for more research into this important area of nursing development. It is clear therefor that differentiation exists between Ireland and the UK as to the understanding of advanced practice in nursing. At this early stage in advanced practice development the recommendations by the Commission on Nursing has contributed significantly in the clarifications of these new role developments in Ireland, and the call for further research by McGee(1998) is clearly based on a need for further investigation into evolving roles of nursing.

It is clear from the literature that variations exist in role definitions of the clinical nurse specialist and advanced nurse practitioner. Castledine (1982) conducted one of the first studies into specialists nursing roles in England and Wales. His results identified sixty different nursing specialties with over three hundred nurses who held the title of clinical nurse specialist. He compared their work with the clinical criteria necessary for a similarly titled nurse in the United States and found only 8% of the United Kingdom sample matched

that of its counterpart. Although this study is already nearly twenty years old it heralded the variations that were seeping into nursing role development. A more recent study was conducted by McGee et al (1996) found that 58% of NHS trusts in England employed ten or more specialist nurses. The opposite was true for advanced nurse practitioners. There was no strategy determining the grading of the posts and difficulty in obtaining a standard job description. It appears that each post whether it is that of an advanced nurse practitioner or clinical nurse specialist is developing primarily to meet the needs of each individual unit. This in itself may be enterprising and innovative but it has led to discrepancies within the professional body as a whole and may be a restricting force in the development of professional unanimity and recognition.

2.4.3 Emergency Nurse Practitioner

The emergency nurse practitioner (ENP) in Ireland is an advanced practitioner that assesses diagnoses, treats and discharges patients with minor injuries without medical intervention. The ENP works autonomously within agreed protocols and guidelines specialising in the treatment and care of patients with minor injuries and ailments in the Accident and Emergency department (Small 1999). Worldwide the title has its roots in the United States where in the 1960's it evolved in the community, due to a shortage of primary care physicians and general practitioners (Cooper 1996, Walsh 1995). This led to the development of the first nurse practitioner training program in the 1970's exclusively in the primary care setting. Following on from this in the mid -1980's the concept of further developing the nurse practitioner program to include hospital based nurses in the acute care setting became a reality (Read and George 1993, Cole et al 1998). In the United Kingdom the first ENP was developed in Oldchurch Hospital in Romford in 1986, in response to

protracted waiting times for patients with minor injuries (Brebner et al 1996). Two key issues in this new development were the autonomy given to the nurse practitioner to assess diagnose and treat patients and the ability to send patients for xray without seeing the physician (Hunt and Wainwright 1994).

Although there are some conflicting opinions as to what constitutes an emergency nurse practitioner in the United Kingdom, the literature provides several definitions of the emergency nurse practitioner. Burgess (1992) and Walsh (1995) suggest that ENP 's are nurses practicing independently of direct medical supervision, being responsible for their own actions, and accountable for their own provision of care and treatment. This is further reiterated by Read et al (1992) who defined the ENP as a nurse authorised to see and treat patients either as an alternative to a doctor or when there was a shortage of medical staff. They also noted in their survey of nurse practitioner schemes in England and Wales that some experienced nurses functioned as an ENP unofficially when departments were very busy. Knauss et al (1997) went a step further by suggesting the nurse practitioner's scope of practice should extend beyond the limits of individual patient care to include family health-care as well. Conversely Read and George (1994) suggest that this title of nurse practitioner may need to change in order to avoid the assumption that the nurse practitioner may be seen solely as a substitute doctor, and not a nurse professional in her own right. However they do not suggest an alternative and adhere to the ENP title throughout their research paper.

2.5 Research evidence on ENP role effectiveness

Initially it was noted that a large section of the literature concerning emergency nurse practitioner issues was primarily discussion based and frequently resulted from informed opinion and experiences in individual departments. Cooper (1996) suggested that there was a significant shortage of research based evidence indicating the overall effects that the introduction of an emergency nurse practitioner service was having on accident and emergency health care provision. Read et al (1992) conducted a detailed analytical study into the scope of nurse practitioner schemes in England and Wales which was complicated by the wide range and volume of nurse practitioner work across the country and the lack of standardisation. They recommended further investigation into ENP practices and auditing of a comparable nature including the monitoring of processes and outcomes between nurses and doctors. However they did remark in their study that many nurse practitioners in the UK were practicing unofficially using skills based solely on experiences, without any specific accreditation and therefore made official auditing and reflective practice very difficult.

Significantly other researchers encountered difficulty in comparable studies due to the small number of patients seen by ENP 's compared to junior doctors (Read and George 1994).

More recently a study in Texas by Cole (2000) of emergency nurse practitioners specifically trained and educated for clinical operation in the emergency department demonstrated that the ENP's provided health care for patients consistent with other providers at national level.

Although the study was confined to the graduates from one university emergency nurse practitioner training program, its results were positive in relation to similarities with physicians in referral patterns to other specialties and in hospital admissions (Cole 2000).

2.5.1 Processes and Outcomes

According to Crinson (1995) and Tye (1997), in order to evaluate the effectiveness of a nurse practitioner role in an Emergency Department it is necessary to investigate and monitor key areas within the service that may have experienced either positive or negative changes as a result of the introduction of a nurse practitioner. These would include ;

- *Processes of providing clinical service*
- *Outcomes of patients receiving the service*

Sackett et al (1974) suggests that monitoring the processes of providing a clinical service, should include details of patients seen, resources used, and the attitudes of the practitioners involved in the provision of the care. In a commentary on a previous study, The Burlington Randomised Trial of the Nurse Practitioner by Spitzer et al (1974), suggests that outcome measurements should be the priority, and should include the monitoring of physical, emotional and social function post treatment, in order to ensure the effectiveness and safety of the clinical processes.

2.5.2 Outcome Studies on Nurse Practitioner Services.

The Burlington Trial(Spitzer et al 1974) was a classic detailed randomised controlled trial done in the early 1970's in Ontario, primarily to ascertain the effectiveness of nurse practitioners. To date it is the single most detailed study done on the effectiveness of a nurse practitioner service. One thousand five hundred and ninety eight families attending two general practitioners were randomly allocated in a ratio of 2:1 to two specific groups. One group was allocated to a the general practitioner who was working with a conventional nurse

and the other group was allocated to the nurse practitioner service. The patients in the nurse practitioner group were totally managed by the nurse practitioners at each visit. The processes used in this controlled trial were quantitative measures and conditioned approaches, including the monitoring of patients after treatment by means of interviews and questionnaires. Four specific outcomes were measured over a one year period, namely mortality, physical, emotional and social function. Deaths were identified and cause of death investigated and reviewed by the college president to determine whether the deaths could have been prevented. The clinical outcomes of the patients who had been treated by the nurse practitioners were identified as being as favorable as the outcomes of the patients seen by the physicians. The nurse practitioners were found to be as safe and as effective in their practices as their medical counterparts. Although this trial only includes nurse practitioners in the primary care setting and for ethical reasons did not include a comparative third *no treatment* group, its results were favorable to the then evolution of nurse practitioner schemes in the United States and Canada.

This outcome evaluation element was also investigated in-depth in California in 1979 in an analysis by Sox. He compared 21 studies of patient care given by ENP's with that given by physicians. He stated that "differences in care was indistinguishable". The quality of care measures used included the monitoring of symptom relief and return to normal activity and functional status. This information was obtained by means of interview and was recognised to be somewhat limited, due to early stages of service development at that time, again it was noted that a majority of the settings used were in primary care and only included a small number of practitioners working in an acute care setting such as A&E.

Following on from this, Feldman et al (1987) investigating 248 studies of nurse practitioner schemes, further analysed in detail 56 of those studies and found that comparatively little

difference existed between the effectiveness of care given by nurse practitioners and that given by doctors. Although this report primarily consisted of a compilation of information taken by other researchers thus relying on the authenticity of their information, each study was individually critiqued ensuring the effective use of research tools and methodology.

Significantly, researchers appear to have some difficulty monitoring patient outcomes in an Emergency department setting. Dolan and Morley (1997) found in a small study of three West London Emergency departments and one minor injuries unit, that great diversity existed between the research sites chosen. Their varying stages of development dictated against accurate outcome measurements, although they do state that all sites noted a significant reduction in waiting times for patients with minor injuries. However it should be noted that this finding appears to be opinion based from the staffs observation as opposed to being factually significant.

Read and George (1994) experienced similar difficulties conducting a comparative study between outcomes of patients seen by ENP's and those seen by physicians. Their research was conducted in a proposed unnamed research site in England where an introduction of an ENP project was in progress. A meticulously designed and well planned trial was commenced but the validity of the results was questioned by its authors due to a shortage in patient numbers seen by the ENP 's compared with those seen by doctors. It was also noted that a distinct similarity in pathways of care existed between patients seen by the nurse practitioners and those seen by the senior house officers, thus presenting difficulties in distinguishing shortfalls in patient care and subsequent outcomes. It is clear therefore that although positive in their results, these studies demonstrate some variation in their results as to the effectiveness of the outcomes experienced by nurse practitioners. It may warrant

further studies and investigative research before any concise conclusion can be extracted as to the differences if any in the outcomes of patients seen by the emergency nurse practitioner and those seen by a doctor.

2.6 Patient Satisfaction

According to Epstein (1990), outcome measurements should not only include the monitoring of medical aspects of patient care but encompass all the patients needs and wishes as well. These elements may be manifested in degrees of satisfaction with care experienced by patients, improved knowledge of their condition and reduced anxiety. Commenting on this, Tye (1997) suggests that outcome measurements should also identify the benefits of receiving care specifically from nurses in this practitioner role as opposed to medical staff. Noticeably, several of the articles reviewed identify patient satisfaction surveys as a necessary means of assessing the benefits of an emergency nurse practitioner service. In a questionnaire satisfaction survey of 670 patients in an acute care setting over five months, Knauss et al (1997) found that patients were extremely satisfied with care received from nurse practitioners. This survey consisted of a paper and pencil questionnaire to patients seen by the nurse practitioners over a five month period. Three elements of patient satisfaction were analysed. These included the bedside manner of the nurse practitioner, the explanations and teaching aspects of their care and their overall clinical practice. Patients expressed extreme satisfaction with all three aspects of care received.

Commenting on their two part qualitative study utilising a focus group to explore the concept of the emergency nurse practitioner, Torn and McNichol (1998) suggest that empowerment of the patient by the nurse practitioner contributes greatly to satisfaction of patients with the care received. Although this study is being conducted in two parts and the questionnaire

correlating validity of this study is still in the distribution phase its conclusive findings are eagerly awaited. Both these in-depth studies clearly identify that the patients appear to be very satisfied with the care they receive from a nurse practitioner.

Similar results were noted by Rhee and Dermeyer (1995) in a comparable telephone satisfaction survey between those patients seen by an ENP and those seen by medical staff. Although the validity of telephone surveys may be somewhat questionable, all patients reported to be very satisfied with treatment and care received from the ENP. However commenting on the use of satisfaction surveys as an indicator of quality of care McGee (1998) and Bond and Thomas (1992) suggests that they provide useful quantitative information that may contribute to the overall improvement of the health services. However they warn against complacency in the use of satisfaction survey tools and argue that unless these surveys are adequately planned and address more than surface issues, they may only be function as a means of appeasing media/public concerns. The surveys may not reflect true patient opinion and therefor can not be relied upon for their authenticity.

2.6.1 Satisfaction with Waiting Times

Many patients may associate their level of satisfaction within the service with the length of time they are waiting in the A & E department to get through the whole treatment process (Hildman and Ferguson 1990). According to Nollman and Colbert (1994), this has been a contributing factor in the United States to the opening of ENP staffed fast-track areas with individual A&E departments. They do however warn against complacency in developing a faster system for seeing patients with minor injuries and recognise the risks of developing a 'fast-food' health care environment to the detriment of the quality of care given in a clinical

setting. Significantly numerous authors all suggest the long waiting times as a significant factor in the developing of ENP schemes in their individual A&E departments and remark how the rate at which the patients receive this care has increased remarkably since the introduction of the ENP service resulting in improved patient satisfaction and contributing significantly towards a better outcome for patients (Covington and Sellers 1992, Buchanan and Powers 1996, Brebner et al 1996, and Dolan et al 1997).

2.7 Scope of practice

2.7.1 Scope of Practice in Ireland

In its framework document Continuing Professional Education for Nurses in Ireland : A Framework, An Bord Altranais (1994) stated that continuous change in the health care environment will necessitate further development and adaptation within nursing practices in order to meet these health care needs. This statement may indeed have been prophetic in its call, judging from the recently published comprehensive review of the scope of practice for nursing and midwifery in Ireland (An Bord Altranais 2000). This detailed in-depth framework which incorporates the opinions and views of nurses and midwives both nationally and internationally provides guidance and opportunity for the expansion and review of current nursing and midwifery practices in Ireland. The Irish Nursing Board declares that nursing should advance to meet the changing needs of the population and the health service. The board declares that the previous need for certification for competency in mechanical tasks within nursing should be replaced by expansion and development of nursing roles through professional discretion, accountability and judgments guided by fundamental nursing principles(An Bord Altranais 2000).

2.7.2 Scope of Practice in the United Kingdom

In the United Kingdom, the United Kingdom Central Council (1992a) who suggest that the developing role of the nurse needs to be underpinned by improvements in the advanced skills and knowledge necessary for the delivery of optimum care to patients. Burgess (1992) and Sbaih (1995) identified the reduction in junior hospital doctors hours contributing to protracted waiting times for patients as having a significant effect on this developing and emerging role of advanced practitioners in the emergency department setting. Commenting on the professional development of the nurse, Pyne (1992) felt that a vital component of role development should incorporate twin elements of competence and accountability in practice.

Sbaih (1995), Bland (1997) take this point a step further by suggesting that not only do A&E nurses need to understand the necessity of competence and accountability in practice, but it is imperative that they appreciate the legal aspects of assessing, planning and implementing care for patients as indicated in the duty of care owed to patients and their families. They also specify the legal responsibilities of an advanced autonomous practice which would necessitate continuous updating of the knowledge and skills necessary to ensure that this care is provided as effectively and efficiently as possible.

2.7.3 Research Evidence of Advanced Scope of Practice

In a questionnaire survey of 257 nurse practitioners, Ventura (1988) discovered that this autonomy in practice enjoyed by nurse practitioners was a significant contributor to job satisfaction, by offering independence in practice and opportunities for professional growth and personal development. Although the specific details of this study are sketchy and

somewhat limited, it recommends continued support for the widening scopes of practices for nurse practitioners. Cooper and Robb (1996) identify a wide range of parameters to emergency nurse practitioner (ENP) practices which increase in range and number in accordance with the experience and confidence of the nurse practitioner. Again this vast scope of differences in practice may be contributed to the lack of standardisation across the board for emergency nurse practitioners (Hicks and Hennessy 1997).

In a survey and census of 37 A&E departments in the UK, Read et al (1992) identified similar specific ailments and injuries that were incorporated into the scope of practice for ENP's. While the scope of practice varied from department to department, essentially each area had devised its own set of parameters and guidelines to meet the individual needs of the particular emergency department setting . The study identified with the fact that although ENP 's saw more minor trauma than doctors they did manage a narrower range of injuries primarily in the minor injury category. The authors of this study, Read et al (1992) also noted that nurse practitioners were prevented from fulfilling their quota of practice as allowed by their protocols, mainly because of the shortage of trained nurses other than ENP's to carry out ordinary A&E nursing tasks, coupled with the fact that in a significant majority of departments the nurse practitioner was only used when there was an obvious shortage of doctors. The survey conducted by means of a postal questionnaire of 465 A&E departments, found that only 6% of departments were operating official nurse practitioner schemes. The majority of unofficial ENP schemes was concentrated in rural hospitals where staffing levels were under severe pressure. Commenting on this dual role for some nurse practitioners in busy A&E departments, Burgess (1992) and Bland (1997) feel that in order to prevent the loss of general A&E nursing skills it is important for ENP's to be willing to adapt themselves to work in the main department when the service requires.

The census of patients attending the A&E department also included by Read et al (1992) in this study detailed the examination of 5814 patients' case notes seen over a period of two days in 37 A&E departments. They found that the volume and range of ENP work in major A&E departments was small in comparison with that of specialised units and also in comparison with the number of patients seen by doctors. Their scope of practice was significantly hindered by the limited protocols and guidelines for nurse practitioners and the lack of autonomy in diagnostic evaluation and treatments. It should be noted however that this census includes patients case notes over just two designated days and may warrant further research for a more broader picture. In contrast to this, a smaller study of 1785 patients over a two week period by Brebner et al (1996) found that 33% of the departments patients were seen by emergency nurse practitioners in that period thereby contributing to a significant reduction in waiting times.

