ABSTRACT

ADULT PATIENTS’ PERCEPTIONS OF FAMILY NURSE PRACTITIONERS AS PROVIDERS OF PRIMARY HEALTH CARE

By Jofy Kuriakose

Family nurse practitioners (FNPs) are registered nurses who complete advanced nursing education and training in diagnosing and managing acute and chronic illnesses, as well as prescribing and monitoring medications. Adults are a majority of the patients who are seen by FNPs. Although there is research comparing nurse practitioners (NPs) and physicians (Horrodks, Anderson, & Salisbury, 2002) and investigating psychiatric patients’ perspectives of NPs (Wortans, Happell, & Johnstone, 2006), limited research exists regarding the perceptions of adult patients toward FNPs. It is important for FNPs to understand the perceptions of their patients toward them and the type of services they provide, in order to enhance the quality of care. Since adult patients are a majority who receive care from FNPs, firsthand information should be gained from them regarding their perceptions of care by FNPs.

The purpose of this study was to identify and describe adult patients’ perceptions of FNPs as providers of primary health care. The research questions were: (a) What are adult patients’ perceptions of FNPs? and (b) What are adult patients’ perceptions of the services FNPs are able to provide? The theoretical framework for this study was King’s (1981) Interacting Systems Model.

A non-experimental, descriptive design was used for this study. A convenience sample of 62 adults seeking health care services from two FNPs at a private clinic was utilized. A modified version of the Marketing Nurse Practitioner Services instrument developed by Shamansky, Schilling and Holbrook (1985) was utilized. Descriptive statistics and an independent t-test analysis were used to analyze the data.

Findings indicated that the top three concerns regarding receiving care from an NP were insurance coverage, thoroughness of the NP and qualifications of the FNP. Amount of time spent with the patient and the ease of making appointments with the NP were also considered to be important. A majority of the study participants were aware of NPs and the services they provide. Continued education regarding NPs and the services they can provide is significant.
ADULT PATIENTS’ PERCEPTIONS OF FAMILY NURSE PRACTITIONERS AS PROVIDERS OF PRIMARY HEALTH CARE

by

Jofy Kuriakose

A Clinical Paper Submitted In Partial Fulfillment of the Requirements For the Degree of

Master of Science in Nursing

Family Nurse Practitioner

at

University of Wisconsin Oshkosh
Oshkosh, Wisconsin 54901-8621

April 2008

APPROVAL

Jiv Cooney, Advisor

4/21/08 Date Approved

PROVOST
AND VICE CHANCELLOR

4/29/2008 Date Approved

FORMAT APPROVAL

Gloria Spittker

4/22/2008 Date Approved
I would like to dedicate this clinical project to my family because without them I would not have been able to complete this. To Nibu, my husband, for all his encouragement, support and understanding. To Jaden, my son, for making me laugh, for being so lovable and for reminding me of how beautiful life truly is.

To my parents, for supporting me and inspiring me throughout my education. To my father-in-law and mother-in-law for all of their encouragement and support. To my sister and brother for always being there for me.
ACKNOWLEDGMENTS

I would like to acknowledge and respectfully thank my chairperson, Dr. Jill Collier, for her guidance, vast knowledge and assistance during this project. I could not have done it without your help.

A special thank you to Anita Foster, FNP, for providing me with the support to complete this project. Thank you to all my preceptors for sharing their knowledge with me and for being such great role models.

I am eternally grateful to God almighty for all the blessings He has showered upon me throughout my life.
# TABLE OF CONTENTS

| LIST OF TABLES | v |
| LIST OF FIGURES | vi |
| **CHAPTER I – INTRODUCTION** | 1 |
| Significance to Nursing | 2 |
| Problem Statement | 4 |
| Purpose Statement | 4 |
| Research Questions | 4 |
| Definitions of Terms | 4 |
| Conceptual Definitions | 4 |
| Operational Definitions | 5 |
| Assumptions | 5 |
| Summary | 6 |
| **CHAPTER II – THEORETICAL FRAMEWORK AND LITERATURE REVIEW** | 7 |
| Introduction | 7 |
| Theoretical Framework | 7 |
| Case Study | 11 |
| Literature Review | 12 |
| Patient Satisfaction With NPs | 13 |
| Perspectives of NPs Working in Various Settings | 14 |
| Comparison of NPs to Other Health Care Providers | 16 |
| Nurse Practitioners Working in Primary Care | 16 |
| Perceptions of Health Care Professionals | 18 |
| Summary | 19 |
| **CHAPTER III – METHODOLOGY** | 21 |
| Introduction | 21 |
| Research Design | 21 |
| Population, Sample and Setting | 21 |
| Data Collection Instruments | 22 |
| Data Collection Procedures | 22 |
| Data Analysis | 23 |
| Limitations | 23 |
| Summary | 24 |
TABLE OF CONTENTS (Continued)

<table>
<thead>
<tr>
<th>CHAPTER IV – FINDINGS AND DISCUSSION</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>25</td>
</tr>
<tr>
<td>Demographic Data</td>
<td>25</td>
</tr>
<tr>
<td>Adults' Perceptions of FNPs</td>
<td>27</td>
</tr>
<tr>
<td>Adults' Perceptions of the Services an NP Can Provide</td>
<td>32</td>
</tr>
<tr>
<td>The Difference in Perception Between Male and Female Respondents</td>
<td>34</td>
</tr>
<tr>
<td>The Difference in Perception Between Participants Ages 18 to 44 and 45 to 64</td>
<td>35</td>
</tr>
<tr>
<td>Differences Between Those With Previous Experience and Those Without</td>
<td>35</td>
</tr>
<tr>
<td>Summary</td>
<td>36</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER V – SUMMARY, CONCLUSIONS AND RECOMMENDATIONS</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>38</td>
</tr>
<tr>
<td>Summary</td>
<td>38</td>
</tr>
<tr>
<td>Conclusions</td>
<td>40</td>
</tr>
<tr>
<td>Nursing Implications</td>
<td>41</td>
</tr>
<tr>
<td>Recommendations for Future Research</td>
<td>42</td>
</tr>
<tr>
<td>Chapter Summary</td>
<td>43</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>APPENDIXES</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A: Marketing Nurse Practitioner Services Instrument</td>
<td>44</td>
</tr>
<tr>
<td>Appendix B: Author's Permission to Use Instrument</td>
<td>51</td>
</tr>
<tr>
<td>Appendix C: UW Oshkosh IRB Approval Letter</td>
<td>53</td>
</tr>
<tr>
<td>Appendix D: Informational Letter and Informed Consent</td>
<td>55</td>
</tr>
</tbody>
</table>

| REFERENCES                                           | 57   |
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1</td>
<td>Concerns Regarding Going to an FNP for Physical Exam</td>
<td>29</td>
</tr>
<tr>
<td>Table 2</td>
<td>Perception of NP Services</td>
<td>32</td>
</tr>
<tr>
<td>Table 3</td>
<td>Perception of NP Services of Those With and Without Previous Experience</td>
<td>36</td>
</tr>
</tbody>
</table>
## LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figure 1.</th>
<th>A Process of Human Interactions (King, 1981)</th>
<th>10</th>
</tr>
</thead>
</table>
CHAPTER I
INTRODUCTION

It is a popular idea that patients are not just patients; rather they are consumers of health care. Wadhwa (2003) points out that it is becoming increasingly recognized that users of health care services regularly exercise their choice with respect to the available health care services. Health care can be compared to business, where there is great competition with providing services. Family nurse practitioners (FNPs) need to be able to market their services to their patients, who are the consumers. The first step to accomplishing this goal is to understand the consumer's perceptions of the providers and the services they provide.

It is important that FNPs understand adults' perceptions of themselves and the services they provide in order to increase the quality of care they provide. Patients' perceptions can be influenced by many variables such as age, socioeconomic status, education, and previous exposure to a nurse practitioner (NP) (Phillips, Palmer, Wettig, & Fenwick, 2000). Differences in perceptions of NPs should be explored. An understanding of patient's perceptions can lead to better education of the NP's role in the community. This study provided adult patients with the opportunity to share their perceptions of FNPs and the services they provide. It adds to the body of knowledge that is available regarding adult patients' perceptions of FNPs as primary care providers.