2.8 Radiography and Medication

2.8.1 Nurses requesting x-rays

Two significant areas that varied greatly in the range of practices among emergency nurse practitioners were in the ordering of x-rays and medications. According to Beales and Baker (1994) one of the keys to success of an nurse practitioner project is the ability to request and interpret x-rays in an autonomous fashion. Commenting on a study done in order to assess the ability of a nurse to request x-rays appropriately and efficiently, MacLeod and Freeland (1992) felt that nurses, having been given the proper instructions were very capable of assessing patients for the appropriate x-rays. Only 6.5% of the x-rays ordered by nurses were deemed to be inappropriate, where nurses were over cautious in their assessment. However it should be noted that this study applied only to one particular hospital and may not reflect a

difference of opinion in a significant number of other departments who have experienced problems in developing the ENP's scope of practice to include the ordering of x-rays.

In 1996 Freij et al conducted a comparable study into the ability of nurses to interpret x-rays compared with the ability of doctors. The researchers found little difference between the two groups and concluded that trained ENP's were at least as good as junior doctors in interpreting x-rays. Significantly again this is noted to be a comparable study and appears to accept that this comparison with junior doctors denotes an efficiency and reliability in assessing patients suitability for x-ray, which may not necessarily be the case, depending on the interpretative skills of the doctors concerned.

2.8.2 Nurses Prescribing Medications

Regarding the prescribing of medications, Widhalm and Anderson (1982) comments that in the USA this was one of the tasks that physicians were least willing to delegate to nurses, however in their study of ENP autonomy in role performance consisting of postal questionnaires to 105 ENP's in the Mid-Atlantic region of the USA , these researchers found that most ENP's were permitted to prescribe medications in A&E departments, but they do not specify whether these are non-prescription medications or identify if this activity was based specifically on departmental protocols and guidelines.

In the UK Bland (1997) and Brebner (1996) indicate that ENP's are prescribing medications to patients as part of hospital protocols and guidelines. These medications are mainly mild oral analgesia and anti-inflammatory drugs and sometimes extended to tetanus toxoid.

Commenting on nurses including the prescribing of medication as part of their role, Marshall

et al (1997) declares that there should be no legal or professional obstacles to nurses prescribing medications, providing they are adhering to protocols and have had relevant pharmacological training and education. This principle is founded on a study concluded in their own hospital over a period of six months where continuous auditing of ENP's took place. No breaches in hospital protocol governing the prescription of medications by nurses were detected, and nurses were deemed to be safe in this practice. However this positive result may be attributed to the fact that staff were aware that they were being monitored at the time of the survey and therefore may have maintained optimum vigilance in practice. It should also be noted that the protocols were meticulously and rigidly developed under the guidance of professional and legal bodies, a development which Molde and Diers (1985) argue may restrict ENP practices and ultimately limit the potential effectiveness of such a service.

In Ireland nurses and midwives are guided in relation to the administration of medical preparations by the recommendations of the Irish Nursing Board (An Bord Altranais 2000). In its recommendations in the *Review of Scope of Practice for Nursing and Midwifery* (2000), the Irish Nursing Board calls for a review of current legislative procedures with a view to allowing nurses and midwives prescribe "prescription only" medications in appropriate circumstances.

Conversely Pyne (1992) Sbaih (1995) while welcoming widening scopes of practices for nurses such as these, warn against over enthusiasm in developing the role of the nurse, identifying that over zealous nurses basking in their new autonomous roles might fail to grasp the legal and ethical importance and significance of accountability in practice.

2.9 Education and Training of Nurse Practitioners

2.9.1 Educating Nurse Practitioners in the USA

In the United States, Curry (1994) and Cole (1998) identify with the fact that currently there is a distinct shortage of nurse practitioner training programs specifically for emergency nurses. Up until 1994 those nurses wishing to pursue a career as an emergency nurse practitioner took the training program for nurse practitioners in the primary care setting and then returned to their individual emergency departments to consolidate their qualifications with clinical A&E skills and experience. Cole (1998) specifies the first ENP training program since the 1960's to have commenced in Texas where an education program was developed at master's level with the local university incorporating 805 hours of clinical experience with modules of pharmacology, nursing theory, economics, health care, and research. This program is highly respected and recognised in America, its success would seem to support the opinions of Hicks and Hennessy (1997) who feel that master's level training should be the only acceptable level of education for ENP's in order to ensure safe and effective delivery of care to patients in a professional , accountable and autonomous fashion thereby maintaining and developing the authentic and unique nature of the nurse practitioner role.

2.9.2 Nurse Practitioner Training Programs in the United Kingdom

Nowhere in the course of reviewing the literature was there such a significant variation in ENP practice than in the education and training of nurse practitioners in the United Kingdom. (Burgess 1992, Curry 1994, Bland 1997, Tye 1997). Commenting on this diversity Walsh (1995) and (Walsh 1999) declared it appeared that any specialist nurse could call herself a nurse practitioner and that many colleges were offering a range of accreditations to suit the title. Most A&E departments have devised their own training schemes addressing

local needs (Cooper 1996) , which has prompted some researchers to call on the UKCC for immediate standardisation and introduction of formal training programs for the education and training of nurse practitioners in order to maintain recognition and credibility for the role (Hicks and Hennessy 1997). These opinions are expressed at a time when in some areas of England, nurse practitioner training courses in individual hospitals may be as short as one week depending on the experiences and skills of the nurses involved (Dolan et al 1997).

2.9.3 Nurse Practitioner Training Programs in Ireland

Specialist clinical training programs for nurses are currently being developed in universities in Ireland. The Report of the Commission on Nursing (1998) recommends that advanced practitioners in Nursing be educated to Masters degree level in order to ensure independence and autonomy of practice, optimum educational development and an ability to research and critically analyse clinical practices.

Commenting on the opinion that nurse practitioner training programs should be at graduate level, Hupcey (1990) declares that there is a danger that masters-prepared nurse practitioners are reflecting their advanced skills and knowledge gained on such a program primarily in their clinical/medical role, and not in nursing practices as should be the case. She also identifies the fact that there appears to be a lack of research based evidence on the benefits to the health service of training nurses to this level, commenting that there is a need for research into the effect this advanced level of training has specifically on patient outcomes and satisfaction with nursing care and treatment. However Davis (1993) calls for the training of ENP's to master's level, noting the fact that increasingly there is demand on the profession to

become more and more research based which in turn reflects the need for higher level of academic skills and knowledge.

2.9.4 Utilisation of Research among Nurse Practitioners

In a study of the level of research awareness among nurse practitioners in two large district hospitals conducted over a period of two and a half years, Camiah (1997) found that the utilisation of research in practice among nurse practitioners was poor with low value being placed on the significance of reflective practice. This study focused on the strategies needed to improve research awareness among nurse practitioners and was conducted by in-depth individual and group interviews. The researchers found that some of the reasons cited by nurse practitioners for the poor utilisation of research in practice were time constraints and work pressures inhibiting ongoing study of research articles coupled with an inability to comprehend individual research reports and identify their relevance to local practices. The report recommends four main strategies it believes would enhance the utilisation of research in practice among nurse practitioners, these include facilitation and support from tutors and colleagues, the use of role modeling and self in teaching in order to implement change, consistently examining and evaluating practices and developing an ability to read and critique research. However it should be noted that this particular study was mainly confined to one specific clinical area and does not specify the academic qualifications of its respondents therefore it may not reflect the wider extent of research awareness in other acute specialties. Its recommendations appear very sound in theory but would certainly demand high levels of cooperation, interest and motivation from all levels of staff in order to prove effective in practice.

Markham (1988) and Hicks and Hennessy (1998) would seem to support this view of low levels of research awareness among nurse practitioners, by warning of the difficulties facing ENP's in the development of their practice if they are not prepared to understand and utilise the research process to optimum level, a skill that they would undoubtedly acquire in advanced degree level training programs. This argument was put forward by these authors Hicks and Hennessy (1998) following a triangular approach questionnaire survey of 50 nurses, 50 doctors, 50 managers in order to ascertain their opinion on the training needs of ENP's. The response was 93% and all three groups identified the importance of performance appraisal, risk management, interpretation of practice data and patient consultations as being important elements of any ENP training program. Significantly while the unit managers and nursing group viewed the research activities as a vital part of developing a training program for an autonomous practitioner the medical staff did not share this view or see research appreciation as a central part of any nurse practitioner training program. However while appreciating the valued medical opinion in this assessment survey, the inclusion of doctors opinions on nurses practitioner training needs may be questioned by some, at a time when nurses are seeking greater autonomy and accountability for their own profession. The authors of this research paper Hicks and Hennessy(1998) while appreciating the fact that a nurse practitioner training course at Master's level may risk stratifying the nursing profession, support this level of training in order to maintain credibility and autonomy for the role.

2.10 Perceptions of Staff of an Emergency Nurse Practitioner Service

Studies into attitudes and perceptions of nurses and doctors of an emergency nurse practitioner service are sparse in the literature. One such piece of research was conducted as an adjunct to a patient satisfaction study. This research by Knauss et al (1997) also reviewed the attitudes of nursing and medical staff to an emergency nurse practitioner role within the

hospital. A 22 question survey was devised to rate ENP performances. The response rate was 50% return for the doctors and 75% return rate for nurses. The feedback was very positive, most staff being very happy with the introduction of an emergency nurse practitioner service. Both groups identified the education of patients and the improvement in the overall coordination of patient care as been the most significant benefit of a nurse practitioner practice. Limitations of this study to a single research site and possible bias of the doctor and nurse research participants towards their emergency nurse practitioner colleagues should be duly noted.

2.10.1 Perceptions of Staff to Nursing Role Development

The literature reveals little other research studies into attitudes of medical and nursing staff to an emergency nurse practitioner. Similar studies however have been conducted investigating attitudes of medical and nursing staff to the evolving role of the nurse in specialist and advanced practice. Roberts-Davis et al (1998) conducted a study of 49 staff which they perceived to be “key informants” in role development for nursing. These research subjects consisted of senior nursing and medical staff plus representatives from statutory bodies, management and education departments. The results showed some disparity between opinions of the participants regarding specialist and advanced nursing roles and disparity between participants regarding the role of an advanced practitioner versus the role of a specialist nurse. This study does not appear to include the opinions and perceptions of the nurses and doctors on the “ground level” and again the confusion of nursing role developments in the United Kingdom is highlighted in this study.

In a study of 105 emergency nurse practitioners by Widhalm (1982) it was found that the emergency nurse practitioners viewed the attitudes and perceptions of medical and nursing and management colleagues as paramount to their role implementation and evolvement. A significant number of the emergency nurse practitioners interviewed (35%–45%) perceived that resistance to their role came from physicians and nurse colleagues. Although the study does not detail how the ENP’s deduce these findings the researcher concludes that acceptance of nursing developments by health care personnel particularly physicians is vital for successful implementation of any new nursing role in the emergency department.

2.11 Conclusion

The role of the emergency nurse practitioner encompasses a wide range of duties incorporating the twin elements of curing and caring into an advanced nursing practice role. The emergency nurse practitioner role continues to evolve however varied, in response to the consumers demands for prompt and efficient treatment as indicated in the Charter of Rights for Patients (1991) and in conjunction with the expansion of the role of the nurse (Sbaih 1995). Developmental concerns expressed by Spitzer (1984) have not been realised to a large extent, however the fact that sixteen years on, there still exists lack of uniformity and standardisation in the scopes of practice and educational requirements for nurse practitioners should be a cause for concern in this particular nursing development. Several researchers namely Cooper and Robb (1996), Hicks and Hennessy (1998) have called for an increase in theory-based research into nurse practitioner practices. This research would be utilised to identify the specific benefits that stem from an advanced practice nursing service primarily for patients and their families, but also for the health service in general. It is widely believed that patients are indeed satisfied with the care they receive from the nurse practitioner. The different more personal style of consultative approach utilised by these nurses may be a contributing factor. However the dearth of significant research into this process does nothing to enhance the true benefit of a nurse practitioner service. Therefore it is paramount for those of us involved in the provision of such a service to continue to integrate research utilisation into clinical practices. For this reason it is proposed to conduct this study into the attitudes and perceptions of medical and nursing staff to nurse practitioner development in the Accident and Emergency department.

Chapter 3 Research Methodology

3.1 Introduction

This section examines the methodology utilised to undertake this particular study. It will specify the objectives of the research and the methodology utilised to conduct it. With the ever expanding role of the nurse and the development of clinical specialist roles in nursing, it is essential that the impact of these changes on colleagues is monitored. The attitudes of medical and nursing staff to changing nursing roles must be continuous and rigorous in order to ensure professional unanimity throughout the health service environment (Hunt and Wainwright 1994).

3.1.1 Aim of the Study

The aim of this study is to investigate the attitudes and perceptions of medical and nursing staff to an emergency nurse practitioner service.

3.1.2 Objectives

The objectives of this study incorporates four investigative elements:

- To investigate the attitudes of doctors and nurses working in an Accident and Emergency department towards an emergency nurse practitioner service.
- To evaluate doctors and nurses understanding and knowledge of the role of the emergency nurse practitioner.
- To investigate doctors and nurses views on what they perceive as specific obstacles to nurse practitioner development.
- To identify any apprehensions or concerns nurses and doctors may have regarding this development in the nursing profession.

It is envisaged therefor that the results of this piece of research may then contribute to nurse practitioner development in Ireland. By examining and incorporating the opinions of the nursing and medical profession particularly those in the immediate clinical area, rich data may be obtained from these subjects that may be influential in the future expansion and development of nursing practices. The study will primarily utilise a quantitative approach coupled with a qualitative element in order to investigate the perceptions of these staff working in Accident and Emergency departments, upon whom the development of the emergency nurse practitioner service directly impacts. The use of this scientific based approach in order to accumulate the relevant data surrounding emergency nurse practitioner role will assist in new knowledge being generated, evaluated and applied to nursing practice development (LoBiondo-Wood and Haber 1990).

3.2 Methodology

It was decided to utilise a primarily quantitative approach to this research study by means of a questionnaire distributed to four urban Accident and Emergency departments. Initially it was hoped to investigate the attitudes of staff to this expanding role of the nurse by utilising primarily a qualitative approach in the form of focus groups or interviews. However it was felt that a true picture of staff's attitudes may not emerge using this approach because of the close working relationships between the nurse practitioners and other staff within one of the research sites. Sandelowski (1996) supports this opinion by suggesting that a major threat to the truth value of qualitative research lies in the closeness of the investigator-subject relationship. She argues that the credibility of such a study is questionable and suggests that a qualitative approach is better served by the researcher assuming the subject role in their own study. For this reason it was subsequently decided to adhere to a primarily quantitative approach in the form of a questionnaire which would include a qualitative section allowing staff to express their views in an open and unstructured way. This method allows for the data collected in the questionnaire to be quantified by some open comments from the research participants.

3.2.1 Quantitative Approach

Quantitative research emerged essentially from a scientific perspective. It involves a systematic and scientific approach to the collection of data in control settings. The quantitative researcher operates on the basis of logical positivism and the main emphasis on research is the measurement and quantification of observable data (Cormack 1996). It is proposed to utilise a prospective design to the research as cited by Parahoo(1997). The purpose of this design is to investigate the specific attitudes and perceptions of doctors and nurses into the current phenomenon of nurse practitioner development in Ireland. This particular design is chosen in order to have control over the choice of participants and collection of data for the study.

3.2.2 Method of Data Collection

The primary method used to collect the data in this study was a questionnaire which included a qualitative section for open comment. Questionnaires can be defined as instruments designed to gather data about opinions, attitudes, beliefs and knowledge around a certain subject (Lo-Biondo-Wood and Haber 1997). The purpose of any questionnaire is to obtain direct or indirect information from the subject. In the case of this study the questionnaire was chosen as the most direct way to gather the information from the doctors and nurses regarding the emergency nurse practitioner.

The challenge with any questionnaire is to obtain all the necessary information on a particular subject without obtaining unnecessary data. Therefore the design of the questionnaire is of particular importance. Polit and Hungler(1997) cite several factors that need to be considered when designing and utilising a questionnaire for data collection. These include the respondents, the time available to complete the research, the funding available for the study and the research question itself.

3.2.3 Designing the Questionnaire

An important aspect of utilising any questionnaire is to recognise its limitations (Oppenheim 1966), and therefore only utilise it in a study which is most suited to it as a research tool.