Several studies have been completed in the past regarding perceptions of NPs. Wortans, Happell and Johnstone (2006) conducted a study to investigate the perspectives of clients who received care and treatment from NP candidates at the Crisis, Assessment and Treatment Team of the Northern Area Mental Health Service
located in Northern Melbourne, Victoria, Australia. Horrocks, Anderson and Salisbury (2002) performed a study to determine whether NPs working in primary care settings can provide care that is equivalent to physicians' care. Williams and Jones (2006) conducted a qualitative study in the United Kingdom (U.K.) investigating patients' views about consulting with an NP working in primary care. Gooden and Jackson (2004) conducted a study to investigate registered nurses' (RNs) attitudes toward NPs. Carr, Armstrong, Hancock and Bethea (2002) conducted a study of general practitioners' (GPs) perceptions of the NP role in primary care.

A methodical review of the literature revealed that there are limited studies completed in the U.S. regarding adult patients' perceptions of FNP. Studies have been conducted with psychiatric NPs and NPs in long-term care facilities. Registered nurses and general practitioners' perceptions have been studied. Patient's views regarding NPs have been studied in the U.K. and NPs have been compared to physicians. This study looked at adult patients' perceptions of FNPs as providers of primary health care.

Significance to Nursing

Family nurse practitioners are RNs who have completed advanced nursing education and training in diagnosing and managing acute and chronic illnesses, as well as prescribing and monitoring medications. Their main focus is health promotion and disease prevention. The role of the NP emerged in the U.S. in the mid-1960s. It was developed due to a widely-recognized inaccessibility of medical care and need for increased medical specialization (Smith & Furlong, 2005). Family nurse practitioners can provide care to patients of all ages, depending on the type of care that is required, and they work in various health care settings, providing competent, safe, cost-efficient
services. Certain FNPs are listed as primary care providers and others see patients for all of their needs without being defined as primary care providers.

In today's world, many patients desire to actively participate in their health care choices and decisions (Wadhwa, 2003). They seek out information from various resources in order to find the best care that is available to them. According to Wadhwa, out of 5,464 adults, 35% were activists who sought out information and tried to make informed choices about various aspects of their health. This group is leading consumerism in health care today and in the future will most certainly influence the health care industry in ways that will also have some beneficial effects on all consumers. It is important for NPs to understand patients' knowledge and perceptions of them and the care that they provide and to address any inaccuracies if they exist.

The studies that have been done in the past have focused on different areas where NPs practice, such as long-term care facilities, pediatrics and psychiatric health nursing. There are limited studies that focus on care provided in primary care settings. Also, there is limited information that was obtained from adult patients; rather, it was obtained from older adult patients, psychiatric patients, physicians or nurses. Adult patients consist of a majority of the patients who receive care from FNPs; therefore, firsthand information should be gained from them regarding their opinions.

This study was similar to Olson's (1993) unpublished thesis titled: Older Adults’ Perceptions of Nurse Practitioners as Providers of Primary Health Care. Olson studied the perceptions of adults ages 65 and older toward NPs.
Problem Statement

As noted above, there is a lack of research on adult patients' perceptions of an FNP. Since adults consist of a majority of the patients seen by FNPs, it is important to listen to them and understand their views. This will allow FNPs to better educate patients and promote the role of the NP in the health care system.

Purpose Statement

The purpose of this study was to identify and describe adult patients' perceptions of FNPs as providers of primary health care, assessing and treating common acute illnesses, managing chronic illnesses, and prescribing and monitoring medications.

Research Questions

1. What are adult patients' perceptions of FNPs?
2. What are adult patients' perceptions of the services that FNPs are able to provide?

Definitions of Terms

**Conceptual Definitions**

*Adult patient:* Individual who is fully grown and physically mature (Dirckx, 2001).

*Perception:* The particular awareness or observation one gives to objects or ideas through the senses (Shamansky, 1981).

*Family nurse practitioner:* A registered nurse who has been master's prepared in providing primary health care (Dirckx, 2001).
Primary health care: Health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community (World Health Organization [WHO]/UNICEF, 1978).

Operational Definitions

Adult: A person between the ages of 18 to 64 who receives care from a primary care clinic in northeastern Wisconsin.

Perception: Views of an individual as measured by a modified version of the Marketing Nurse Practitioner Services instrument, developed by Shamansky, Schilling and Holbrook (1985).

Family nurse practitioner: A registered nurse working in northeastern Wisconsin who has completed master’s education and training, in diagnosing, assessing and treating common acute illnesses, managing chronic illnesses and prescribing and monitoring medications, with at least 1 year of practice.

Primary health care: An agency in northeastern Wisconsin comprised of physicians and NPs providing care to individuals of all ages. The care includes health promotion, illness and injury prevention, and the diagnosis and treatment of acute and chronic illness and injury.

Assumptions

1. Participants honestly shared information regarding their perceptions of FNPs and the services they provide through a written questionnaire.
2. Perceptions can be identified through a written questionnaire.
3. Perceptions can be different dependent on history of previous exposure to an FNP.
Summary

The purpose of this study was to identify and describe adult patients' perceptions of FNPs as providers of primary health care, assessing and treating common acute illnesses, managing chronic illnesses, and prescribing and monitoring medications. According to Wisconsin Demographics (2006), the adult population is the fastest growing population in the state of Wisconsin. It will be beneficial for FNPs to understand the perceptions of this population towards the type of services they provide and towards their profession. Adult patients are a majority of the patients seen by FNPs; therefore, firsthand information should be obtained from them.

In this chapter, the introduction, significance to nursing, problem and purpose statements, research questions, conceptual and operational definitions and assumptions were discussed. The theoretical framework that was utilized in this study and a review of literature will be discussed in Chapter II.
CHAPTER II
THEORITICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

The purpose of this study was to identify and describe adult patients' perceptions of FNPs as providers of primary health care, assessing and treating common acute illnesses, managing chronic illnesses, and prescribing and monitoring medications. This study utilized Imogene King's (1981) Interacting Systems Model to provide direction and impetus.

Theoretical Framework

Imogene King's (1981) Interacting Systems Model is based on the assumption that the focus of nursing is the care of human beings. Human beings are open systems interacting with the environment. The three interacting systems described by the framework are personal, interpersonal and social systems (King). The concepts that King defines for the personal system are perception self-growth and development, body image, time and space.

The personal system consists of individuals who process information from the environment and from previous experience. These experiences are then organized and categorized by processing selective inputs through the senses. The categories give meaning to the individuals world by relating past experiences to present events. Through perception, the individual gets to know themselves, other persons, and objects in the environment (King, 1981).
Individuals have the ability to perceive, to think, to feel, to choose between alternative courses of action, to set goals, to select the means to achieve goals, and to make decisions. Through human interactions, individuals react to persons, events, and objects, in terms of their perceptions, expectations, and needs. The perceptions, judgments, actions and reactions of human beings will decide the transactions they make in particular situations (King, 1981).

Perception is the major concept of the personal systems. It is a process of organizing, interpreting, and transforming information from sense data and memory. It gives meaning to one's experience, represents one's image of reality, and influences one's behavior. One's perception is related to past experiences, to the concept of self, to biological inheritance, to educational background, and to socioeconomic groups (King, 1981).

Perceptions are selected by each person as they allow stimuli to enter from the environment. Experiences differ from one person to another; thus, it cannot be presumed that every individual perceives in the same way. Perceptions have to be based on each person's background of experiences, which make them uniquely personal until communicated to others. Perceptions also evolve from current interests, needs, and future goals. Perception is important to nursing because it is the basis for gathering and interpreting information (King, 1981).

Perception, self, body image, growth and development, time and space are the concepts that are important to the personal system. The personal system in this study is the patient. A patient's perception of an FNP will lead to his or her decision to utilize the FNP as a health care provider.
The interpersonal systems are formed from interacting with another individual or group. Concepts that are important to the interpersonal systems are role, interaction, communication, transaction, and stress. Perceptions and judgments of individuals are involved in every type of interaction. The process of interaction between two or more individuals is represented by verbal and nonverbal communication that is goal directed. Each individual brings personal knowledge, needs, goals, expectations, perceptions, and past experiences that influence the interactions (King, 1981).

In this study, the interaction between the FNP and patient forms the interpersonal system. Both individuals have his or her personal knowledge, needs, goals, expectations, perceptions, and past experiences that influence the interaction. In Figure 1, the FNP and the patient perceive each other; make judgments about each other; make mental actions, such as “she can help me,” or “I can help her”; and react to the perception that each has toward the other. The next step in the process is the interaction that takes place and the last process is the transaction, which is the achievement of the goal (King, 1981).

During the interaction, the two individuals identify goals and ways to achieve those goals. When an agreement is reached on how to achieve the goals, they shift towards the process of transaction, which is achieving the goal. The major concepts in interactions are perception, communication and transaction. An individual’s perception influences and leads to a certain behavior. Communication is an interchange of thoughts and opinions among individuals. It is the way in which human relations are developed and maintained. Patient’s perceptions of an FNP are affected by the way in which he or she communicates. Through communication, mutual goals can be set and achieved (King, 1981).
Figure 1. A process of human interactions (King, 1981).
The concepts of the interpersonal system are role, interaction, communication, transaction, and stress. In this research study, the patient's perception of the role of the FNP can be based on the communication and interaction that takes place between the FNP and the patient and the way in which this can lead to an achievement of mutual goals.

When interpersonal systems unite, they form social systems. This is an organized boundary of social roles, behaviors, and practices developed to maintain values and the mechanisms to regulate the practices and rules. The concepts that are important to social systems are organization, power, authority, status, and decision-making (King, 1981).

In this study, the social system is the primary care clinic where the FNP and patient interact. When FNPs work with patients to set mutual goals and allow them to make decisions, the patient will perceive the FNP to be a better provider of primary health care. It is necessary for FNPs to understand that patients need to have power over their care.

Case Study

A 21-year-old female patient comes in to see her primary care provider for an annual physical and Pap. She would also like to discuss birth control pills because she is planning to get married in 3 months. She is uncomfortable discussing this with another person. The personal system in this scenario relates to the concept of self as another person. The personal system in this scenario relates to the concept of self as she decides on whether she should seek care from an FNP regarding this issue. Time is important because she is concerned about whether the FNP will spend enough time with
her, discussing all of her options and any side effects she might experience. Body image is also important because she feels uncomfortable with completing a physical and pap.

The interpersonal system is the interaction between the patient and the FNP. Her perception of the FNP will allow her to make a judgment about whether she would like to receive care from the FNP. If she decides to receive care from the FNP, an interaction will occur, where the two individuals identify goals and ways to achieve those goals. When an agreement is reached on how to achieve the goals, they shift toward the process of transaction, which is achieving the goal. The social system is the primary care clinic where they interact. Decisions are situational and related to goals and the specific situation (King, 1981). The clinic may affect her decision of whether or not to receive care from the FNP.

King’s (1981) Interacting Systems Model consists of the personal, interpersonal and social systems. It was utilized in this study because it is useful in illustrating how the patient’s perception of an FNP can lead to his/her decision to utilize the FNP as a primary care provider. Perceptions are formed from previous experiences, a concept of self, socioeconomic groups, biological inheritance, and educational background (King). Also, perceptions will be made through the process of interaction, transaction, communication, and decision making between the patient and FNP.

Literature Review

Patients’ perceptions of the care that is provided to them is important for the future growth of FNPs. Identifying patients’ perceptions of FNPs and their views of areas that require improvement can assist in the advancement of the profession.
Several studies have been completed in the past regarding patients and other individual's views of NPs. It is important to utilize this information to change the way that care is provided, in order to best meet the needs of patients.

**Patient Satisfaction With NPs**

Bryant and Graham (2002) conducted a study to describe the satisfaction of clients with care provided by advanced practice nurses (APNs). Participants were 36 APNs and 506 of their patients. This was a descriptive study utilizing an instrument adapted from the Client Satisfaction Tool. The researchers found that the participants had a high level of satisfaction with care provided by NP. The tool contained two open-ended questions and many participants used similar words in their answers. Commonly used words were nice, caring, makes me feel comfortable, friendly, listens, understanding, and takes time. Negative comments were not stated.

Green and Davis (2005) conducted a study in Louisiana to determine if caring behaviors of NPs, gender of NPs, setting and age, gender, ethnicity, education, and income of patients were predictors of patient satisfaction. They also wanted to determine which of these characteristics was the best predictor of patient satisfaction. A revised version of the Di' Tomaso-Wilard patient satisfaction questionnaire (DWPSQ) was utilized to measure patient satisfaction. Thirty-six NPs from the state of Louisiana selected a convenience sample of 30 patients from their practice to complete the study. This yielded completed questionnaires from 817 patients, with between 9 and 32 patient responses per NP. The patients were all 18 years or older, could read and write at a 5th-grade level, and had seen the NP before on at least one occasion. Researchers found that patient satisfaction was highest when the NP was a woman and practicing in a rural area. Also, age of the patient was a statistically significant predictor of patient satisfaction.
satisfaction with NP care. Patients who were between the ages of 18 to 25 reported less satisfaction with NP care compared to those who were older.

*Perspectives of NPs Working in Various Settings*

Wortans et al. (2006) conducted a qualitative study to investigate the perspectives of clients who received care and treatment from nurse practitioner candidates (NPCs). The study consisted of seven consumers of the Crisis, Assessment and Treatment Team (CATT) of the Northern Area Mental Health Service, located in Northern Melbourne, Victoria, Australia. The participants were involved in an individual interview with the project officer after they were discharged from CATT.

The responses of the participants suggested that they were able to relate more easily with the NPC than any other medical professional, were able to communicate more freely with the NPC, and felt less intimidated in communicating with an NP than with a doctor. The approach of the NPC was considered to provide more time and opportunity for exchange of information. The information from the NPC was considered superior to that provided by medical practitioners, and the ability of the NPC to provide care and treatment within the individual's home was considered a particular advantage. The results of the study supported that consumer satisfaction with the services provided by a NP is high, or at least equal to the satisfaction level of services provided by a medical practitioner.

Barnes, Crumbie, Carlisle and Pilling (2004) conducted a qualitative study to investigate patients' perceptions regarding consulting with an NP in situations of clinical uncertainty. Forty-three patients between the ages of 16 and 90, consulting with one of three NPs were interviewed. Most of the participants stated that they would consult with an NP about anything, but they expect that the NP will consult with a GP if necessary.
Also, the patients find that GPs are very busy and would prefer to see an NP rather than wait to see the GP. Another point made by the participants was that there is a lot of confusion regarding the role of the NP.

Forgeron and Martin-Misener (2005) conducted a study to explore factors that influence parents to utilize pediatric NPs for their children in the emergency department. Questionnaires were administered to 100 parents over a 5-month period. Out of the 100 parents, 62 had heard of an NP before. Out of the 62, 53 said that they would use a NPs services if available. All of the participants were comfortable with the NP taking a history of their child, but only 74% were comfortable with the NP ordering and interpreting x-rays to diagnose chest infections or limb fractures.

Perry, Thurston, Killey and Miller (2005) performed a study in the U.K. to investigate whether NPs increased access to care and met the needs of patients. A qualitative non random method was utilized to interview staff, patients and the NP at a medical practice. After completing an appointment with the NP, patients were asked whether they would be interested in being a part of the study. If they consented, they were sent to the researcher, who interviewed them regarding their perceptions of the NP and the appointment they had. Researchers concluded that the length of time to get care from a health care provider was shortened and patients were glad to see a female provider available. The NP performed thorough interviews, had a caring, approachable, and understandable manner, completed thorough physical examinations and provided more information. Patients also voiced concerns regarding the NP having limited prescription rights and of her ability to refer to secondary care.
Comparison of NPs to Other Health Care Providers

Horrocks et al. (2002) performed a systematic review of randomized controlled trials and prospective observational studies to determine whether NPs working in primary care settings can provide care that is equivalent to physicians. Eleven randomized controlled studies and 23 observational studies were included in the project. Researchers found that patients were more satisfied with care by an NP, but differences in health status were not identified. Compared to physicians, NPs spent more time in consultations and made more investigations. No differences were found in prescriptions, return consultations, or referrals.