The nurse practitioner role is a relatively new concept to Irish nursing, because of this the research literature regarding its development is essentially sparse in this country. It was therefore necessary to investigate literature from international colleagues on the subject. As noted in the literature review the development of the nurse practitioner role has varying degrees of disparity in international nursing. There have indeed been studies done on local attitudes to nurse practitioner role development elsewhere. However in view of the early stages of introduction and development of the concept of nurse practitioner in this country, and its various stages of development in the four A&E departments studied, this researcher felt it necessary to construct a unique and appropriate questionnaire tool for the purpose of this particular study. It was felt that by designing a unique and specific tool to gather appropriate data on attitudes to nurse practitioner development in Ireland, more concise and specific data would be obtained.

In order to achieve optimum data on any research subject the questions included in the questionnaire must envelop the phenomenon adequately (Oppenheim 1966). An extensive literature review highlighted several pertinent and sometimes contentious issues surrounding this evolving nursing role. The questionnaire for this study was therefore subsequently designed around these issues.

3.2.4 The Questionnaire

The questionnaire utilised in this study was designed and was administered solely for the purposes of collecting data in this particular research study. Questionnaires are identified by many researchers as the most popular method for collecting information on attitudes, beliefs and perceptions (Parahoo 1997). The questions in this study were constructed in the closed question format so as to ensure simplicity and rapidity for the respondents. The researcher was conscious of the sometimes hectic nature of Accident and Emergency departments and the free time that would be available to the respondents to participate in this study was particularly influential in dictating a simplistic design for the questionnaire. The scaling technique utilised to measure the responses was a common one known as the Likert scale that

was developed by the psychologist Rensis Likert. This scale consists of several declarative statements that express a viewpoint on a topic (Polit and Hungler 1999). The respondents can strongly agree, agree, disagree, strongly disagree or are uncertain of their opinion on a given statement.

The questionnaire itself consisted of 38 questions divided into four sections :

Section 1 of the questionnaire is associated with the demographic details of the participants, which are single variables and may have influenced the subjects understanding and feelings about research.

Section 2 was for nursing staff only, and investigates the professional education and academic achievements of the nurses in the study.

Section 3 of the questionnaire is directed towards investigating nurses and doctors attitudes towards emergency nurse practitioner development. It was hoped to identify:

- *any similarities or indeed differences of opinion between medical and nursing staff on this role development for nurses.*
- *factors that may have significant impact in determining the attitude or perception of both medical and nursing staff on aspects of nurse practitioner development.*

The questions in this section were grouped into four main investigative categories designed around some of the main issues present in the literature concerning nurse practitioner development.

- Questions 12-24 are associated with ascertaining staff's understanding and knowledge regarding the developing role of the emergency nurse practitioner.
- Questions 25-31 are concerned with staff's perceptions regarding training and development issues in nurse practitioner practice.
- Questions 31-38 investigates opinions regarding possible barriers to development and relationships with colleagues.

- **Section 4** of the questionnaire gave the subjects an opportunity for open comment on any aspect of a nurse practitioner service relevant to the study.

The questionnaires were distributed by hand to each individual hospital A&E department. A link person was established in each unit to assist in the study, they proved to be an invaluable asset in the data collection process. The questionnaires were distributed all at the same time, and the study was conducted over a four week period in order to ensure that all staff on leave were included.

3.3 Population and Sampling

A research population can be defined as the entire set of individuals who meet the inclusion criteria for a particular research study (Lo-Biondo Wood and Haber1998). The subjects chosen for this study were the nurses and doctors from the Accident and Emergency departments of four large urban teaching hospitals. These subjects are chosen because they present the most reasonable access for the researcher. Due to time limitations and financial constraints it was not possible to conduct a larger study which would encompass the entire population of all urban and rural accident and emergency department staff in Ireland. It is envisaged that the findings from these particular research sites may possibly be generalised to the two remaining city hospitals who were not included in the main study due to their participation in the pilot study. However it should be noted that applying these results to Accident and Emergency departments nation-wide may be inherently flawed as demographic, social and administrative factors may vary greatly from region to region and application of these results to a wider population may prove to be invalid.

3.3.1 Sampling

Sampling is a key element in research methodology. It is a process of selecting subjects that are representative of the population being studied (Lo-Biondo Wood and Haber 1998). The sampling criteria are those characteristics necessary for inclusion in the study. This process of sampling is of particular importance to the quantitative researcher, as the merits and results of the entire project may be based on the authenticity of the entire sampling plan (Polit and Hungler 1999). The sampling process must be seen to be an accurate representation of the population being researched in order to ensure validity and reliability.

Sampling involves selecting a group of people or events with which or about which a study may be conducted. In some cases it is hardly feasible to conduct a study on an entire population so a theory must be developed in order to select an appropriate sample that would reflect the view of the entire population. This theory is a combination of key sampling theory concepts which when combined contribute to the formulation of a comprehensive research methodology (Burns and Grove 1995). There are two basic sample types described in the literature:

- Probability
- Non-probability

Probability sampling is when the study sample is randomly selected from the target population. Each unit in the population has more than a zero chance of being selected (Parahoo 1997). Non-probability sampling involves those units whose chances of selection are not known and is common used by qualitative researchers. The decision regarding which sample type should be adopted is determined by the research question, access to participants and resource allocation for the study (Barhyte et al 1990). In this study a convenience non-probability sample was chosen in order to investigate medical and nursing attitudes surrounding nurse practitioner development.

3.3.2 Inclusion Criteria

The inclusion criteria in the study was as follows:

Doctors : All Consultants, Registrars and Senior House Officers working in the Accident and Emergency departments of four large teaching hospitals in Dublin city. These include only those assigned specifically to Accident and Emergency rotation.

Nurses : All nurses both staff nurses and sisters both permanent and temporary working in the Accident and Emergency departments of the four hospitals.

3.2.3 Exclusion Criteria

The exclusion criteria in this study will be as follows:

Doctors : Doctors from specialist teams reviewing referral patients in the A&E department will not be included in the study.

Nurses : Nurses excluded from the study will be student nurses, agency nurses working in the Accident and Emergency departments.

Polit and Hungler (1997) identify difficulties in the sampling process experienced by some researchers. These include:

- Too narrow a criteria leading to insufficient sample size for the study.
- Insufficient coverage of the sample that may not be representative of the parent population when the results are broadly applied.

3.2.4 Sample Size

In Ireland there are thirty two Accident and Emergency departments nation-wide. The complement of staff varies greatly from hospital to hospital. In some rural emergency departments there are no resident accident and emergency doctors, the A&E department is served by the medical or surgical teams on-call. For this reason it was decided to restrict the main study sample to four out of six urban Accident and Emergency departments in the greater Dublin city area. The remaining two departments in the Dublin area were used to conduct the pilot study. Together these four research sites accounted for 70% of the total number of attendances (248,000 patients) in Emergency departments in Dublin in 1999 (Eastern Health Board 1999). The four Accident and Emergency departments chosen for the study were at various stages of developments of an emergency nurse practitioner service at the time this research was conducted. This allowed for some comparisons to be made between the opinions and perceptions of staff in departments that had an ENP service up and running and those that had not or were just in the process of introducing the service. Lo-Biondo-Wood and Haber (1998) cite two guiding principles of sampling that can best inform the researcher and develop rich and appropriate data. These include appropriateness and adequacy of the sample. In this study it is proposed that the sample size will consist of 49 doctors and 195 nurses a total study sample of 244.

Site 1

Doctors 12 Nurses 48

Site 2

Doctors 13 Nurses 47

Site 3

Doctors 12 Nurses 49

Site 4

Doctors 12 Nurses 49

Total

Doctors 49 Nurses 195

Due to financial constraints and time limitations it was not possible to study the opinions of all urban A&E staff and as previously remarked rural emergency departments were excluded from the study. These sample biases should be duly noted and taken into consideration when critiquing this research.

3.3 Validity and Reliability

The validity and reliability of any given study determines the faith and believability in the particular methodology used to conduct the piece of research. Validity is concerned with the instrument tool used in the study. It determines the truth value of the methodology by indicating if it measures that which it is supposed to measure (McDowell and Newell 1996). Reliability on the other hand determines the applicability of a study and whether it will give you the same results time and again if it is readministered (Parahoo1997). When a researcher utilises a questionnaire as the primary instrument for investigating a phenomenon, it must be ensured that each question in the questionnaire is considered for its own individuality, as a specific instrument measure in itself (Henerson et al 1987). Therefore each question must be validated individually. The importance of validating the methodology utilised in any study is defined by Abramson (1990). This concept is termed validity of measure. In conjunction with this it is necessary to consider the validity of the study after the research is completed in order to ascertain the capacity of the particular study to produce sound conclusions (Clifford 1990). The reliability of the questionnaire in this particular study was tested by

administering it in a pilot study to a group of subjects, ten in total in two urban Accident and Emergency departments in the Republic of Ireland. These subjects were not included in the main study. This pilot study process proved invaluable in identifying areas of ambiguity in each of the questions.

3.3.1 The Pilot Study

Van Ort (1981) declared that the purpose of a pilot study is to reveal any revisions necessary prior to conducting the major study. The pilot study should be carried out carefully with optimum time and effort utilised in order to ensure the detection of weaknesses that may adversely affect the main study. In this piece of research the pilot study was conducted in two out of the six major Dublin Accident and Emergency departments. These pilot sites were randomly chosen out of a hat, and the questionnaires were distributed to ten medical and nursing staff in the two hospital sites. The results were analysed and patterns emerging were duly noted, comments from the participants regarding the questionnaire design as well as the study subject matter were duly noted and appreciated by the researcher. Several of the questions were rephrased and minor additions and corrections were introduced, the ambiguities were clarified and the questionnaire was then distributed to four "experts" for further analysis and comment in order to ensure optimum validity of the research instrument. A reliable study does not necessarily ensure that the study is valid. A group of subjects may give a similar result second time around, however the answers may not necessarily reflect the true feelings of the group (Henerson et al 1987). A subject may have held back on their true feelings in both cases and for the same reason each time. A valid measure on the other hand should be reliable. Validity of a study therefor is somewhat more difficult to prove (Oppenheim 1966).

The validity of this particular study was determined by the suitability of a questionnaire utilising the Likert scale to measure attitudes to nurse practitioner development. Did this questionnaire accomplish the purpose of the study, i.e. measure the true attitudes of Accident and Emergency staff to nurse practitioner development ?. In order to determine this it is necessary to examine this concept of study validity more closely.

3.3.2 Validity of the study

There are several different dimensions to the concept of validity. Henerson(1987) cites four main components of research validity.

- Face Validity

Face validity is referred to as logical validity by Cheater(1998). In other words the relevance of a measurement may appear to be obvious to the researcher. In formulating this questionnaire at face value the questions appear to ensure that it will measure what it has set out to measure. A pre-test was conducted on a number of research subjects ten in total in a pilot study in two of the urban Accident and Emergency departments. The results were scrutinised for face validity. A large amount of “no opinion” answers then the face validity of this questionnaire would have to be questioned. Although it would be wrong to conclude any expected answers to particular questions, the presence of unreasonable findings and their nonconformity with expectations may also indicate a study with poor face validity. So any of the questions that produced unreasonable findings in the pilot study were re-examined more closely and readjusted accordingly.

- Content Validity

Content validity of a study ensures that all component parts of the variable are measured (Burns and Grove 1995). The content validity of any study is determined by the comprehensives of concept measurement (McDowell and Newell 1996). In other words concept validity is assured if all the important aspects of the specific concept being researched are enveloped adequately by the research instrument. In the case of this study the extensive literature review indicated the specific elements of importance around the emergency nurse practitioner service. Each aspect was critiqued and evaluated and questions formulated around the particular significant aspects of the service. These included the attitudes and perceptions of staff to emergency nurse practitioner role development, staff's knowledge and understanding as to the role of the nurse practitioner and obstacles to nurse practitioner development in Emergency departments. Although the researcher appreciates that the variable in this study has a significant bigger number of issues surrounding it than

included in this questionnaire it was felt that the most important factors were included and that inclusion of all the issues would produce a too detailed and long winded questionnaire which would have a negative influence on the response rate. Prior to conducting the pilot study a panel of experts from various nursing specialities were asked to extensively review and critique the questionnaire. Any recommendations were adopted into the study in order to achieve optimum validity.

3.4 Analysis of the Results

Data obtained from the questionnaire was analysed utilising a statistical package for the social sciences (SPSS). The Likert scale ranges in responses from 1-5, i.e. strongly agree, agree, uncertain, disagree strongly disagree. The respondents circled their responses appropriately for each question. Analysis of the responses were conducted using the SPSS statistical package and the chi-square test used to determine the statistical significant differences between the groups. The level of significance was selected at 0.05 an acceptable level in social and educational research.

The open ended section of the questionnaire was analysed utilising a coding system for the themes that were prominent in the content analysis of the transcripts from the participants. The main topics and themes that arose from the qualitative are included in the discussion section of this study.

3.5 Ethical Issues

The ethical question that nurse researchers need to consider when conducting a study is whether their research will ultimately actually benefit the patient or is it being conducted for the purposes of curriculum vitae enhancement or educational qualifications (Eby 1997). The ethics of any research study must be consistent with the ethical guidelines and principles of nursing practice (Polit and Hungler 1997). History has clearly shown that unless these principles are adhered to in a professional and moral manner then the results can be notoriously unreliable and the basic human rights of the subjects in the study grossly infringed upon. This danger was identified as far back as 1900 by Isabel Hampton Robb in her book *Nursing Ethics: For Hospital and Private Use*. In more recent times disturbing and indeed sometimes horrific violation of human rights by so called researchers in Nazi

Germany led to the development of the Nuremberg Code by the American Medical Association. These ten rules were the first comprehensive effort by an authority to develop ethical standards governing research. They have since been updated by other international standards, the most notable of which is the Declaration of Helsinki in 1964 (Lo-Biondo Wood and Haber 1998). The American Nurses Association published its first guidelines for ethical principles in research in 1968. These principles are based on human rights guidelines and include:

- Right to self-determination
- Right to freedom from risk or harm
- Right to privacy and dignity
- Right to anonymity and confidentiality
- Right to fair treatment
- Right to protection from discomfort and harm

(American Nurses Association 1985)

An Bord Altranais *The Nursing Board* (2000) defines the ethical principles that must be adhered to when conducting nursing research. These include all the basic principles of human rights as outlined above as well as the fact that a nurse researcher must be aware of local ethical policies and procedures within the area being researched. The researcher in this study is all too aware of the delicateness of researching her own peers particularly in view of the fact that this is a specialist group of subjects with expert knowledge and skills in A&E departments.

Any research conducted with human subjects constitutes an intrusion into their personal lives. The onus is on the researcher to ensure that any information elicited during the research process is protected under the basic ethical principles governing research. This information should be maintained in the strictest confidence and utilised for the research purposes only (Burns and Grove 1995, Polit and Hungler 1999).

The methodology utilised for this study involves the circulation of a questionnaire to a select group of subjects in a specialist hospital setting. In particular one of the research sites is also the place of employment of the researcher. Subjects must be assured that the information

divulged will be protected by basic ethical and moral research principles. The subjects right to confidentiality will be maintained by the anonymous distribution of the questionnaires and the right to abstain from participation if one so chooses. Questionnaires are sometimes seen as possibly less intrusive and less interventionist than other research methods so the tendency for the researcher is to think that they will do no harm. However it is important to consider the sensitive and personal nature of some of the questions in a questionnaire (Parahoo1997). In this study the fact that the questionnaires are being distributed among a small select group of subjects in one locality is likely to influence the maintenance of complete anonymity for the participants. The researcher also appreciates the fact that in general, health professionals may sometimes find knowledge questions threatening and intrusive and therefor give a response that they feel might please the researcher as opposed to their own true opinions on an issue. It is hoped that the introductory letter to the participants reassuring them of optimum confidentiality and requesting their most honest participation in the study will go some way in addressing this problem.

3.5.1 Access to Study Hospitals

Permission for this study was requested and obtained from each individual hospital authority in the form of written request. The ethical committees of each research site deemed the research to be ethically sound prior to permission being granted. The area managers in each research site was also informed individually of the proposed study and it was their responsibility to determine the appropriateness of the study for their particular clinical area. All the clinical managers in each of the research sites responded favourably and allowed the research process to commence. Each of the covering letters (Appendix A) demonstrates the researcher's reassurances that the questionnaires would be distributed by hand to each A&E department and anonymity of the subjects protected. The questionnaires were not numbered or coded in any way so that tracing the respondent will not be feasible. Delays in questionnaire return was addressed by reminders to all subjects in the study.