Cipher, Hocker and Sekscenski (2006) conducted a study to determine older American consumers' satisfaction with care provided by physician assistants (PAs) and NPs. Data from the 2000 and 2001 Medicare Satisfaction Survey—Consumer Assessment of Health Plans Survey section were analyzed. Individuals older than 65 were surveyed. The researchers found that NPs and PAs were rated as favorably as physicians.

Nurse Practitioners Working in Primary Care

Williams and Jones (2006) conducted a qualitative study in the U.K. investigating patients' views about consulting with an NP working in primary care. The sample consisted of five men and five women consulting with one female NP. Guided in-depth interviews, consisting of questions regarding patients' experiences of consulting with the NP, how this compares with consulting with a GP, benefits of NP consultations and problems with NP consultations were completed. Nine of the 10 patients mentioned time as being an advantage to consulting with an NP because long consultations allowed their problems to be explored fully. Time is also important because the more time that is
spent during one visit could help to eliminate future visits due to not forgetting to ask questions or to cover all issues. Patients also mentioned the ability of the NP to identify alternatives to prescription medications as being favorable. The patients’ comments emphasized the importance of flexibility, a holistic approach and quality of the services provided.

Phillips et al. (2000) investigated relationships between gender, age, ethnicity, education, income level, and an individual’s attitudes toward using an NP for health care services. A quantitative study was performed. A questionnaire regarding demographic information (10 questions) and an attitude scale was given to 238 individuals in a southeastern Pennsylvania county. Participants were personally approached to complete the survey and completion of the survey indicated consent to be a part of the study. The average age of the participants was 48.5 years. The majority of participants (57.5%) reported that they had never seen an NP before for health care.

The results of the study showed no significant relationship between gender and race and attitudes toward NPs. There were a higher percentage of high school graduates who showed more positive attitudes towards NPs, compared to those who were not high school graduates. The researchers also found that older participants and those with lower incomes were less likely to use a NP for health care services. Also, participants who had seen a NP before for health care services had a more positive attitude toward NPs than those who reported they had not seen an NP before. Overall, the researchers summarized that individuals with higher levels of education and income and of younger age had a more positive outlook towards NPs.
Perceptions of Health Care Professionals

Gooden and Jackson (2004) conducted a study to investigate RNs' attitudes toward NPs. The study had a quantitative and descriptive design. A modified 26-item research questionnaire was mailed to 500 RNs from 11 southernmost counties of Illinois. Two hundred sixty-four of the questionnaires were returned to the researchers. The results showed that 78.8% of the participants had interacted with an NP, 51% had received health care from an NP, 86% felt that they understood the role of the NP, 80.3% agreed that NPs were capable of providing primary care, 88.5% agreed that NPs provide high quality care, 73.6% said that NPs viewed RNs as colleagues, 76.4% said that NPs respected and appreciated the role of the RN, 84.1% agreed that they were comfortable contacting NPs for questions or advice, 81.7% agreed that NPs were accessible, 78.9% agreed with the view of the NP as a resource and 88.8% were supportive of the NP role.

Carr et al. (2002) conducted a study of GPs' perceptions of the NP role in primary care. A questionnaire consisting of several open and close-ended questions was completed by 225 GPs. Out of these, 51 GPs employed a NP, and 174 GPs did not. A majority of the GPs felt that NPs should be employed in primary care in order to give the patient a choice of who to consult, to reduce workload of GPs and to reduce waiting times. A majority of the participants felt that diagnosis of disease in adults, health promotion, prescribing medications, and chronic disease management are associated with the NP's role. A majority of GPs who employed an NP agreed that treatment room activity is part of the NP role, but those who were not used to working with a NP were concerned that this should be led by a protocol. Many of the GPs,
especially those who did not employ an NP, felt that NPs should be governed by protocols.

Stolee, Hillier, Esbaugh, Griffiths and Borrie (2006) conducted a pilot project in Canada consisting of one NP who was assigned to three long-term care facilities located in a small city. A quantitative study with surveys of 109 staff members at the three facilities and an in-depth interview with the NP were performed. The NP was found to have a positive impact on primary health care, geriatric assessment, education, use of specialized geriatric services, and communication between families and residents, as well as among staff.

Summary

A review of literature has shown that there are limited studies performed in the U.S. regarding perceptions of adult patients toward FNPs as providers of health care. A majority of the studies that have been completed have used a qualitative design instead of quantitative. This study utilized a quantitative design to study the perceptions of adult patients.

The literature identifies studies that have been completed with psychiatric patients, older adults, GPs, nurses, and parents of pediatric patients. Studies have also been completed to compare NPs to physicians and PAs. This study focused on adult patients because they comprise a majority of today's health care consumers. It was valuable to investigate their views toward NPs in order to improve the quality of care that is provided to them. Patients are the best population to gain information from because they are the ones who will be served by NPs. The higher and better the quality of care, the more interested that patient's will be in receiving care from NPs.
In this chapter, King's (1991) Interacting Systems model was discussed as the framework for this study and its appropriateness for the study was illustrated. A review of literature was also provided and limited studies regarding adult patients' perceptions toward FNPs as providers of primary health care were identified. The review of literature identified several factors that influence patients' perceptions, such as age, gender, socioeconomic class, and education. In Chapter III, the methodology for this study is identified. This includes the design, population, sample, setting, instrument, data collection procedures, data analysis procedures and limitations.
CHAPTER III
METHODOLOGY

Introduction

The purpose of this study was to identify and describe adult patients' perceptions of FNPs as providers of primary health care, assessing and treating common acute illnesses, managing chronic illnesses, and prescribing and monitoring medications.

Chapter III describes the methodology of this study. The design of the study, population, sample and setting, data collection instruments, data collection procedures, data analysis procedures, and limitations of the methodology and study will be discussed.

Research Design

A non-experimental, descriptive design was used for this study. This was appropriate because the purpose of this study was to identify and describe the perceptions of adults toward FNPs as providers of health care. The independent variable was the FNP's role as the provider of health care. The dependent variable was the adult patient's perception of the FNP.

Population, Sample and Setting

The target population for this study was adult patients, male and female, 18 years to 64 years of age living in northeastern Wisconsin. The accessible population was adults seeking health care from an FNP at a primary care clinic in northeastern Wisconsin. A convenience sample of 62 adults was obtained from the clinic. Eligibility
criteria included: (a) able to read and write English, (b) seeking health care from an FNP, and (c) between the ages of 18 and 64.

Data Collection Instruments

The tool that was used in this study is the Marketing Nurse Practitioner Services Instrument (Appendix A) developed by Shamansky et al. (1985). Their tool was modified and utilized by Olson (1993) for completing a thesis. The modified tool was utilized for this study. Permission was obtained from the original author via email to utilize the tool for this study (Appendix B). The tool consisted of 13 items and 6 demographic questions. The 13 items attempted to gain information about the participant's knowledge and perceptions about NPs, factors such as time and cost of receiving care from an NP, and the types of services NPs are able to provide. One question was removed from the tool because it referred to NPs' ability to make house calls and this option is not available today. The six demographic questions included age, gender, ethnicity, occupation, education and family income.

A pilot study was completed by Olson (1993), determining the internal reliability to be alpha 0.5287. The final alpha for the study was 0.7703. The sample for Olson's study included 29 older adults living in north central Wisconsin who attended area senior centers.

Data Collection Procedures

The instrument and research proposal were submitted for approval the University of Wisconsin Oshkosh Institutional Review Board (UW Oshkosh IRB) (Appendix C) and the clinic. Once approval was gained, research began.
The receptionist at the primary care clinic distributed a questionnaire and letter of explanation to every eligible patient who was willing to participate in the study. The letter introduced the investigator, explained the purpose of the study, assured confidentiality and provided instructions for completing the questionnaire. The participant completed the questionnaire, put it in a sealed envelope and placed it in a locked box by the receptionist. The questionnaires remained in the locked box until the investigator collected it at the end of the week. The envelopes remained sealed until the investigator opened them at a safe place. Patients were asked to refrain from providing any identifying information on the questionnaire, such as their name. Completion of the questionnaire implied consent to participate in the study. Data collection ended after 4 weeks.

Data Analysis

The data were analyzed using descriptive statistics such as frequencies, means, and percentages. An independent sample t-test was utilized. The groups for the t-test were the variable age—those between the ages of 18 to 44 versus those 45 to 64 years of age; gender—men versus women; and those who had previous exposure to an NP versus those who have not had a previous exposure. The level of significance was established at 0.05.

Limitations

There were several limitations to this study. They are:

1. The use of a convenience sample, because there is a great risk of sampling bias and it limited generalization of the results of the study.
2. Lack of patient participation. The investigator could not predict the number of patients who would be willing to participate in the study.

3. The patients who did participate might not have provided honest answers to the questions.

4. The utilization of only one geographic setting, which also limited generalization of the results of the study.

5. Response bias, which is the tendency of respondents to distort their responses to the questions.

6. A shorter survey may improve the number of respondents, but would limit the data.

7. This study could be improved by surveying a number of clinics. By surveying only one clinic we may be getting responses that are specific to the care and services provided by the NPs at this clinic.

Summary

A non-experimental, descriptive design was used for this study. A convenience sample of 62 adults between the ages of 18 and 64, receiving care from an FNP at a primary care clinic in northeastern Wisconsin was used. A modified version of the Marketing Nurse Practitioner Services instrument developed by Shamansky et al. (1985) was utilized. Descriptive statistics and an independent t-test analysis were used to analyze the data.
CHAPTER IV
FINDINGS AND DISCUSSION

Introduction

The purpose of this study was to identify and describe adult patients’ perceptions of FNPs as providers of primary health care, assessing and treating common acute illnesses, managing chronic illnesses, and prescribing and monitoring medications. This chapter begins with the demographic data and then presents findings of this study as they relate to the research questions: (a) What are adult patients’ perceptions of FNPs? and (b) What are adult patients’ perceptions of the services that are provided by FNPs? This chapter will also provide findings related to the differences in perceptions between respondents who were ages 18 to 44 versus those who were 45 to 64 years of age, male versus female, and those who have had previous exposure to an FNP versus those who have not had previous exposure.

Demographic Data

Sixty-two surveys were placed in the locked box by respondents. Eleven of the 62 surveys were incomplete but were still utilized; the completed information was analyzed by the SPSS system. The age range was 20 to 62, with a mean age of 41 years. There were 40 females and 17 males who responded and 5 people who did not respond to the question regarding gender. Fifty-four of the respondents were White, one was Native American, one was Hispanic, one was Asian and five people did not respond to the question regarding race. Educationally, 3 (4.8%) had less than a high school
degree, 16 (25.8%) had a high school degree, 11 (17.7%) had an associate degree, 16 (25.8%) had a bachelor's degree, 6 (9.7%) had completed graduate school, 2 (3.2%) had other degrees and 8 (12.9%) did not respond to the question.

For current or previous occupation the responses were categorized, with 20 (32%) individuals indicating they were service providers, 17 (27%) were professionals, 8 (13%) were managerial, 4 (6%) were clerical, 2 (3%) were in trades, 1 (1.6%) was a homemaker, 2 (3%) were students, 1 (1.6%) was self employed, 1 (1.6%) was unskilled, and 6 (9.6%) did not respond to this question. The income level of the respondents were 2 (3.2%) under $20,000, 15 (24.2%) $20,001 to $40,000, 12 (19.4%) $40,000 to $60,000, 16 (25.8%) $60,001 to $80,000, 5 (8.1%) $80,001 to $100,000, 5 (8.1%) over $100,000 and 7 (11.3%) did not respond to this question.

The participants were asked how many times in the last 12 months they had seen a health care provider. The responses varied from 0 to more than 10 times, with 7 (11.3%) indicating 0 times, 30 (48.4%) indicating 1 to 2 times, 11 (17.7%) indicating 3 to 4 times, 2 (3.2%) indicating 5 to 6 times, 3 (4.8%) indicating 7 to 8 times, 3 (4.8%) indicating 9 to 10 times, 3 (4.8%) indicating more than 10 times and 6 (9.6%) individuals did not respond to this question.

The participants were also asked when they sought health care. Seventeen (27.4%) felt that they most often sought care when they were healthy and wanted to stay healthy and 40 (64.5%) said they sought health care most often when they were sick and wanted to feel better. Five (8.1%) individuals did not respond to this question. This information was similar to the findings of Olson's (1993) study regarding older adults in that 38% of the participants felt that they sought care when they were healthy and 55% felt they sought health care when they were sick and wanted to feel better. The lower
number of individuals who seek health care to stay healthy could be an indication that many adults do not seek preventive care. Increased education regarding the importance of prevention may be helpful in this population.

Adults' Perceptions of FNPs

The first research question was: What are adult patients' perceptions of FNPs? In response to the question—Do you know what an FNP is?—57 (91.9%) of the participants responded that they did and 5 (8.1%) of the participants responded that they did not. Comparatively, these findings are much higher than Olson’s (1993) study in which only 41% of the participants were aware of what a nurse practitioner was. Forgeron and Martin-Misener (2005) found that out of 100 parents, 62 had heard of what an NP is. The next question was, Have you or a member of your family ever received care from a family nurse practitioner before? Fifty-nine (95.2%) of the participants answered yes to this question and 3 (4.8%) answered no. These results were also higher than Olson’s study in which only 17% of the participants had received care from an NP before.

The third question on the survey was whether the participants would seek care from a FNP again. Sixty (97%) participants indicated that they would seek care again and two participants did not respond to that question. These results are much higher than results found by Martin-Misener and Forgeron (2005). Their results were that out of the 62 parents who had heard of a NP, 53 (85%) were willing to use NP services again if available. The higher values of this study may be indicative that over time more people have become aware of what a nurse practitioner is and are more willing to receive care
from NPs. Education needs to continue regarding what an NP is and the services they can provide.

Participants were also asked to indicate how satisfied they were with care provided by an NP on a scale from 0 to 10, with 10 being very satisfied and 0 being not satisfied. Fifty-seven (91.9%) of the participants expressed satisfaction by rating at 6 or higher, 1 (1.6%) was not satisfied and no one rated the experience as a 5 or neutral. Overall, satisfaction levels were high. Bryant and Graham (2002) had similar results regarding patient satisfaction. They found that participants had a high level of satisfaction with care provided by NPs. They found that the most frequently used words to describe nurse practitioners were nice, caring, understanding, makes me feel comfortable, friendly, listens, and takes time. Phillips et al. (2000) found that persons who had prior experience with NP services showed more positive attitudes toward them than persons who had not used NP services in the past.

The participants were provided a brief description of what a FNP is and the services they can provide. Then they were asked whether NP services were similar to those provided by physicians. Fifty-nine (95.2%) felt they were similar, 2 (3.2%) felt that they were not similar and 1 (1.6%) did not respond to this question. Out of the two individuals who felt that physician care was different from an NP’s, one individual rated his/her satisfaction level at 9 out of 10. The other individual who felt the care was different did not answer the question regarding satisfaction. Again, these results were much higher compared to Olson’s (1993) when 66% felt they were similar and 31% felt they were not. Horrocks et al. (2002) in their study found that patients were more satisfied with care by an NP than those with doctors. Their results suggested that NPs undertook more investigations and had longer consultations than doctors. It is important
to continue to educate patients about the similarities and differences between nurse practitioners and physicians.