3.6 Summary of Methodology

The attitudes and perceptions of medical and nursing staff to nurse practitioner development in Accident and Emergency departments in this research study are measured utilising a quantitative approach with a qualitative element incorporated in the study. This

methodology will not only allow for opinions deduced from the questionnaire to be considered but will also incorporate a more broader picture of medical and nursing perspectives on advanced practice role evolvement in nursing. This study is conducted in Ireland at an early stage of advanced practice development in nursing. The four hospital research sites chosen for this study were at various stages of development of an emergency nurse practitioner service. Dissemination of the results of this study may envelope the positive perceptions of doctors and nurses regarding elements of specialist advanced practice in nursing, together with addressing their concerns and apprehensions regarding the advancing clinical role of the nurse.

Chapter 4 Data Analysis and Results

4.1 Introduction

Data analysis and results are presented in the four sections corresponding to the questionnaire divisions described in the methodology section of the study. Analysis of the data consists of mainly descriptive statistics. The statistics are presented in contingency tables using an SPSS software computer package. The statistical test done for these cross tabulations was the chi-square test, which was used to test the null hypothesis that there were no differences between the groups. The chi-square test was conducted primarily to prove or disprove this null hypothesis. The p value indicating the probability of differences in the groups. The groups referred to included:

- **Doctors and Nurses.**
- **Sites with a current ENP service and sites without a current ENP service.**
- **Staff Nurses and Sisters.**
- **Nurses with academic qualification and Nurses without an academic qualification.**

For applicability purposes the qualitative data and general themes from the open-ended comment part of the questionnaire will be included in the discussion part of the study. The analysis is conducted in the following four sections.

- **Demographic details of participants in the study**
- **Education and professional qualifications of nursing staff in the study**
- **Attitudes and perceptions of staff to nurse practitioner role development as identified using the Likert Scale.**
- **Qualitative comments and general themes from staff regarding nurse practitioner development**

4.2 Demographic details of participants

This section of the data analysis describes the demographic profile of the study participants in the four hospital sites. The aim of this analysis was to ascertain the professional status, age and gender profile of the subjects. Data was collected from the questionnaires distributed to all doctors and nurses in four accident and emergency departments in the Dublin region.

4.2.1 Employee Status

240 questionnaires were distributed, 171 were returned, representing a total response rate of 70.3% for the study (Table 4.1). This included 137 nurses out of a total of 202 and 34 doctors out of a total of 54. The majority of participants in the study were staff nurses (62.5%), with 17.5% employed at nursing sister grade. Of the medical staff the majority of respondents were senior house officer grade (11.1%), registrars accounted for 7.6% of the total with 1.2% at consultant grade.

Table 4.1

Study participants in the four Accident and Emergency departments

						Total
		site 1	site 2	site 3	site 4	
nurse	Count	32	39	34	32	137
doctor	Count	6	15	6	7	34
Total	Count	38	54	40	39	171
	overall %	22.2%	31.6%	23.4%	22.8%	100.0%

4.2.2 Age and Gender

Age was divided into four sub-categories:

- under 23yrs
- 23-33yrs
- 34-44yrs
- 45yrs and over

The majority of respondents (43.2%) were female and in the 23-33yrs age bracket. The least number of respondents were in the under 23yrs age group with just 6 staff members in the 45 yr. or over category. The gender of the participants was predominantly female. 44 of the respondents were male, just over 52% of this total were doctors. The number of female participants was 124; the majority of these (91%) were nurses. Of the four Accident and Emergency departments researched 13 of the employees were male nurses.

4.2.3 Years of Service

The majority of participants (n=174) had 2-4 years of service in an Accident and Emergency department. A further breakdown of this figure showed that nurses made up 29.9% of this figure with doctors at 21.9%. Overall the majority of doctors (53.1%) had just one year or less Accident and Emergency experience, these were mainly Senior House Officers. Of the 35 nurses that had greater than 10 years experience, 19 were sisters and 16 were staff nurses.

4.3 Professional Qualifications

4.3.1 Introduction

The aim of this section is to ascertain the current professional qualifications of the nursing subjects studied. This section will provide an overview of the basic training and academic qualifications of the nursing subjects in the study.

The professional qualifications were divided into five categories:

1. RGN (Registered General Nurse)
2. RM (Registered Midwife)
3. RMHN (Registered Mental Health Nurse)
4. RSCN (Registered Sick Children's Nurse)
5. RPN (Registered Psychiatric Nurse)

The majority of staff surveyed had a single RGN qualification (69.9%). Those with the dual qualification of RGN and RM accounted for 20.3%. Those staff with a triple qualification of RGN, RSCN, and RM accounted for 0.8%. The staff with general training and a psychiatric qualification also accounted for 3.1% of the total.

4.3.2 Post Registration Accident and Emergency Course

The distribution of nurses with the post registration Accident and Emergency courses spanned from 58% to 64.1% of all A&E staff in the four hospital sites surveyed (Table 4.2). 36.6% of all A&E nursing staff surveyed had not completed a post registration course in Accident and Emergency nursing.

Table 4.2

Post registration qualification in Accident and Emergency nursing

				Total
		yes	no	
sister	Count	27	1	28
staff nurse	Count	57	48	106
Total	Count	84	49	134
	% within grd	62.7%	36.6%	100.0%

4.3.3 Academic Qualifications

The academic qualifications were wide and varied. 1.5% of all A&E nurses (n=133) had completed the Master degree in nursing, these staff were all working at sister grade. 2.25 % of nurses surveyed were currently undertaking a Master degree in nursing. 2.3% of nurses had achieved a primary degree BNS in nursing, with 6.0% currently studying for their primary degree. 17% of nurses had achieved a Diploma in Nursing while 13.9% had the Diploma in Specialist Nursing. The Diploma in Management had been achieved by 7.0% of nurses, while Advanced Cardiac Life Support and Advanced Trauma Life Support certification accounted for 2.9% of staff. Other courses ranging from diplomas in tropical diseases to certification in counselling accounted for 17.0% of total (Figure 4.1). The subjects were also asked to identify the current academic course they were undertaking, 69.9% replied “None”.

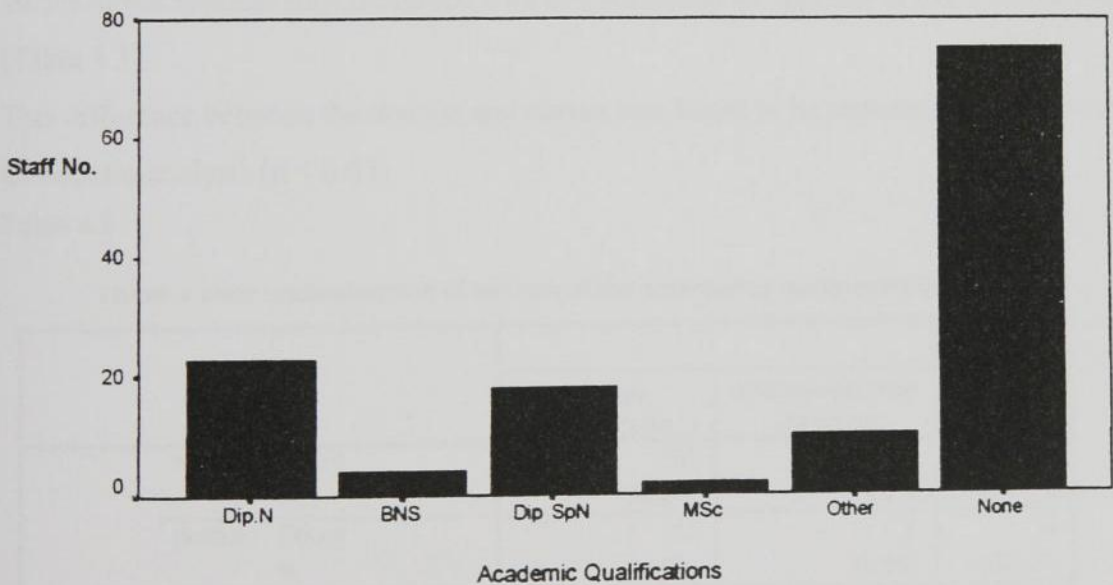


Figure 4.1 Academic Qualifications of Nursing Subjects

4.4 Attitudes and perceptions of staff to nurse practitioner role development.

4.4.1 Introduction

This section was primarily involved in ascertaining the overall opinions and perceptions of the medical and nursing subjects in the study. Data from this section of the questionnaire was collected using a five point Likert Scale. Some of the variables were examined utilising a two- point scale. This involved re-coding the data and amalgamating all the positive responses under a strongly agree/agree category and the negative responses in the strongly disagree/disagree category. In the 2x2 tables the “uncertain” responses were coded as missing. The probability value (p) is set at 0.05.

4.5 Understanding the role of the emergency nurse practitioner

The subjects were asked to respond to the question “I have a clear understanding of the role of an emergency nurse practitioner”. 96.9% of both nurses and doctors (n =131) agreed that they had a clear understanding of the role of the emergency nurse practitioner, however 10.5% of the medical staff disagreed with this statement as opposed to just 1.8% of the nurses (Table 4.3).

This difference between the doctors and nurses was found to be statistically different in a Chi-square analysis ($p < 0.05$).

Table 4.3

I have a clear understanding of the role of the emergency nurse practitioner

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	110	2	112
	%	98.2%	1.8%	100.0%
doctor	Count	17	2	19
	%	89.5%	10.5%	100.0%
Total	Count	127	4	131
	%	96.9%	3.1%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	4.192	1	.041
N of Valid Cases	131		

4.6 Nurse practitioners should only treat those patients with minor injuries

Subjects in the study were asked their opinion on whether nurse practitioners should only see Patients with minor injuries. 60.9% doctors and 63.8% nurses agreed with this statement (Figure 4.2). This means that over 35% of doctors and nurses felt that the scope of practice of the nurse practitioner may well exceed beyond the treatment of minor injuries (Table 4.4).

The chi-square test showed no evidence of differences between doctors and nurses on this issue ($P>0.05$).

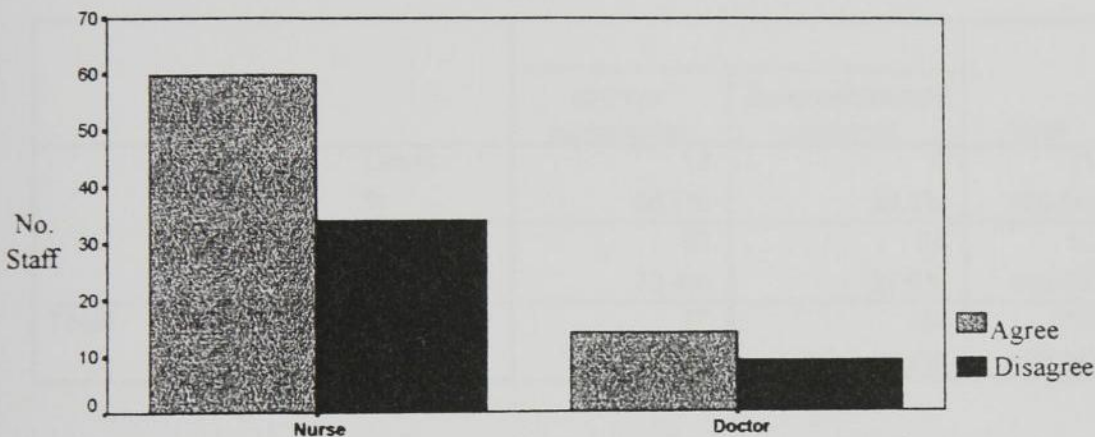


Figure 4.2 Nurse practitioners should only treat patients with minor injuries

Table 4.4

Nurse practitioners should only treat those patients with minor injuries

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	60	34	94
	% of staff	63.8%	36.2%	100.0%
doctor	Count	14	9	23
	% of staff	60.9%	39.1%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.070	1	.792
N of Valid Cases	117		

4.7 Nurse practitioner should combine their role with working in the main A&E department

The majority of nurses interviewed (71.3%) felt that nurse practitioners should combine their practitioner role with working in the main Accident and Emergency department (Table 4.5)

Table 4.5

Nurses Opinions : Nurse practitioners should combine role and work in main department

				Total
		strongly agree/agree	disagree/strongly disagree	
sister	Count	14	7	21
	%	66.7%	33.3%	100.0%
staff nurse	Count	63	24	87
	%	72.4%	27.6%	100.0%
Total	Count	77	31	108
	%	71.3%	28.7%	100.0%

4.7.1 Opinions in hospitals : ENP's should combine role with work in main A&E

A further breakdown of these results to the individual hospital sites revealed more varied results. Opinions on this issue of the ENP combining the role to work in the main department varied between the A&E departments that had a nurse practitioner service, and those departments that did not have an ENP service. A cross-tabulation showed that in the hospital site with a nurse practitioner service in operation, opinions were divided equally. 50 % of staff felt that the nurse practitioner should combine their own role with the work of the main department while 50% disagreed with this opinion. In the departments without a nurse practitioner service a large majority of the staff (81%) felt that the nurse practitioners should combine their own role with operations in the main department (Table 4.6).

The chi-square test showed that a significantly larger percentage of nurses in the Accident and Emergency departments without a nurse practitioner service felt that the nurse practitioners should combine their own role with the work of the main department ($p < 0.001$).

Table4.6

Hospital Comparison : Nurse practitioner should combine role and work in main department

				Total
		strongly agree/agree	disagree/strongly disagree	
Site with ENP	Count	19	19	38
	%	50.0%	50.0%	100.0%
Site without ENP	Count	80	18	98
	%	81.6%	18.4%	100.0%
Total	Count	99	37	136
	%	72.8%	27.2%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	13.835	1	.000
N of Valid Cases	136		

4.8 Nurse practitioners should operate within strict protocols

Subjects were asked their opinion on whether nurse practitioners should operate within strict protocols. The percentage of doctors and nurses who perceived that nurse practitioners should operate within strict protocols was very high. 98.5% of nurses and 96.0 % doctors agreed with the statement (Table 4.7).

The low score of the chi-square test (.669) demonstrates that there was no evidence of differences in opinion between the two groups ($p>0.05$).

Table 4.7 Nurse Practitioners should operate within strict protocols

Operate within strictprotocols				
				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	128	2	130
	%	98.5%	1.5%	100.0%
doctor	Count	24	1	25
	%	96.0%	4.0%	100.0%
Total	Count	152	3	155
	%	98.1%	1.9%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.669	1	.413
		1	.415
N of Valid Cases	155		

4.9 Nurse practitioner service reduces waiting times.

There was widespread agreement between nurses and doctors on this issue. Just over 96% of both doctors and nurses felt that a nurse practitioner service would reduce waiting times for patients with minor injuries (Table 4.8).

The chi-square test showed that there was no evidence of differences in the opinions of the groups on this issue, ($p>0.05$).

Table 4.8

A nurse practitioner service reduces waiting times for patients with minor injuries.

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	%	96.1%	3.1%	100.0%
doctor	%	96.4%	3.6%	100.0%
Total	%	96.2%	3.2%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.233	2	.890
N of Valid Cases	156		

4.9.1 Opinions in Hospitals : ENP service reduces waiting times

Similar results were evident in a comparison between opinions of staff in departments that had a nurse practitioner service and those that had not. Figure 4.3 shows that 98% of staff working in a hospital with a nurse practitioner service felt that waiting times were reduced for patients. In the hospital sites without a nurse practitioner service 95.3% of staff agreed with this opinion.

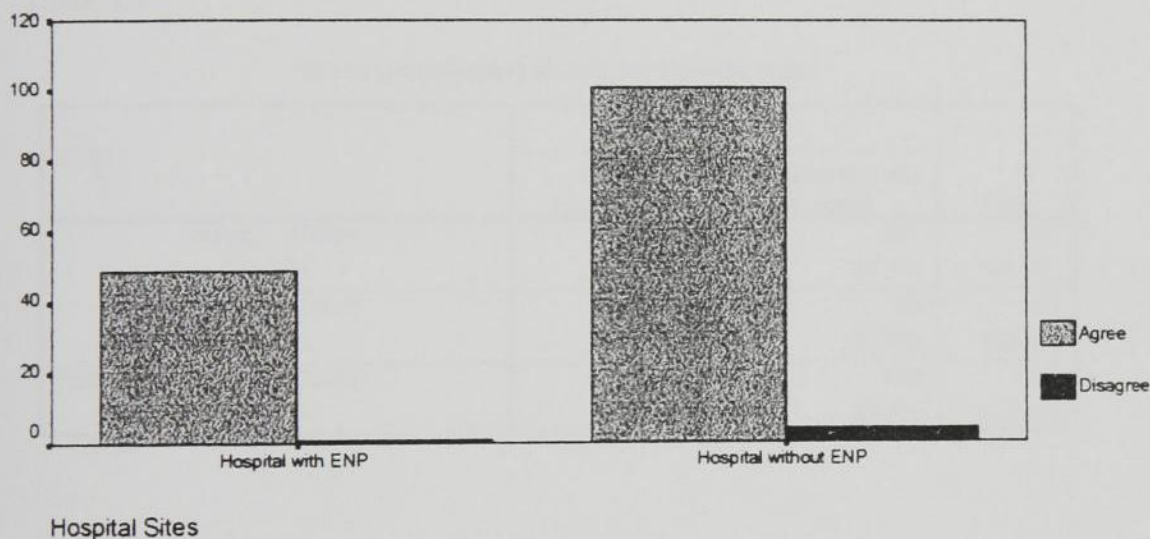


Figure 4.3 Opinions of Staff : Nurse Practitioner Service Reduces Waiting Times

4.10 Nurse practitioners should not request x-rays

Only a small percentage of doctors and nurses agreed with this statement. 1.5% of nurses and 3.4 % of medical staff felt that nurse practitioners should not be requesting x-rays (Table 4.9).

A chi-square analysis of this result showed no evidence of differences between doctors and nurses on this issue, the majority of all Accident and Emergency staff felt that nurse practitioners should be allowed to request x-rays.

Table 4.9

Nurse practitioners should not request xrays

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	2	131	133
	%	1.5%	98.5%	100.0%
doctor	Count	1	28	29
	%	3.4%	96.6%	100.0%
Total	Count	3	159	162
	%	1.9%	98.1%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.495	1	.482
N of Valid Cases	162		

4.11 Nurse practitioners should be allowed prescribe medication within an agreed protocol

Staff were asked should nurse practitioners be allowed prescribe certain medication within an agreed protocol. The majority of staff surveyed felt that nurse practitioners should indeed be allowed prescribe certain medications within an agreed protocol. Just 3.8% of all medical and nursing staff surveyed expressed a view that nurse practitioners should not be prescribing medication (Table 4.10).

There was no evidence of differences in opinions of doctors and nurses in the chi-square test (chi-square value >0.05).

Table 4.10

Nurse practitioners should be allowed prescribe certain medication

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	126	5	131
	%	96.2%	3.8%	100.0%
doctor	Count	28	1	29
	%	96.6%	3.4%	100.0%
Total	Count	154	6	160
	%	96.3%	3.8%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.009	1	.925
N of Valid Cases	160		

4.12 Diagnosing and treating patients is the role of the doctor and not the nurse practitioner.

There was a significant difference in opinions between doctors and nurses on the issue of diagnosing and treating patients being the role of the doctor and not the nurse practitioner. Just 4.2% of nurses agreed that diagnosing and treating patients was the role of the doctor and not the nurse practitioner. Over 29% of doctors were in agreement with this opinion (Table 4.11).

The statistically significant nature of this result is identified in the chi-square test ($p < 0.001$) denoting a highly significant difference between doctors and nurses on this issue. It was also noted that 14.6% of all staff surveyed were uncertain of their feelings on this statement.

Table 4.11

Diagnosing and treating patients : the role of the doctor and not the nurse practitioner

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	5	115	120
	%	4.2%	95.8%	100.0%
doctor	Count	7	17	24
	%	29.2%	70.8%	100.0%
Total	Count	12	132	144
	%	8.3%	91.7%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	16.364	1	.000
N of Valid Cases	144		

4.12.1 Opinions in Hospitals : Diagnosing and treating patients is the role of the doctor and not the nurse practitioner

There was also a difference in opinion in the hospitals with a nurse practitioner and those without this service. Again this difference was shown to be highly significant in the chi-square analysis (Table 4.12). In the site with a nurse practitioner service none of the staff felt that diagnosing and treating patients was the role of the doctor and not the nurse practitioner. However 11.8% of the staff in the sites without a nurse practitioner service agreed that diagnosing and treating patients was the doctors role and not the role of a nurse practitioner.

Table 4.12

Site Comparison of diagnosing and treating patients the role of the doctor and not the nurse practitioner

				Total
		strongly agree/agree	disagree/strongly disagree	
Site with ENP	Count	0	42	42
	%	.0%	100.0%	100.0%
Site without ENP	Count	12	90	102
	%	11.8%	88.2%	100.0%
Total	Count	12	132	144
	%	8.3%	91.7%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	5.390	1	.020
N of Valid Cases	144		

4.13 Should all patients be reviewed by senior doctor prior to discharge.

26.9% of doctors felt that patients should be reviewed by a senior doctor prior to discharge, where just 6.6 % of nurses were of this opinion (Table 4.13).

The chi-square analysis of the differences in opinions of nurses and doctors shows the differences to be highly significant ($p<0.05$).

Table 4.13

All patients should be reviewed by senior doctor prior to discharge

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	8	114	122
	%	6.6%	93.4%	100.0%
doctor	Count	7	19	26
	%	26.9%	73.1%	100.0%
Total	Count	15	133	148
	%	10.1%	89.9%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	9.760	1	.002
N of Valid Cases	148		

4.13.1 Opinions in Hospitals : All patients seen by ENP should be reviewed by a senior doctor prior to discharge.

The cross tabulation between sites with and without an ENP service also differences in opinion of doctors and nurses on this issue. In the site with a nurse practitioner service just 2.1% of A&E staff felt that patients seen by the nurse practitioner needed to be reviewed by a senior doctor prior to discharge (Table 4.14).

The Chi-square test showed the results to be highly significant ($p<0.05$).

Table 4.14

Site Crosstabulation : All patients seen by ENP reviewed also by senior doctor

				Total
		strongly agree/agree	disagree/strongly disagree	
Site with ENP	Count	1	47	48
	%	2.1%	97.9%	100.0%
Site without ENF	Count	14	86	100
	%	14.0%	86.0%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	5.057	1	.025
N of Valid Cases	148		

4.14 Nurse practitioners should advance scope of practice

Out of all staff interviewed (n=157) 100% of the nurses agreed that nurse practitioners should advance their scope of practice with increased skills and experience. Just 3.3% of the medical staff disagreed with this opinion (Table 4.15).

The chi-square test shows this statistically significant difference of opinion between doctors and nurses ($p < 0.05$).

Table 4.15

Nurse practitioners should advance scope of practice

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	127	0	127
	% within emp	100.0%	.0%	100.0%
doctor	Count	29	1	30
	% within emp	96.7%	3.3%	100.0%
Total	Count	156	1	157
	% within emp	99.4%	.6%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	4.260	1	.039
N of Valid Cases	157		

4.15 Research into clinical issues is an important aspect of nurse practitioner practice

Staff were asked whether they perceived research as an important aspect of clinical practice. The vast majority (98.1%) of the staff both doctors agreed that research was an important aspect of ENP practice (Table 4.16). Just one doctor and one nurse disagreed with this statement (n=158).

The chi-square test showed no evidence of significant difference between doctors and nurses on this issue.

Table 4.16

Staff opinions : Research is an important ENP role

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	126	1	127
	%	99.2%	.8%	100.0%
doctor	Count	30	1	31
	%	96.8%	3.2%	100.0%
Total	Count	156	2	158
	%	98.7%	1.3%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	1.185	1	.276
N of Valid Cases	158		

4.16 Educating and training colleagues is an important role of the nurse practitioner.

Participants were asked whether they perceived educating and training as an important role of the nurse practitioner. 96.8% of all staff agreed that educating colleagues was an important role of the nurse practitioner. The chi-square test showed no evidence of differences between the opinions of doctors and nurses on this issue ($p>0.05$).

Table 4.17

Opinions of all staff : Educating and training colleagues an important role of ENP.

			Total
	strongly agree/agree	disagree/strongly disagree	
Opinions of total doctors and nurses %	96.8%	3.2%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	1.100	1	.294
N of Valid Cases	156		

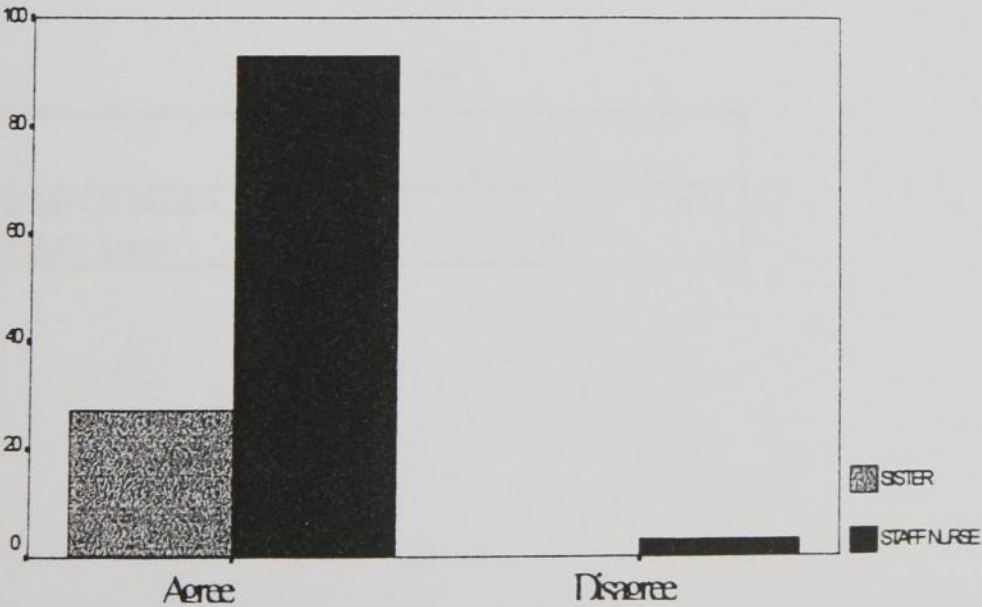


Figure 4.4 Nurses Opinions : Educating colleagues is an important role of the nurse practitioner

4.16 Nurse practitioners should have at least 5yrs experience in A&E.

Participants were asked their opinions on the A&E experience requirements for a nurse practitioner.

Over 90% of both medical and nursing staff agreed that nurse practitioners should have at least five years experience in A&E. Only a small proportion of doctors and nurses disagreed with this statement, (3.9% nurses, and 4.3% of doctors). The chi-square analysis showed no evidence of differences in the groups (Table 4.18).

Table 4.18

Nurse practitioners should have 5yrs A&E experience

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	124	5	129
	% within emp	96.1%	3.9%	100.0%
doctor	Count	22	1	23
	% within emp	95.7%	4.3%	100.0%
Total	Count	146	6	152
	% within emp	96.1%	3.9%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.011	1	.915
N of Valid Cases	152		

4.17 Nurse practitioners should be educated to postgraduate level

Regarding the educational requirements for nurse practitioners, the majority of nurses agreed that nurse practitioners should be educated to post graduate level. 96.2% of sisters and 88.5% of staff nurses surveyed agreed with this training requirement.

The chi-square test shows no evidence of difference between the groups (Table 4.19).

Table 4.19

Opinion of nurses regarding academic training for nurse practitioners

				Total
		strongly agree/agree	disagree/strongly disagree	
sister	Count	25	1	26
	% within grd	96.2%	3.8%	100.0%
staff nurse	Count	85	11	96
	% within grd	88.5%	11.5%	100.0%
Total	Count	110	12	122
	% within grd	90.2%	9.8%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	1.337	1	.248
N of Valid Cases	122		

4.17.1 Nurses Opinions : Nurse practitioners should be educated to post graduate level

There was no major differences of opinion on this issue between nurse with academic qualifications (DipSn.,B.Sc.,MSc) and those without one (Figure 4.5).

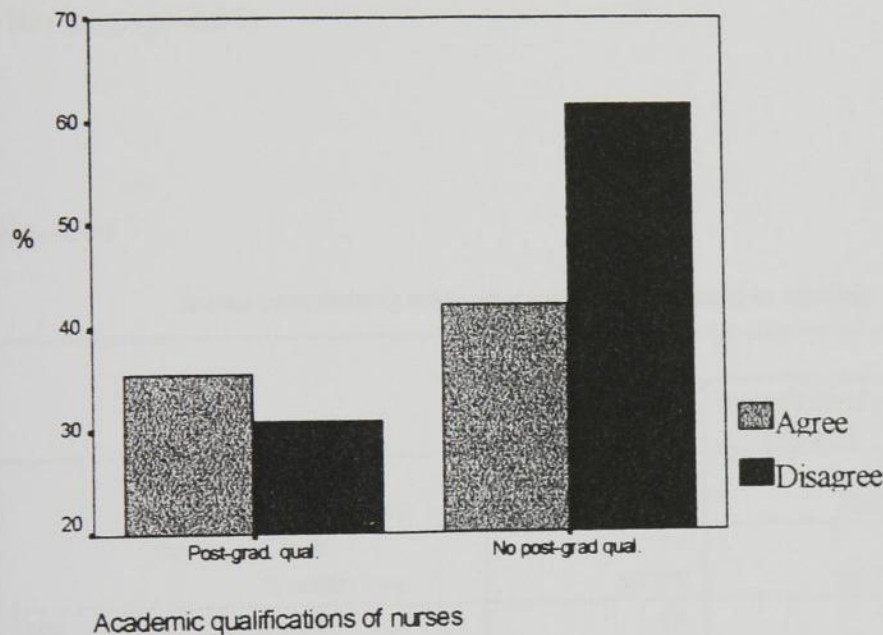


Figure 4.5 Nurses Opinions : Should ENP's be Educated to Post Graduate Level

4.18 Nurse practitioner role will contribute to elitism in nursing

Doctors and nurses were asked their opinion on whether they felt that the nurse practitioner role would contribute to the development of elitism in nursing. Between 40%-50% of both medical and nursing staff agreed that the role would contribute to elitism in nursing (Table 4.20).

The chi square test showed no evidence of difference of opinion between doctors and nurses on this issue ($p > 0.05$).

Table 4.20

Nurse practitioner role will contribute to elitism in nursing				
		strongly agree/agree	disagree/strongly disagree	Total
nurse	Count	55	55	110
	% within emp	50.0%	50.0%	100.0%
doctor	Count	11	15	26
	% within emp	42.3%	57.7%	100.0%
Total	Count	66	70	136
	% within emp	48.5%	51.5%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.498	1	.480
N of Valid Cases	136		

4.18.1 Nurse practitioner role will contribute to elitism development in nursing: Nurses Opinions.

A further breakdown of the nurses’ opinions on this issue revealed that nurses were equally divided in their opinions on whether a nurse practitioner role will contribute to elitism in nursing. Overall 50% of nurses agreed that the nurse practitioner role will contribute to elitism in nursing. A further analysis of nurses’ opinions revealed between 63.6% of sisters and 46.6% of staff nurses concurred with this opinion.

The chi-square test showed that there was no evidence of difference of opinion between sisters and staff nurses on this issue.

Table 4.21

Nurses Opinions : Nurse practitioner role will contribute to elitism in nursing

				Total
		strongly agree/agree	disagree/strongly disagree	
sister	Count	14	8	22
	%	63.6%	36.4%	100.0%
staff nurse	Count	41	47	88
	%	46.6%	53.4%	100.0%
Total	Count	55	55	110
	%	50.0%	50.0%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	2.045	1	.153
N of Valid Cases	110		

4.19 Specialisation within a nurse practitioner role will contribute to de-skilling of emergency department nurses.

Participants were asked their opinion on whether they felt that this new specialist nurse practitioner role was moving from the traditional caring role of the nurse. 17% of nurses agreed with this statement, a breakdown of this figure revealed that 27.3% of sisters and 14.3% of staff nurses felt that specialisation within a nurse practitioner role will contribute to de-skilling nurses (Figure 4.6). 23.6% of all staff surveyed expressed an uncertain viewpoint on this issue.

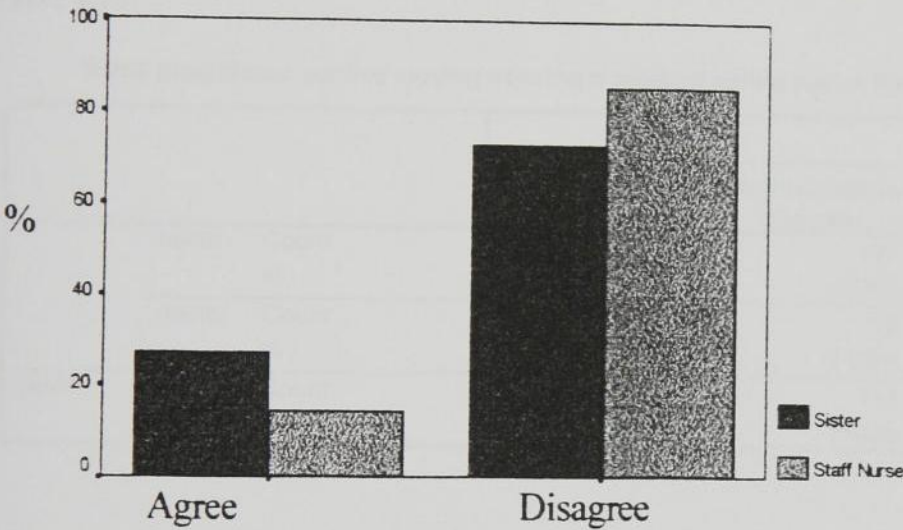


Figure 4.6 Nurse Practitioner Role Will Contribute To De-skilling A&E Nurses

Table 4.22

Specialisation within a nurse practitioner role will contribute to de-skilling of emergency department nurses.