The participants were asked to identify their top three concerns before making an appointment with an FNP for a physical examination. The concerns of the participants are provided in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will insurance cover the visit</td>
<td>64.5%</td>
</tr>
<tr>
<td>Thoroughness of exam</td>
<td>61.3%</td>
</tr>
<tr>
<td>Is the family nurse practitioner qualified</td>
<td>33.9%</td>
</tr>
<tr>
<td>Family nurse practitioners attitude</td>
<td>32.3%</td>
</tr>
<tr>
<td>My own health state</td>
<td>30.6%</td>
</tr>
<tr>
<td>Family nurse practitioners experience</td>
<td>29.0%</td>
</tr>
<tr>
<td>Ability of FNP to make referrals</td>
<td>24.2%</td>
</tr>
</tbody>
</table>

The top concerns of the participants were whether insurance will cover for the visit and the thoroughness of the exam. These were the top two concerns found in 1993 by Olson also. The similarity in results from 1993 shows that insurance is an important factor when it comes to patients decisions regarding health care. Moreover, this stresses the importance of being thorough with examinations. Perry, Thurston, Killey, and Miller (2005) found that NPs' thoroughness with interviews and physical examinations were much appreciated by respondents. They also found that participants appreciated NPs' caring, approachable and understandable manner and were
concerned with NPs' ability to make referrals. It is important to educate patients regarding FNPs' qualifications and their ability to make referrals. Positive and friendly attitudes are vital factors in patient's decisions to receive care from the FNP.

The participants were asked to rate on a 10-point Likert scale the importance of four items which were previously found to be valued by consumers. These items were identified by Shamansky et al. (1985). A rating of 10 on the scale was very important and 0 was not important. The first item was the amount of time the health care provider was available to spend with the participant during his/her visit. Thirty-three (53.2%) participants rated this as very important and 28 (98.4%) rated this four or above. These results are similar to the findings of Olson (1993). Bryant and Graham (2002) also found that taking time was a positive attribute valued by participants. Williams and Jones (2006) found that 9 out of 10 patients mentioned time as being an advantage to consulting with an NP because long consultations allowed their problems to be explored fully. In this study, concerning the time factor, all participants reported that they would see an NP again. The importance of the NP having time to spend with patients remains steady over the years.

The second item was the easiness of making an appointment with or talking to the NP over the phone when problems arise. Thirty-eight (61.3%) of the participants rated this as very important and 60 (96.8%) rated this at 6 or above. Perry, Thurston, Killey and Miller (2005) found that time to get care from a health care provider was shortened with NPs. In today's fast-paced world, the simplicity of incorporating health care into schedules is vital to individuals. The importance of receiving assistance quickly is stressed with the high ratings of this item.
The third item was the staff, equipment, and space the health care provider had available to use. Twenty-two participants (35.5%) rated this as very important and 80 (96.8%) rated this as five or above. The fourth item was the ability of the health care provider to quickly get consultations. Twenty-nine participants (46.8%) rated this as very important and 58 (93.5%) rated this at six or above.

The results of this section of the survey point out the importance of the amount of time the provider takes to spend with the participant during the visit, the ease of making an appointment with the provider, the resources available to the provider and the rapidity of getting a consultation. The first two items appear to be of highest importance, although all are reported to be significant. It is vital that FNPs place emphasis on these areas in the future in order to improve adult patient's satisfaction level.

Next, the participants were asked if they felt that FNP services offered an advantage over the way the participant currently receive health care. Participants were asked to rate on a 10-point Likert scale with 10 as strongly agree and 0 as strongly disagree. Eleven (17.7%) of the participants strongly disagreed with a rating of zero, 36 (58%) rated above five, 1 (1.6%) rated neutral at five, 20 (32.3%) rated four and below. Wotians et al. (2006) found that participants found it an advantage that they were able to relate more easily with NPCs than any other medical professional, were able to communicate more freely with the NPC, felt less intimidated in communicating with a NP than with a doctor, and the NPC was considered to provide more time and opportunity for exchange of information. This study did not ask these specific questions and thus the advantage is not well defined.

The participants were then asked if they had the choice to see a NP or another type of provider today or in the future, how likely would they be to select a NP. A 10-
point Likert scale was used again with 10 being definitely and 0 being definitely not. Nineteen (30.6%) responded definitely, 21 (33.9%) rated an eight, 14 (22.6%) rated at a six, 1 (1.6%) rated at a five, and four (6.5%) rated at a four. Three participants did not respond to the question. Of those who responded greater than four, 95% had seen an NP before, and 100% were satisfied with care previously received.

Adults' Perceptions of the Services an NP Can Provide

Research question number two was: What are adult patients' perceptions of the services that are provided by FNPs? Thirteen services were listed and participants were asked to decide whether they felt that a FNP could provide the service or they could not. Results are provided in Table 2.

Table 2

Perception of NP Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Yes #</th>
<th>Can Perform %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening services to detect illness</td>
<td>52</td>
<td>83.9%</td>
</tr>
<tr>
<td>Physical exam</td>
<td>55</td>
<td>88.7%</td>
</tr>
<tr>
<td>Counseling about weight control</td>
<td>56</td>
<td>90.3%</td>
</tr>
<tr>
<td>Electrocardiogram (EKG)</td>
<td>31</td>
<td>50%</td>
</tr>
<tr>
<td>Counseling about retirement</td>
<td>32</td>
<td>51.6%</td>
</tr>
<tr>
<td>Assistance in coping with stress and anxiety</td>
<td>54</td>
<td>87.1%</td>
</tr>
<tr>
<td>Help to quit smoking</td>
<td>54</td>
<td>87.1%</td>
</tr>
<tr>
<td>Help to begin an exercise program</td>
<td>53</td>
<td>85.5%</td>
</tr>
<tr>
<td>Assistance and support in preparing for the death of a person close to you</td>
<td>40</td>
<td>64.5%</td>
</tr>
<tr>
<td>Breast exam</td>
<td>53</td>
<td>85.5%</td>
</tr>
</tbody>
</table>

(table continues)
<table>
<thead>
<tr>
<th>Service</th>
<th>%</th>
</tr>
</thead>
</table>
| Testicular exam                              | 47  | 75.8%  
| Prostate exam                                | 47  | 75.8%  
| Pap smear                                    | 53  | 85.5%  
| Prescribe antibiotics                        | 56  | 90.3%  
| Prescribe pain medications                  | 55  | 88.7%  
| Prescribe for chronic illnesses I may have or develop | 48  | 77.4%  
| Refer me to a specialist if needed           | 52  | 83.9%  
| Provide primary care for all aspects of my health | 49  | 79%    

These results were again much higher than the results found by Olson in 1993. Olson found that a larger number of participants felt more at ease with nurse practitioners providing counseling and teaching than examining and diagnosing. For example, only 86% of Olson's respondents felt that a NP could perform physical exams compared to 88.7% of this study's participants. Forgeron and Martin-Misener (2005) found in their study that all participants were comfortable with NPs taking illness histories, 97% with health promotion teaching, 95% with providing information about their child's illness, 94% with performing physical examinations, and 93% with prescribing medications. Their results were relatively higher than this study's results. As NPs are able to perform these services, they should provide information for patients in order to eliminate concerns regarding the NPs' abilities.

More than 80% of this study's respondents believed that an FNP could provide screening services, counseling about weight control, assist with coping, help with smoking cessation, help with beginning an exercise program, breast exam, Pap smear,
prescription of antibiotics or pain medications, and refer to a specialist. Less than 52% of the respondents felt that an FNP could perform an electrocardiogram (EKG) or provide counseling about retirement. This may be due to the fact that the NP does not actually perform the task of EKG, but orders the test and another person performs the test. Continued education needs to be provided regarding the NP's ability to provide these services.

An open space was provided for "other" comments that the participants wished to provide. Eleven (17.7%) of the participants responded. There were three main themes that emerged from the comments that were provided. The first theme was that the NP was seen as a secondary. Of the eleven participants who responded, 27.2% commented that they receive care from an NP mainly because their physician has a full schedule and it is hard to get an appointment. The second theme was that NPs are providing patients with more time, which allows them to feel more comfortable. Nine percent of those who responded provided this comment. The third theme was that NPs are highly qualified. Twenty-seven percent of the respondents provided this comment.

The Difference in Perception Between Male and Female Respondents

A comparison was made between the results of the female and male participants of the study. Forty (64.5%) of the participants were females and 17 (27.4%) of the participants were males. Five of the participants did not provide a gender. There were no significant differences between the responses of the two groups when an independent sample t-test was performed. These results were similar to the results of Olson (1993).
The Difference in Perception Between Participants Ages 18 to 44 and 45 to 64

A comparison of the results of the participants aged 18 to 44 and those aged 45 to 64 was also made. Thirty-one (50%) of the participants were between the ages 18 and 44; 26 (41.9%) of the participants were between the ages 45 and 64. Five of the participants did not provide an age. There were no significant differences between the responses of the two groups when an independent sample t-test was performed.

Differences Between Those With Previous Experience and Those Without

The results of participants who had seen an NP before were compared to those who had not (Table 3). Fifty-nine (95.2%) of the participants had seen an NP in the past and three (4.8%) of the participants had not seen an NP in the past. Two items on the survey demonstrated a significant difference between the groups when an independent sample t-test was run. For the first question—Do you know what a family nurse practitioner is?—a higher number of participants who had seen an NP before answered yes compared to those who had not. With yes rated at one and no at two, those who had seen an NP previously averaged 1.05 and those who had not had an average of 1.66. There is obvious reasoning to this finding in that those who had seen an NP before knew what an NP was because they had received care from them. Those who had not seen an NP before did not because they had no prior exposure to them.

The item addressing the importance of the amount of time the health care provider has available to spend during a visit also demonstrated a significant difference between these two groups. The participants were asked to rate this on a scale of 0 (not important) to 10 (very important). Those who had experience with an NP had an average of 8.97, while those who did not have experience with an NP had an average of
4.67 for this item. As mentioned earlier, Williams and Jones (2006) found that 9 out of 10 patients mentioned time as being an advantage to consulting with an NP.

Table 3

*Perception of NP Services of Those With and Without Previous Experience*

<table>
<thead>
<tr>
<th>Services</th>
<th>Percentage of those who said yes with prior experience seeing NP</th>
<th>Percentage of those who said yes without experience seeing NP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening services to detect illness</td>
<td>94.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Physical exam</td>
<td>94.5%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Counseling about weight control</td>
<td>94.6%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Electrocardiogram (EKG)</td>
<td>56.9%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Counseling about retirement</td>
<td>56.6%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Assistance in coping with stress and anxiety</td>
<td>91.1%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Help to quit smoking</td>
<td>92.7%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Help to begin an exercise program</td>
<td>89.3%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Assistance and support in preparing for the death of a person close to you</td>
<td>71.7%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Breast exam</td>
<td>94.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Testicular exam</td>
<td>88.2%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Prostate exam</td>
<td>86.5%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Pap smear</td>
<td>96.2%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Prescribe antibiotics</td>
<td>96.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Prescribe pain medications</td>
<td>96.4%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Prescribe for chronic illnesses may have or develop</td>
<td>90.2%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Refer me to a specialist if needed</td>
<td>90.9%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Provide primary care for all aspects of my health</td>
<td>88.7%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

Summary

This chapter presented the findings of this study and discussed the results as they related to the research questions. The top concerns voiced by adults regarding receiving care from an FNP were insurance coverage, thoroughness of exams,
qualifications and attitudes of the FNP. Other areas of importance were the amount of
time the health care provider has available and ease of making appointments. Adults
were found to be highly accepting of NPs and the services they can provide, but
continued education is needed regarding the FNP’s scope of practice. Chapter V
summarizes the study, states conclusions, gives recommendations for further research,
and states implications for nursing.
CHAPTER V
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents a summary of the study, states conclusions, provides implications for nursing and gives recommendations for future research.

Summary

The purpose of this study was to identify and describe adult patients' perceptions of FNPs as providers of primary health care, assessing and treating common acute illnesses, managing chronic illnesses, and prescribing and monitoring medications. The following research questions were answered using descriptive statistics.

1. What are adult patients' perceptions of FNPs?
2. What are adult patients' perceptions of the services that are provided by FNPs?

A convenience sample of 62 clients between the ages of 18 and 64 seeking care from an FNP at a primary care clinic in northeastern Wisconsin was utilized. Participants completed the questionnaire prior to receiving care from an NP, placed it in a sealed envelope and dropped it in a locked box by the receptionist. Confidentiality was maintained. Criteria for selection identified in the methods section were followed.

The demographic data showed that the age range was 20 to 62, with a mean age of 41 years. There were 40 females and 17 males and the majority of participants were White. Educational levels varied: 3 (4.8%) had less than a high school degree, 16 (25.8%) had a high school degree, 11 (17.7%) had an associate degree, 16 (25.8%) had
a bachelor's degree, 6 (9.7%) had completed graduate school, and 2 (3.2%) had other degrees.

Findings for research question number one were that over 90% of the participants knew what an NP was and over 95% would seek care from an NP again. A majority of the participants felt that NP services were similar to those of physicians. The top three concerns regarding receiving care from an NP were insurance coverage of the visit, thoroughness of the NP and qualifications of the NP. Amount of time spent with the patient and easiness of making appointments was also found to be very important.

Findings for research question number two were that more than 80% of the respondents believed that an FNP could provide screening services, counseling about weight control, assist with coping, help with smoking cessation, help with beginning an exercise program, breast exam, Pap smear, prescription of antibiotics or pain medications, and refer to a specialist. Less than 52% of the respondents felt that an FNP could perform an electrocardiogram (EKG) or provide counseling about retirement.

There were no significant differences found in the responses between male and female participants. Also, there were no differences found in the responses of those who were between the ages of 18 and 44 compared to those between 45 and 64. There was a significance between those who had previous experience with an NP compared to those who did not have previous experience on two questions. More participants who had experience with an NP previously knew what an NP was compared to those who had no experience. Also, those who had previous experience with an NP gave more importance to the amount of time health care providers have available to spend with them during the visit.
The overall findings of this study were significantly different than the findings of Olson (1993). Olson studied older adults' perceptions of NPs, while this study examined younger and older adults. Compared to Olson's results, this study's participants had a much higher understanding of what an NP is and the services they can provide. Furthermore, a higher percentage of participants were accepting of NPs and the services they provide. This suggested that there has been a change in the knowledge level for the better. Significant knowledge deficits remain regarding the services NPs can provide; therefore, education needs to be continued regarding NPs and the services they can provide.

King's (1981) Interacting Systems Model, which was chosen for the theoretical framework, was considered to be appropriate for this research study. It assisted in understanding the study results. Perceptions are made through the interaction between the FNP and patient. Great communication and positive interactions lead to mutual goal settings and higher satisfaction levels.

Conclusions

The following conclusions were reached based on the study findings:

1. Adequate education is being provided to adults about NPs and the services they can provide. More than 86% of the participants who had previous experience with an NP felt that NPs could provide a majority of the services. Only 71% felt that NPs could provide assistance when someone close to you was dying, and only 56% felt that NPs could do EKGs and counsel regarding retirement. Education needs to be continued in the future to maintain and increase knowledge levels of adults regarding NPs.
2. The top three concerns regarding receiving care from an NP were insurance coverage, thoroughness of the NP, and qualifications of the NP. This was the same for those with previous experience with an NP and those without previous experience with an NP.

3. Amount of time spend with the patient and the easiness of making appointments with the NP was also considered to be important.