				Total
		strongly agree/agree	disagree/strongly disagree	
sister	Count	6	16	22
	%	27.3%	72.7%	100.0%
staff nurse	Count	12	72	84
	%	14.3%	85.7%	100.0%
Total	Count	18	88	106
	%	17.0%	83.0%	100.0%

4.20 The development of a nurse practitioner service is moving from the traditional caring role of the nurse.

Participants were asked their opinion on whether this new role development for nurses was moving from the traditional caring role of the nurse. 25.2% of medical and nursing staff agreed that the development of a nurse practitioner service was moving from the traditional caring role of the nurse.

The chi-square test showed no evidence of statistical significant differences between the doctors and nurses on this issue (p.0.05)

Table 4.23

Nurse practitioner service moving from the traditional caring role of the nurse

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	29	91	120
	%	24.2%	75.8%	100.0%
doctor	Count	9	22	31
	%	29.0%	71.0%	100.0%
Total	Count	38	113	151
	%	25.2%	74.8%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.310	1	.578
N of Valid Cases	151		

4.20.1 Opinions in Hospitals : Nurse practitioner role moving from the traditional caring role of the nurse

Comparing the opinions of hospitals sites showed similar positive feelings regarding a nurse practitioner role moving from the traditional caring role of the nurse. Between 24% and 27% of all staff in the hospitals with a nurse practitioner and the hospitals without a nurse practitioner felt that the nurse practitioner service was moving from the traditional caring role of the nurse (Figure 4.7). The chi-square test showed no evidence of differences between these groups (Table 4.24).

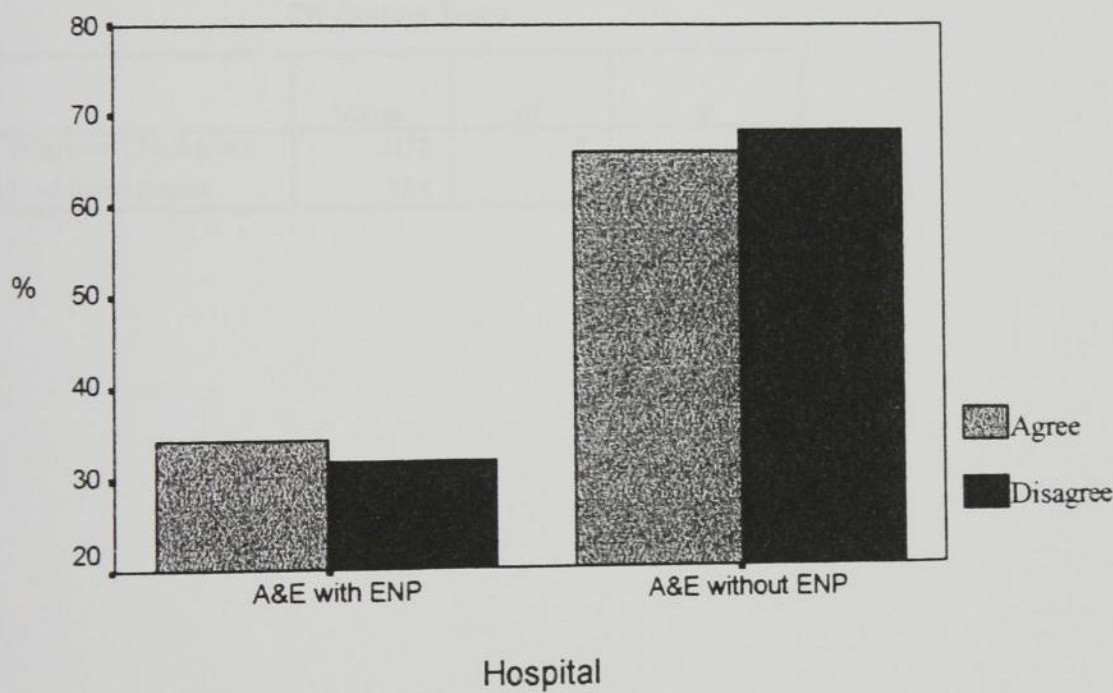


Figure 4.7 Development of the Nurse Practitioner Role is Moving From the Traditional Caring Role of The Nurse

Table 4.24

Site comparison : Nurse practitioner service moving from the traditional caring role.

				Total
		strongly agree/agree	disagree/strongly disagree	
Site with ENP	Count	13	36	49
	%	26.5%	73.5%	100.0%
Site without ENP	Count	25	77	102
	%	24.5%	75.5%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	.072	1	.789
N of Valid Cases	151		

4.21 Nurse practitioners should have their own insurance

Participants were asked their opinions on whether or not nurse practitioners should have their own insurance. 60.6% of the medical staff as opposed to 31.4% of the nursing staff felt that nurse practitioners should indeed have their own insurance.

The difference between the two groups was highly significant in the chi-square test ($p < 0.05$). 25.3% of all staff surveyed expressed an uncertain viewpoint on this issue.

Table 4.25

Nurse practitioners should have their own insurance

				Total
		strongly agree/agree	disagree/strongly disagree	
nurse	Count	43	56	137
	%	31.4%	40.9%	100.0%
doctor	Count	20	8	33
	%	60.6%	24.2%	100.0%
Total	Count	63	64	170
	%	37.1%	37.6%	100.0%

Chi-Square Tests

	Value	df	p
Pearson Chi-Square	9.747	2	.008
N of Valid Cases	170		

Chapter 5 : Discussion of the Data Results

5.1 Introduction

The main aim of this study is to investigate the attitudes and perceptions of medical and nursing staff to emergency nurse practitioner (ENP) development in Ireland. The study involved a primarily quantitative approach with a qualitative element investigating the opinions of doctors and nurses regarding this new role development for Irish nurses. Acceptance by health-care workers with whom the nurse practitioner interacts is a crucial part of the successful implementation of an ENP practice. This may involve a re-examination of attitudes of health care professionals to nursing in general. Traditional views of the subservient nature of nursing, task delegation, peer opinion may be re-examined in light of these new role evolvments for nurses (Sutton and Smith 1995).

Specialist practice in nursing has been evolving over the past few decades in The United States(US), Canada, Australia and the United Kingdom(UK). In Ireland it is only in the last five years that specialist practice in nursing has become an increasingly more prevalent topic of discussion. Indeed it is only in the last three years that the visions and aspirations of developing advanced practice roles among certain sections of the nursing profession have been translated into the reality of clinical practice.

Maintenance of credibility among nursing and medical colleagues appears to be a vital component in this new role development for nurse practitioners (Shea, Selfridge-Thomas 1997). Therefore it seems sagacious practice to tap into the lived experiences, opinions and indeed wealth of knowledge of these medical and nursing professionals. These are the staff who are at the front-line in the provision of multidisciplinary health care. Their views and opinions may provide invaluable knowledge in future nursing role developments.

Although there is a high turnover of medical staff in the Accident and Emergency department, the opinions of the doctors were deemed as important as the opinions of nurses in this study. This is primarily because of the significant emphasis on a team based approach to health care provision in the Accident and Emergency department (Sbaih 1995, Dowling et

al 1996). Reliance on the knowledge and experiences of colleagues either medical or nursing is paramount to the safe and efficient provision of care to the emergency department patient (Gibney et al 1995).

This discussion examines the findings of this study and attempts make sense of the data collected by the questionnaire. The data collected by the questionnaire was analysed by an SPSS software statistical package and the results presented in tables and figures. The meaning of the results and how they compare to similar studies and experiences by nursing colleagues abroad is identified. The limitations of the study and problems encountered will be specified and conclusions plus recommendations for future studies are duly noted.

5.2 Justification for the study

An emergency nurse practitioner service has been in operation in Ireland since 1996, and is currently being developed in other hospitals throughout the country. This study follows that of Small(1999) which evaluated the role and scope of practice of the first emergency nurse practitioner in an urban hospital in Ireland. This seminal work into nurse practitioner practice in Ireland provided the foundation for this particular study.

5.2.1 The Commission on Nursing

The Report on the Commission of Nursing in Ireland (1998) recommended the development of specialist roles in nursing as part of a framework for continuing education and clinical career pathway development for nursing and midwifery. It highlighted the need to utilise the knowledge and skills of experienced nurses in areas of specialist and advanced clinical practice within the profession in order to maintain quality holistic patient care in an increasingly consumer demanding health care environment. The Commission recommends a three step clinical career pathway for nursing .

- **Registered Nurse**
- **Clinical Nurse Specialist (equivalent to ward sister level)**

- **Advanced Nurse Practitioner (equivalent to middle nursing and midwifery management)**

It was envisaged by The Commission that progression along this clinical career pathway should meet practical and educational guidelines as instructed by a new statutory body, The National Council for the Professional Development of Nursing and Midwifery. These guidelines are currently under discussion by The National Council and its recommendations on practical and educational guidelines for CNS and ANP practices are due for publication Summer/Autumn 2000.

5.3 The main aim of the study is :

- To identify the differences or indeed similarities between opinions of medical and nursing staff on this role development for nurses.
- To identify the factors which may have had a significant impact in determining the attitude or perception of medical and nursing staff to aspects of nurse practitioner development.

The interpretation of the data will include an investigation of the findings in this first piece of research into attitudes to emergency nurse practitioner development in Ireland. A comparison will be made with other similar studies abroad. An examination will be made of how developments of a nurse practitioner service has been influenced by, or has itself exerted influence on the medical and nursing staff involved in the provision of emergency care to patients.

The discussion of these results will follow the pattern of data analysis. In order to improve comprehension and clarity of the results, the discussion will adhere to the four areas of analysis as described in the methodology section of the study.

These include :

- Demographic profile of study participants
- Qualifications and experience of study participants
- Understanding and knowledge of subjects regarding the

Role of the emergency nurse practitioner.

The scope of practice of the emergency nurse practitioner

Perceptions regarding training and development issues in nurse practitioner practice

Concerns of nursing and medical staff and possible barriers to nurse practitioner practice development.

- Qualitative Comments from medical and nursing staff.

5.4 Demographic profile of study participants

The study participants were taken from four hospitals in the Dublin area. The remaining two hospitals in the greater Dublin area were used in the pilot study. The sample included all nurses working in the Accident and Emergency department at the time of the study and all doctors employed as A&E doctors at time of the study. The majority of respondents were staff nurses (62.5%).

43.2% of participants in the study were female in the 23-33yr age bracket. The majority of medical staff (55.5%) had just one year experience in the Accident and Emergency department, highlighting the junior nature of the medical staff generally in A&E departments (Sbaih 1995, Gibney 1995). Of the nurses surveyed, the majority 29.9% had between 2-4 yrs experience in A&E nursing. Just over 25% of the nurses had 10yrs or more clinical experience in A&E nursing. Commenting on the interdependency of roles between junior doctors and nurses in the Accident and Emergency department two doctors stated

....*"junior staff are dependant on the nursing staff, it is a great pity that this role (of the ENP) is limited with regards to protocols and insurance not only by the ministry of health but also by the individual medical organisations and representatives"*(Dr. 05)

"I think some nursing staff have more experience than junior house officers or newly graduate doctors in A&E " (Dr. 01)

5.5 Nursing Qualifications

The most significant aspect of the this part of the data was the fact that almost 70% of all nurses in the hospitals surveyed were not currently undertaking any academic course. This research study was under taken in the “Spring Term” 1999/2000 at time when there was heightened awareness among nurses as to the importance and need for ongoing training and academic development. The courses being undertaken by the remaining 30.1% of the nurses varied from the Masters degree in nursing to the Batchelor in Nursing science degree, to the post graduate diploma in specialist nursing. The apparent despondency within this group of nurses to strive towards academic achievement and professional development was similiar to that identified in a qualitative survey of nurses and nurse practitioners in the United Kingdom (Walsh 1999). Some of the staff in the UK survey identified their main nursing needs as better access to continuing education, and the availability more time and resources for education to improve morale and professional status in nursing Walsh (1999).

The reason for the low rate of nurses in A&E departments currently taking an academic course may be wide and varied. On a national scale the increasing disillusionment and stressful nature of nursing in Ireland which commenced in the last decade of the twentieth century may be dictating against any self determination to enhance skills and knowledge within ones own speciality. A mass exodus of Irish nurses has occurred from the profession into a booming private industry sector that now boasts the largest computer software production facilities in the world (Sky News 30/05/2000). This has been seemingly further augmented by failure of government health policies to improve an ailing health service with crippling waiting times and inadequate patient services stretching medical and nursing reserves to the limit. Industrial unrest, disenchantment in the workplace and a call for greater recognition and support, appears to have temporarily replaced the need to enhance knowledge and skills within the profession locally (Cassidy 2000).

This is reflected in the general comments of staff.....

“Support in monetary terms and study leave is far from appropriate and much more is needed...” (N07)

“.... It is very hard however to introduce new roles without support and guidance...” (N03)

5.6 The role of the emergency nurse practitioner

5.6.1 Introduction

The role of a nurse practitioner in the Accident and Emergency department has stimulated much debate and rhetoric. Persistent calls for universal standardisation of these advanced nursing practice roles echo seemingly unheard, as the movement for the development of the role of the nurse gathers momentum undeterred seemingly by the unequivocal pace of the nursing authorities and health service bureaucracy to equate with them (Castledine 1998).

The following questions in the questionnaire pertain to the overall views of medical and nursing staff on their understanding of the role nurse practitioner.

- **I have a clear understanding of the role of the emergency nurse practitioner.**
- **Nurse practitioners should only treat patients with minor injuries.**
- **Nurse practitioner service reduces waiting times**
- **Nurse practitioners should combine their role with working in the main department**
- **Autonomy of role**
- **Requesting x-rays and prescribing medications**

5.6.2 Understanding the role of the emergency nurse practitioner

In general there appears to be a significant understanding on the role of the emergency nurse practitioner by nursing and medical personnel. 96.9% of both doctors and nurses stated that they had a clear understanding of the role of the emergency nurse practitioner. However

these opinions should be accepted cautiously. Some of the comments in the open ended section of the questionnaire revealed slightly conflicting views on what these medical and nursing research participants perceived as the role of a nurse practitioner. A significant number of the staff remarked that they had worked abroad in the UK, US and Canada with emergency nurse practitioners. The comments of the staff regarding role development varied. Some nurses expressed concerns regarding nurse practitioner and advanced practice involvement in Ireland in comments such as

"I hope that departments that develop the service follow the recommendations from the Nursing Commission" (N32)

"I have worked in UK A&E departments with ENP's, they had different roles in that they also seen other cases not just minor injuries.....should there be a universally defined role?" (N15)

Other nurses comments were positive

"I have worked in London alongside nurse practitioners and found they work very effectively in the A&E setting." (N13)

Some of the medical staff expressed certain confusion regarding role development:

"I am somewhat uncertain of the roles of those nursing professionals in the department who appear to have higher qualifications.....I would think that their role is undefined in a clinical context....I was first introduced to the concept of nurse practitioner in Canada, the nurse practitioners there routinely do chest assessments and seem to offer a clinical opinion on medical patients." (Dr 02)

These conflicting views expressed by nurses and doctors is echoed by Walsh(1999) commenting on peoples perceptions of nurse practitioners in the United Kingdom. He declares that confusion surrounding role definition of the nurse practitioner can be contributed to a failure of the UKCC to issue a clear definition of its understanding of the role of the nurse practitioner. No such problem appears to be the case in the United States or

Australia. Clear definitions of advanced practice in nursing, specialism and understanding of the role of the nurse practitioner have long since been addressed by the professional bodies for nursing developments in those countries (Dunn 1997, Offeredy 2000). In Ireland at present a definition of advanced practice in nursing is still pending, the National Council for the professional development of nursing and midwifery has issued its guidelines for definition of the clinical nurse specialist. A definition of advanced practice and nurse practitioner role is pending and due in Summer/Autumn 2000.

5.6.3 Nurse practitioner service reduces waiting times for patients with minor injuries.

The vast majority of staff both medical and nursing agreed with this statement(96%). This view was similar between hospitals sites with and without a nurse practitioner. This positive benefit to patients of a nurse practitioner service is well supported in the literature (Covington and Sellers 1992, Dowling and Dudley 1995, Blunt 1998, Small 1999). Indeed this author failed to locate any studies on an ENP service which dictated to the contrary. This was one aspect of a nurse practitioner service which significant numbers of the research participants in this study felt the need to comment upon in the open ended question of this study.

“As most of the A/E injuries are minor there is a definite need for this service, especially as studies in this area have proven benefit in reducing patient waiting times” (Dr 03)

“I strongly agree that nurse practitioners should be introduced into all A&E departments, this system has hugely reduced the work load on doctors plus the waiting times for patients..” (Dr 04)

“...greatly improves morale and helps reduce waiting times..” (N50)

“I feel there is a strong need for this service in Irish hospitals, for obvious reasons i.e. reduction in waiting times” (N31)

5.6.4 Nurse practitioners should only treat patients with minor injuries

There was no major differences of opinion noted between doctors and nurses on the issue of nurse practitioners only treating patients with minor injuries. However over 35% of doctors and nurses felt that the role of the emergency nurse practitioner should possibly expand beyond the treatment of minor injuries.

In a report of a Delphi Study into the future of emergency nurse practitioners in 2005, Dolan (1998) concurs with the view that the emergency nurse practitioner role may indeed expand beyond the treatment of minor injuries. Future role developments may include the treatment of specific traumas and acute recurrent cases such as asthma, diabetes. Whelan (1997) suggests that the emergency nurse practitioner caring for the patient with an acute traumatic minor injury should also expand the role to include advanced cardiac life support (ACLS) and advanced trauma life support(ATLS) skills within the role. She suggests that ENP's are treating patients with minor injuries that may also have significant cardiac or medical conditions that could suddenly require her skills at any moment.

Conversely this developing of the role of the nurse practitioner in the emergency department beyond the treatment and care of minor injuries may lead to a depletion of the specialist skills and clinical judgement of the emergency nurse practitioner developed only by persistent exposure to specific experiences with the minor injury patient (Walsh 1999).

5.6.5 Nurse practitioners should combine their role with working in the main department

The majority of staff (66.7% of sisters and 72.4% staff nurses) felt that nurse practitioners should combine their practitioner role with general work in the Accident and Emergency department. This figure was further reiterated by the staff in the hospitals without a nurse practitioner service where 81% of the staff felt that the nurse practitioners should combine their own role with work in the main A&E department. Interestingly the hospital A&E department with a nurse practitioner service was equally divided on this issue. 50% of the

staff there felt that nurse practitioners should indeed combine their role with working in the main department while 50% disagreed with this opinion.

In combining the nurse practitioner role with the general role of the emergency department nurse there is a danger that the nurse practitioner practice will not develop to optimum potential. Realising specialist and advanced nursing practice appears to be the cornerstone upon which nursing developments are carving new career pathways for nurses (Roberts-Davis et al 1998, Offredy 2000). If the nurse practitioner in the A&E department attempts to incorporate this new role of minor injury care with general work in the A&E department, the scope for practice development will be limited by her willingness to function in dual roles but the reality of specialising and expertising in none.

In contrast to this some authors have expressed concern with the developments of advanced practice roles in A&E departments and feel that the skills of nurse practitioners should not be confined solely to minor injury units. Neenan (1997) passionately declares that maintenance of the traditional core patient centred values of nursing should become more of a priority. Referring to advanced practitioners she suggests that nursing should not be allowed to completely digress into medical and technical models of patient care. It seems that a combined role for the emergency nurse practitioner continues to be the subject of much discussion and debate.

5.6.6 Autonomy of Role

Participants were asked their opinions regarding differentiating between medical and nursing roles in emergency health care for patients. The results showed some differences of opinion between doctors and nurses on their perspective roles. When asked if diagnosing and treating patients was the role of the doctor and not the nurse practitioner just 4.2% of nurses were in agreement with this statement while over quarter of the medical staff concurred with this view. Significantly 14.6% of the all staff surveyed were uncertain as to what their feelings were on this issue. These findings appear to reflect the general uncertainty and apprehension in some medical and nursing circles regarding this new advanced nursing role which includes diagnosing and treating patients. A scroll through the literature reveals much concern within the nursing profession, regarding the loss of traditional nursing roles to the adoption of more traditional medical approach to care (Castledine 1997b, Neenan 1997).

The fact that 29.2% of doctors agreed that diagnosing and treating patients is the role of the doctor and not the nurse practitioner may be interpreted in many ways. Traditionally nurses were not perceived as diagnosticians by themselves or their medical counterparts, so adoption of this role may conflict with long-standing opinions (Manley 1996). Indeed it may also be the case that medical staff may see the diagnosing and treating patients as their role at present but may not necessarily be an indication of what they perceive as future roles for nurses. Interestingly in the hospital site with a nurse practitioner service in operation for four years, all of the staff both nursing and medical disagreed with the fact that diagnosing and treating patients was the role of the doctor and not the nurse practitioner.

5.6.7 All patients should be reviewed by a senior doctor

This autonomy of role for the nurse practitioners was also investigated by assessing the opinions of staff on whether all patients seen by the nurse practitioner should be reviewed by a senior doctor prior to discharge. Over one quarter of the medical staff felt that patients should be checked by a senior doctor prior to discharge, just 6.6% of the nursing staff concurred with this view point. Significant differences of opinion on this issue of having patients checked by a senior doctor prior to discharge also existed in a comparison of the

hospitals with a nurse practitioner and in those without the service. Just 2.1% of the staff in the hospital site with an ENP service felt that patients seen by a nurse practitioner should be reviewed by a senior doctor prior to discharge as opposed to 14% of the staff in the hospital site without an ENP service.

These concerns of medical staff and staff in sites without an ENP service may be based on the increasingly litigious nature of the Irish patient. Similiar concerns also abound in the literature particularly from the US on nurse practitioner autonomy, much debate continues in medical and nursing literature regarding an autonomous role for the nurse practitioner (Cole 2000). The American Journal of Nursing(1995) launched a counter-argument on the American Medical Association who stipulated to its members that nurse practitioners should be supervised by physicians in all settings. Response to this suggestion from nursing circles was not muted. Mahoney(1995) and Martin and Hutchinson (1999) expressed concerns regarding the restriction of autonomous nurse practitioner practice. They suggest that these constraints would undermine the essence of the role of the nurse practitioner, reduce their efficiency and limit their ability to provide an efficient consumer service. In Ireland the recently published review of the scope of practice for nursing document appears to support this empowerment of nurses themselves to advance their scope of practice (An Bord Altranais 2000). Many authors express the need for insurance cover, and adherence to protocols if the nurse practitioner is developing an independent autonomous practice. These aspects will be discussed at a later stage in this study.

5.6.8 Advance Scope of Practice

All nurses surveyed and 96.7% of doctors agreed that nurse practitioners should advance their scope of practice. This opinion is supported in research literature. In the first and only Irish study to date on the scope of practice of the emergency nurse practitioner, Small(1999) recommends further development and advancement of the role of the nurse practitioner through ongoing education and research. She also supports the use of clinical decision rules to determine the appropriateness of x-ray for a particular injury and the adoption of protocol driven treatments of minor injuries by the nurse practitioner.

Commenting on this advancement of the role of the nurse practitioner in Canada, Roberts-Davis(1998) also supports the theory that nurse practitioners should advance their scope of practice and she also adds that the key issues in role success and development is maintenance of a high level of educational and clinical preparation for the individual practice.

Castledine(1998) commenting on the United Kingdom perspective is somewhat more cautious in his recommendations for advanced nursing practice and warns against complacency in advanced practice development. He expresses the concern that any advanced practice developments for nurses should be along “a fluid and evolutionary nursing model” as opposed to “dictation from physicians along a medical model of care(Castledine 1998). Comments by some of the medical staff in this study strongly support advancement of the scope of practice of the nurse practitioner :

“My experience of the emergency nurse practitioner role in our department would encourage me to support other developments in the advanced practitioner role. This has been an invaluable asset to our department” (Dr 11)

“The service needs to expand further locally and be promulgated nationally. It needs further legislative support” (Dr 06)

5.6.9 Requesting x-rays and prescribing medications.

Just 1.5% of nurses and 3.4% of medical staff surveyed felt that nurse practitioners should not request x-rays for patients. There was no statistical significant difference between doctors and nurses on this issue. The literature concurs with the opinions of these doctors and nurses on the issue of nurse practitioners requesting x-rays. Comments on studies carried out on a comparison between nurse practitioners and medical staff requesting x-rays were positive, suggesting that educated and skilled nurse practitioners were capable and safe practitioners in this area (MacLeod and Freeland 1992, Beales and Baker 1995, Freij 1996).

Regarding prescribing medications the question asked of the study participants was whether they felt nurse practitioners should be allowed prescribe medication within an agreed protocol. Just 3.8% of nurses and 3.4% of doctors disagreed with this opinion. The opinions of nursing sisters were compared to staff nurses. The results were supportive of nurses prescribing within agreed protocols with no evidence of difference of opinion between sisters and staff nurses. The literature although supportive of this role for the nurse practitioner urges caution in developing a prescribing role for the nurse practitioner citing the various legal mine fields that this may present for nurses(Sbaih 1995, Marshall at al 1997).

In the United States prescriptive authority for nurse practitioners is allowed in 47 States, however there is still extensive state to state variability (Buchanan and Powers 1996). In Ireland the professional governing body for nurses, An Bord Altranais(The Nursing Bord) 1998 issued its revised guidelines to nurses and midwives regarding the administration of medical preparations to patients. The document does not include any reference to prescription of medical preparations by appropriately trained nurses. Such recommendations are eagerly awaited as nurse practitioners at present rely on medical colleagues to prescribe medications for their patients which causes much frustration and unnecessary delays for patients(Buchanan and Powers 1996).

5.6.10 Summary

There appears to be an overall positive response to an understanding of the role of the nurse practitioner within this study group. Views and opinions of staff regarding integration of the role into practice have been influenced by their experiences abroad and their experiences in Irish hospitals to date. The general consensus is very positive among both medical and nursing staff with minimum difference of opinion noted. Concerns expressed include caution and care in expansions of role of the emergency nurse practitioner and investigations and development regarding expansion of the role of the emergency nurse practitioner.

5.7 Training and Development Issues

5.7.1 Introduction

Investigation into education and training of the emergency nurse practitioner reveals several pertinent issues. In the United Kingdom, despite recommendations from the UKCC(1992a) regarding developments and stipulations for advanced practice in nursing, lack of uniformity in education and training of nurse practitioners throughout the UK has led to serious problems of role definition and scope of practice development of specialist and advanced practice in that country. Standardisation of education and training of the nurse practitioner appears to be the foundation upon which role definition and advanced practice is built. To this end staff were asked their opinions on the following issues

- **Nurse practitioners should have a minimum of five years A&E experience.**
- **Nurse practitioners should be educated to post graduate level.**
- **An important role of the nurse practitioner is educating and training colleagues in the A&E department**
- **Research into clinical issues is an important aspect of nurse practitioner practice.**

5.7.2 Nurse practitioners should have a minimum of five years clinical A&E experience.

This research study revealed that 90% of nursing and medical staff agreed that emergency nurse practitioners should have a minimum of five years A&E experience. This finding is supported in the literature which declares that specialist and advanced practice in nursing requires extensive experience and clinical expertise in the relevant specialist areas (Castledine and Magee 1998). This experiential learning is also cited as an important aspect of clinical knowledge enhancement and advanced practice development by Benner (1984) and Benner et al (1999). However some authors urge caution in relying on clinical experience as an indicator of effectiveness in advanced nursing practice. Practically speaking, a nurse with 10 years A&E experience may not necessarily make a competent emergency nurse practitioner. Competence measurement effectively has yet to be universally standardised. Lillyman (1998) declares that competence in practice may often be an observable behaviour where performance measurement may be a more practical means of assessment. Either way it appears that agreement among the staff in this study on at least 5 yrs specialist clinical experience being an essential requirement for nurse practitioner practice appears to be a generally accepted template.

5.7.3 Nurse practitioners should be educated to post graduate level

90.2 % of nurses in this study agreed that nurse practitioners should be educated to postgraduate level. A further investigation into whether the academic qualifications of the subjects influenced their opinions on this issue revealed no evidence of differences of opinion between those nurses with an academic qualification and those without one. Both groups of staff agreed that nurse practitioners should be educated to masters level.

These opinions concur with the recommendations of The Commission of Nursing (1998) in Ireland which recommended that educational programs for advanced nurse practitioners be prepared to masters degree level. This recommendation is similar to the requirements for advanced nursing practice in the US. In Australia where the advanced practice movement

began in 1990 the level of academic requirements vary from state to state. Calls for nurse practitioners to be educated to Masters level have yet to be realised by the nurses registration board due to availability and accessibility to such programs by nurses (Offredy 2000). In the UK, preparation programs for nurse practitioners vary from certificate/ diploma to degree level with few nurse practitioners being prepared to master degree level (Hicks and Hennessy 1998).

In general there appears to be a lack of standardisation universally on the recommendations for nurse practitioner education. Concerns regarding candidate selection for a master prepared post in clinical practice include the risk of possibly selecting an academic nursing scholar for the post, as opposed to a possibly more suitable clinically skilled and competent practitioner. These concerns were expressed by some of the staff in this study in the following comments..

"I am of the opinion that an A&E nurse with appropriate A/E course, experience and a recognised ENP module would attract more experienced nurses to become ENP's. The academic masters based requirement is thus a deterrent for many otherwise suitable candidates" (N88)

"I do not feel a Masters is an essential requirement for a nurse practitioner. I believe experience in the area is essential" (N28)

5.7.4 An important role of the nurse practitioner is the educating and training of colleagues.

There was a positive response from all the staff when asked their opinion on the education and training of colleagues by the nurse practitioner. 97.6% of nurses and 93.9% of doctors agreed that imparting their knowledge to colleagues was an important role for the nurse practitioner. Comments in the literature appear to support this view point with some authors expressing the opinion that this role of the nurse practitioner is an essential part of an advanced practitioner post for the overall development and advancement of the nursing profession(Gott 2000). In a survey of medical and nursing staffs attitudes to nurse practitioners in the acute care setting in the US, it was found that the staff rated the nurse practitioner very highly as an education and training resource for all staff (Knauss et al 1997).

In contrast to this study's finding, Dowling (1998) found in an investigation of nurses perceptions of the clinical nurse specialist(CNS) role in one hospital that many staff had a relatively passive view of their educational needs and did not rank staff education by the CNS as an essential. Just over 9% of nurses in that study viewed staff educator as an important role of the clinical nurse specialist. The Report of the Commission(1998) recommends active involvement in the teaching of patients and colleagues as essential components of a clinical nurse specialist and advanced practice role for nurses.

5.7.5 Research into clinical issues is an important aspect of nurse practitioner practice

In total 98.1% of the staff agreed that research into clinical issues was an important aspect of nurse practitioner practice, only one doctor and one nurse disagreed with this statement. This aspect of nurse practitioner practice is also deemed a fundamental part of advanced nursing practice by The Report of the Commission on Nursing(1998). The Commission suggests that not only should research be an integral part of advanced nursing practice but evidence and research based practices should be the foundations upon which nurse practitioner roles are developed. Several authors in the literature cite research and evidence based practice as fundamental to advanced practice development for nursing(UKCC 1992a, Camiah 1997, Rolfe 1998, Polit and Hungler 1999)

In contrast to the opinions of the staff in this research, a study by Hicks and Hennessy(1998) into the opinions of nurses, management and medical staff on the training needs of nurse practitioners revealed a somewhat different picture. It was found that the medical staff rated the research activities of the nurse practitioner to "an insignificant position" (Hicks and Hennessey 1998). The authors of this study suggest that the reason for this is the fact that research existed traditionally in the medical domain as opposed to being known as a traditional nursing activity.

Supporting this view also in the literature is the results of a study by Dowling(1998). In interviews with 202 nurses in one hospital the research role of the clinical nurse specialist was ranked the least important aspect of the CNS role. Although the study was done on nurses perceptions of the CNS as opposed to their perceptions of the role of the advanced nurse practitioner, concerns were expressed by the author regarding understanding of specialist nursing roles among nurses and medical staff, she calls for a re-examination of the educational developments of the clinical nurse specialist. Camiah (1997) also suggests that the onus is on nurse practitioners to highlight the need for research utilisation and evidence based practice in nursing. She suggests support and encouragement of colleagues as well as role modelling to promote research awareness among nursing colleagues.

5.7.6 Summary

There appears to be an overall general consensus on the training and developmental issues of the nurse practitioner between medical and nursing staff. Although there remains contentious issues surrounding the training of the nurse practitioner there appears to be a growing consensus among nursing and medical staff that the nurse practitioner should be educated to a high academic level on an appropriate nurse practitioner training program. The high level of academic knowledge gained on such a program, incorporating all aspects of research and evidence based practice together with appropriate clinical skills and experience would ensure patient care was maintained at optimum standard.

5.8 Concerns and possible barriers to nurse practitioner development

5.8.1 Introduction

In an investigation into any practice development, it seems prudent to obtain and investigate the concerns of staff regarding the pertinent issues surrounding the practice. Problems that may arise in the process of acceptance and understanding of the role of the emergency nurse practitioner among colleagues and indeed with patients may therefor be at very least appreciated, possibly pre-empted or maybe even prevented. The following questions on the questionnaire were concerned with possible barriers to emergency nurse practitioner development.

- **A nurse practitioner role will contribute to elitism in nursing**
- **Specialisation within a nurse practitioner role will contribute to de-skilling of emergency department nurses.**
- **The development of a nurse practitioner service is moving from the traditional caring role of the nurse.**
- **Nurse practitioners should operate within strict protocols**
- **Nurse practitioners should have their own insurance**

5.8.2 Elitism in nursing

There was a definite perception among almost half the staff surveyed that a nurse practitioner role would contribute to the development of elitism in nursing. 50% of nurses and 42.3% of doctors agreed that this may be the case. Among the nursing group, opinions were equally divided with 50% of nurses agreeing that elitism may develop in nursing as a result of nurse practitioner development. 23.6% of all staff surveyed expressed an uncertain opinion on this issue. The Oxford Dictionary defines elitism as reliance on dominance by a select group(Oxford Dictionary 1998). Whether the subjects in this study were relying on this dictionary definition is open to interpretation, in any case it is clear that staff are concerned with a possible two tier system development in clinical nursing areas.

Studies from the US where nurse practitioner services have been in practice since the 1950's may allay these concerns somewhat. In a report on new directions for nurse practitioners in advanced nurse practice in the U.S, Sharu(1997) reported that when the nurse practitioner service initially developed in the health system in the U.S, gaps were created in nursing services and the management of patient care. However over the last few years and through evolution of health service provision by nurses specialised care for all patients by nursing in general has become more of the norm leading to a more cost effective better quality of specialised care for the hospital patient(Sharu 1997).

5.8.3 De-skilling and loss of traditional caring role

Nurses were asked their opinions on whether they felt specialisation within a nurse practitioner role would contribute to the erosion of generally accepted core nursing values, i.e., loss of general clinical skills and erosion of the traditional caring role of the nurse. 17% of the nurses surveyed agreed that specialisation within a nurse practitioner role would contribute to de-skilling of nurses in the Accident and Emergency department. 24.2% of nurses also felt that a nurse practitioner service was moving from the traditional caring role of the nurse. Medical staff concurred with their nursing colleagues on this, 25.1% of doctors felt that a nurse practitioner role was moving from the traditional caring role of the nurse.

The concerns in these opinions expressed by staff are acknowledged in the literature where several authors agree that new developments in specialists and advanced practice roles for nurses are somewhat viewed with suspicion and trepidation (Castledine and McGee 1998). Savage(1998) identifies the current move towards specialisation within nursing as part of the continuous process of evolvement for the profession of nursing. She declares that clinical nurse specialists and advanced nurse practitioners have developed in order to enhance and retain nurses in clinical areas thereby improving job satisfaction and ultimately benefiting the patient with nursing care from a specialist skilled experience nurse.

The Accident and Emergency nurse is traditionally seen as a multiskilled, dynamic team member who is able to cope with any situation which may arise in the accident and emergency department. Similarities and role overlap between medical and nursing colleagues is the norm in the multidisciplinary team approach to care in the A &E department (Sbaih 1995). A development of specialisation of care in the advancement of a nurses role may be highlighted by the apparent loss of general skills but may in fact be the specialisation and improvement of specialist skills. This specialist skill focus ultimately improves the standard and efficiency of care for the patient(Dunn 1997).

Sbaih(1995) also declares that expansion of the A&E nurses role can encompass a wide range of caring tasks. The concerns of staff regarding the erosion of the traditional caring role of the nurse into a more specialist service provision within a traditional medical field

may be allayed somewhat by surveys done to assess level of patient satisfaction with the ENP service (Beales and Baker 1994, Knauss et al 1997, Brebner et al 1996). Proponents of the ENP role argue that the nurse practitioner can in fact provide a more holistic psycho- social level of care to the patient on individual basis leading to a better quality of patient care and a more satisfied patient (Duffield et al 1996, Walsh 1999). Commenting on the relevance of caring in nursing today McCance et al (1999) declares that the development of the caring theories in nursing is indicative of the increasing recognition and acceptance of caring as a core concept within nursing. These authors call for the continuous inclusion of the theories of care mainly Leininger's and Watson humanistic approach in any nursing curriculums so that their utilisation in general and advanced practice will integrate smoothly with the developing role of the nurse.

5.8.4 Legal Issues

Participants were asked if they thought nurse practitioners should have their own insurance. There was a significant difference of opinion between doctors and nurses on this issue. Just over 60% of doctors and 31.4% nurses felt that nurse practitioners should have their own insurance. 25.3% of staff expressed an uncertain opinion on this issue. The high rate of concern among medical staff on this issue was also expressed in comments

“...the service needs further legislative support”(Dr.06)

“ My only concern would be that they do leave themselves open to litigation...”(Dr12)

“Its a pity that this role is limited with regards to protocols and insurance”

Regarding the opinions of staff whether nurse practitioners should operate within strict protocols, the majority of staff (98.5% nurses and 96% of doctors) agreed that nurse practitioners should work within strict protocols.

At present the nurse practitioners in Ireland do not have their own insurance, they are covered by the insurance of their hospital in the form of vicarious liability. This is also the case in the United Kingdom where nurse practitioners who operate within the agreed protocols and guidelines of the hospital are insured through vicarious liability. The high level of concern among medical staff regarding the legal aspects of developing a nurse practitioner practice is echoed in some of the medical literature. Commenting on accountability in practice at this interface of changing clinical roles between medicine and nursing, Dowling et al (1996) concludes that there are uncertainties about the appropriate management of these roles evolving between the medical and nursing profession. These authors suggest that a lack of attention to accountability issues by hospital management will lead to increased risk of litigation by an uninformed public. Dowling et al (1996) propose a threefold solution to the problem.

- Both professions medical and nursing should be involved in the management and development of new nursing roles.
- Patients should be informed who is implementing their care and in what capacity.
- Approval of the posts must be obtained from hospital authorities and insurers.

These recommendations also concur with the American College of Emergency Physicians (1995) who recommend that nurse practitioners should operate within written protocols and a clearly delineated scope of practice which should be developed by the medical and nursing directors. Medicine is one of the few professions in the world where the individual practitioners have their own personal insurance. This is attributed to historical events where consultant doctors' roles developed. Many proponents of advancing the role of the nurse argue strongly against limiting a nurse practitioner's role to the confines of strict protocols, they feel that the nurse practitioners themselves are the most important group involved in the decision making and not management and medical staff (Woods 1998).

It may be that protocols are needed in the initial training phase of the nurse practitioner. Increased knowledge, skills and experience may develop this scope of practice and at the same time counterbalance individual responsibility and accountability in practice (Pyne 1992).

5.8.5 Conclusion

“ There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle than to initiate a new order of things”. These words of the great Machiavelli in the sixteenth century reverberate strongly in the hospital corridors and management rooms at the start of the twenty first century. The introduction of a nurse practitioner service to the Irish health care system will undoubtedly bring its share of problems and concerns for nursing and medical staff. The concerns expressed by the doctors and nurses in this study regarding this specialist role evolvement for nurses are also voiced in the literature. An awareness of these problems that may arise may be half the battle in preventing major hiccups in the development of a nurse practitioner service. It seems good practice to incorporate a multiplicinary team approach to change in any new health service developments for our patients.

5.9 Recommendations

The recommendations of this study relate to its findings. The study found little major differences between the attitudes of doctors and nurses to emergency nurse practitioner development. Some areas such as clearly understanding the role of the nurse practitioner and advancing the scope of practice did show some variations of opinions between nursing and medical staff. There was also some differences of opinions between staff in the accident and emergency departments that had a nurse practitioner service up and running, and in those departments that had yet to experience the service.

Any recommendations from this study can only be within the confines and limitations of the study. It should be noted that the results are the opinions of staff only and not proven empirical facts. Some of the opinions expressed do concur with studies on nurse practitioner services in the literature and some do not. Some of the perceptions may be more aspirational on the part of the staff than factual. However the attitudes and opinions of highly skilled and experienced medical and nursing staff would appear to be an important knowledge source from which to develop any improvement in health service provision for patients.

- The role of the emergency nurse practitioner service needs to be promulgated nationally incorporating health service staff in general as well as the public.
- The widespread consensus as to the benefits of the service identified by the staff in this study indicates that it should be adopted by A&E departments nation wide.
- The service should be developed utilising a team approach with medical, nursing and hospital managers involved in the instigation of an emergency nurse practitioner service.
- Attention to issues such as advancing scope of practice, incorporation of protocol driven treatments and accountability should be paramount in the service development.

- The general agreement among staff that education and training should be at the highest level may indicate that educating and training of the emergency nurse practitioner should be at master degree level as recommended by The Report on the Commission on Nursing.

5.10 Limitations of the study

- The limitations of this study should be noted in the interpretation of the results. The study has been conducted at an early stage of development of advanced practice in nursing development in Ireland even before advanced practice roles in nursing have been defined and standardised by the Irish health authorities.
- The study sample was confined to four urban teaching hospitals in the city of Dublin and does not include the attitudes of staff in rural areas.
- The study is confined to Accident and Emergency staff only, a unique bunch by all accounts. A similar study on staff in other specialists areas may evoke contrasting opinions on perceptions of advanced nursing practice in general.
- Although this research study does contain some qualitative elements it is primarily quantitative in nature, a more indepth qualitative study into attitudes and perceptions of staff may yeild richer data.

5.11 Areas For Further Research

This particular study investigates the attitudes and perceptions of A&E staff an emergency nurse practitioner role in this country.

- Future studies may investigate the continuing evolving role of the nurse practitioner in the Emergency department as the scope of practice advances.
- An important aspect of any new service provision would be the attitudes and perceptions of patients to the emergency nurse practitioner service.
- An investigation into the perceptions and experiences of nurse practitioners of their own role development would be very beneficial to the body of literature. A qualitative study into the lived experiences of these nurse practitioners in their training and practice along the novice to expert continuum may reveal rich experiential data for future students.
- This study was conducted at a very early stage of development of advanced nursing roles in Ireland. Future research into the attitudes and perceptions of medical and nursing staff to nurse practitioner development in a few years time may determine the impact such changes have made on staff perceptions.

5.12 Conclusion

The words of Martin Luther King heralded the start of this study into attitudes and perceptions of medical and nursing staff to an emergency nurse practitioner service. His belief in equality in service and treatment for all has been echoed by many human rights campaigner down through the ages. In Irish society such equality and treatment for all has been the mission statement by health service providers since the foundation of the state. At the present time in Ireland the country is prospering economically like never before, but never before have the demands and expectations on the health service been so great. Nursing as a profession may hold a solution to some of these problems. Nurses are an untapped

resource in the health service. We have seen the benefits of developing advanced practice in nursing roles abroad. The patient receives enhanced care from a more holistic nursing approach. The individual nurse in an advanced practice position may benefit by improved job satisfaction and by becoming a more recognised team member in health care provision. The nursing profession as a whole benefits from the increase in research studies by advanced nurse practitioners adding to the body of nursing knowledge both clinical and empirical. The medical and nursing staff in this Irish study were very positive in their attitudes towards an emergency nurse practitioner service, the change indeed has begun.

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Appendix A

Request for Access

Accident and Emergency Department
St James's Hospital
James's St
Dublin 8

12 July 2000

Dear Sir/ Madam

I am currently conducting a research study into attitudes and perceptions of Accident and Emergency staff to an emergency nurse practitioner service. The study will be conducted in four Dublin city hospitals.

I enclose the questionnaire which will be used to gather the data with your permission.

This study will be conducted in strict confidence with every effort made to maintain the anonymity of the research participants.

Thanking you in anticipation

Yours sincerely

Olivia Smith

Appendix B

Questionnaire

Accident and Emergency Department
St. James's Hospital
James's Street
Dublin 8

Dear Participant,

Thank you for agreeing to take part in this study. I have obtained permission to conduct this research in your department over the next two weeks. This study is also being conducted in the five other Accident and Emergency departments in the greater Dublin area.

The following is a questionnaire designed to investigate the attitudes and perceptions of A&E staff to the development of a nurse practitioner service in urban Accident and Emergency departments. It is being undertaken as part of a dissertation for a Masters in Nursing Science course, which I am currently completing in Trinity College.

I wish to assure you that your anonymity will be protected, so having read the questions carefully please respond as honestly as you can to each individual question.

I have left a few lines at the end of the questionnaire for individual comment. Please feel free to utilise this space for anything you may wish to add regarding nurse practitioner development.

Many thanks.

Yours sincerely,

Olivia Smith

Part I

General

Please tick appropriate response:

1. I am employed as :

Nurse ☐

Doctor ☐

2. If nursing please indicate grade

Sister ☐

Staff Nurse ☐

3. If Doctor please indicate post held

Senior House Officer ☐

Registrar ☐

Consultant ☐

4. Age under 23 ☐

23 - 33 ☐

34 - 44 ☐

45 + ☐

5. Gender M F

☐ ☐

6. How long have you worked in A&E?

< 1yr ☐

2-4 yr. ☐

5-7 yrs ☐

8-10yrs ☐

> 10yrs ☐

Section 2

For nursing staff only ;

8. If nursing please indicate professional qualifications

RGN	☐
RM	☐
RPN	☐
RMHN	☐
RSCN	☐

9. Have you completed a post registration course in A&E nursing. ?

Yes	☐
No	☐

10. Please indicate below any other post registration qualifications achieved.

11. Academic Qualifications

Diploma in Nursing	☐
Bachelor in Nursing	☐
Diploma in Specialist Nursing	☐
Masters in Nursing	☐
Other (please specify)	☐

12. Current academic course being undertaken (please specify)

All staff: please circle below the response you consider most appropriate to the following questions

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
12. I have a clear understanding of the role of an emergency nurse practitioner					
14. I have never heard of a nurse practitioner					
15. I have a vague idea of the role of a nurse practitioner					
16. I would welcome a clear definition of the role of a nurse practitioner					
17. The nurse practitioner should only treat those patients with minor injuries					
18. The nurse practitioner should assess, diagnose and treat the specific patient					
19. Nurse practitioners should Operate within strict Protocols					
20. Nurse practitioners should operate within informal guidelines					
21. The introduction of a nurse practitioner service would help reduce the waiting times for patients with minor injuries					

22. Nurse practitioners should not request x-rays.	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
23. Nurse practitioners should be allowed prescribe certain medications within an agreed protocol.	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
24. Diagnosing and treating patients is the role of a doctor and not a nurse practitioner	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
25. All patients seen by the nurse practitioner should be reviewed by a senior doctor prior to discharge	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
26. With increased skills and experience the nurse practitioner should be allowed to advance their scope of practice	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
27. Nurse practitioners should Have a minimum of 5 years Clinical experience in the Emergency department	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
28. Nurse practitioners should be educated to post graduate level	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

29. Nurse practitioners should continuously audit their own area of practice	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
30. Research into clinical issues is an important aspect of nurse practitioner practice	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
31. An important role of the nurse practitioner is educating and training colleagues in the emergency department	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
32. The development of a nurse practitioner role will contribute to elitism in nursing	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
33. Specialisation within a nurse practitioner role will contribute to de-skilling of emergency department nurses	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
34. Nurse practitioners should combine their practitioner role with working in the main emergency department	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
35. The development of a nurse practitioner service is moving from the traditional caring role of the nurse	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree

36. Nurse practitioners should have their own insurance	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
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37. I would be happy to work alongside a nurse practitioner in our A&E department	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
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38. As a patient with a minor injury I would be happy to be treated by a nurse practitioner	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
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Section 4.

Is there a nurse practitioner service currently in your department? Please use this page for any further comments you wish to add regarding an emergency nurse practitioner service. Please feel free to be as direct and open as possible.