4. The factors of gender and age did not make a significant difference in the participants' responses.

5. Previous experience with an NP did make a significant difference.

Nursing Implications

The results of the study show that there has been an increase in the knowledge level of adults regarding NPs and the services they can provide. It is very important that NPs continue to educate the community regarding what an NP is and the services they can provide. The more people who are aware of NPs, the greater the chance that they would want to seek care from an NP. One place where education can occur is in the office when a patient comes in for care. It is important to educate on what an NP is, the education level of the NP, and their scope of practice. It is important to point out that NPs are not medical doctors; instead, educate about the similarities and differences between the two professions. This could be addressed with a brochure that could be reviewed in the waiting area.

The findings also point out the importance of the amount of time spent with patients and the thoroughness of examinations. It is important to take time to listen to patients' concerns, answer all of their questions and make them feel comfortable. Also
identified by patients is the importance of being thorough with history and exam, as well as educating and explaining the plan of care to the patient. These are the factors that form patient’s perceptions and it is significant that much consideration is given in these areas.

Nursing educators should support NPs in educating the community. They also have the opportunity to educate students regarding all aspects of nursing. Nurses need to be aware of what is happening in the profession and all the opportunities that are available. Nurse practitioners are a growing entity of nursing and it is important for all nurses to be knowledgeable of what an NP is and an NP’s scope of practice. Administrators should also provide support to nurse practitioners. They can assist in educating the public and staff members. They can also encourage NPs to reach their full potential in their role.

Educating receptionists who make appointments with patients about NPs’ level of education and their role is important. In fact, supplying them with a statement about the NP’s education and scope of practice, and the fact that there have not been concerns with insurance coverage would go a long way toward educating patients and addressing the concerns of patients when seeking care from NPs.

Recommendations for Future Research

Replicating this study with a larger and random sample would make it more generalizable and representative of the population. Replication of this study in the future with an updated tool would provide more helpful information and give a picture of the trends over time. It would also be useful to survey patients from several clinics instead of just one clinic because surveying only one clinic may have gotten responses that are
specific to the care and services provided by the NPs at this clinic. This study could be replicated in the general population to gain an understanding of the general public's view of NPs.

Adult patients' perceptions of and utilization of preventive services provided by NPs could be another area that can be explored in the future. Another interesting study could be a comparison study of patients' perceptions of PAs and NPs. More specific information related to patient satisfaction with NPs would be helpful. Now that patients see care as similar to physicians, we should look at what differences are perceived and if these are positive or negative factors.

Chapter Summary

This chapter presented a summary of the study, stated conclusions, provided implications for nursing and gave recommendations for future research. This study demonstrated that adult patients are knowledgeable of what an NP is and are accepting of the services that are provided by NPs. The NP role is evolving and it is important to continue educating patients regarding NPs and the services they provide. Further research needs to be pursued regarding the needs of patients and ways to improve care provided by NPs.
APPENDIX A

Marketing Nurse Practitioner Services Instrument
This is an anonymous survey. Please do not put your name or any identifying information anywhere on this survey.

You are seeing a Family Nurse Practitioner today. We would like to find out what people know and do not know about family nurse practitioners and how satisfied they are with the care provided by nurse practitioners. Your opinion as a consumer will be helpful. Please circle your answers or fill in the blanks. The health care provider you will see today will not see your individual responses. The responses you provide will be combined with responses from other patients and reported in the study results.

1. Do you know what a family nurse practitioner is?
   a. Yes
   b. No

2. Have you or a member of your family ever received care from a family nurse practitioner before?
   a. Yes
   b. No

3. If yes, would you seek care from a family nurse practitioner again?
   a. Yes
   b. No

4. If you have seen a nurse practitioner in the past:

   In general, on a scale of 1-10, indicate how satisfied you were with the care provided by the nurse practitioner. 10 is very satisfied and 0 is not satisfied.

   
   +---------------------+---------------------+---------------------+---------------------+---------------------+---------------------+
   |       10            |          8          |           6         |           4         |           2         |           0         |
   | very satisfied      | not satisfied       |                     |                     |                     |                     |
   

5. Who do you see on a regular basis for your health care needs?
   a. Physician
   b. Nurse Practitioner
   c. Physician Assistant
   d. Other__________

Continued on next page.
A family nurse practitioner (FNP) is a registered nurse who has completed advanced nursing education. They do complete physical examinations, diagnose and treat
common acute illnesses (colds, flu, urinary tract infections), manage stable chronic illnesses (diabetes, high blood pressure), and prescribe and monitor medications. They work in collaboration with physicians.

6. Do you think that family nurse practitioner services are similar to the ones provided by physicians?
   
   a. Yes  
   b. No

7. Suppose for a moment that you needed to have a physical examination completed. What are the top three concerns that you have before making an appointment to have the examination completed by a family nurse practitioner? (Check three choices.)
   
   ___A. Will my insurance cover the visit
   ___B. Is the family nurse practitioner qualified
   ___C. Is the family nurse practitioner experienced
   ___D. My own health state
   ___E. The family nurse practitioner's attitude
   ___F. Thoroughness of the examination
   ___G. Ability of the family nurse practitioner to make referrals
   ___H. Other_____________________________________

8. Listed below are four items which people have said are important to them. Please circle the number on the scale to indicate the degree of importance each item has to you, with 10 being very important and 0 being not important.

A. The amount of time the health care provider has available to spend with you during your visit

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>8</th>
<th>6</th>
<th>4</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>very important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>not important</td>
</tr>
</tbody>
</table>

Continued on next page.
B. If your health care provider is easy to make an appointment with or talk to over the phone when a problem arises

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>8</th>
<th>6</th>
<th>4</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>very important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

C. The staff, equipment, and space your health care provider has available to use

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>8</th>
<th>6</th>
<th>4</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>very important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Ability of your health care provider to quickly get consultation from other health care providers

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>8</th>
<th>6</th>
<th>4</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>very important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not important</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Assuming that you have a health concern that a family nurse practitioner can manage, decide the extent to which you agree or disagree with the following statement:

Going to a family nurse practitioner for health care would offer advantages over the way I presently get health care.

(Please circle the number on the scale, with 10 being strongly agree and 0 being strongly disagree)

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>8</th>
<th>6</th>
<th>4</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>strongly agree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>strongly disagree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. If you had the choice to see a nurse practitioner or another type of provider today or in the future, how likely would you be to select the nurse practitioner?

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>8</th>
<th>6</th>
<th>4</th>
<th>2</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>definitely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>definitely not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Continued on next page.
11. Do you think that a family nurse practitioner can provide the following health care services? Please check the appropriate box.

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening services to detect illness, for example, high blood pressure, cancer, diabetes, hearing loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling about weight control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrocardiogram (EKG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseling about retirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance in coping with stress and anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help to quit smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help to begin an exercise program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistance and support in preparing for the death of a person close to you</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testicular exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap smear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribe antibiotics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribe pain medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescribe for chronic illnesses I may have or develop</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refer me to a specialist if needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide primary care for all aspects of my health</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. How many times during the last 12 months have you seen your primary care provider?

_____ a. None

_____ b. 1-2 times

_____ c. 3-4 times

_____ d. 5-6 times

_____ e. 7-8 times

_____ f. 9-10 times

_____ g. more than 10 times

13. When you seek care, do you go most often because you:

_____ a. are healthy and you want to stay healthy?

_____ b. are sick and want to feel better
1. What is your age? ______

2. Are you: ______ female    ______ male

3. Ethnicity:
   ______ White
   ______ Native American
   ______ Black
   ______ Hispanic
   ______ Asian
   ______ Other ______

4. What is your occupation? ________________________________

   If you are retired, what was your occupation prior to retirement?

5. What was the last year of school you completed?
   ______ Less than high school
   ______ High school diploma
   ______ Associate's degree
   ______ Bachelor's degree
   ______ Graduate school
   ______ Other ______

6. Which of these categories best describes your approximate family income before taxes, for last year?
   ______ under 20,000
   ______ 20,001 - 40,000
   ______ 40,001 - 60,000
   ______ 60,001 - 80,000
   ______ $80,001 - $100,000
   ______ over $100,000
Any additional comments:___________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Thank you very much for completing this survey.
APPENDIX B

Author's Permission to Use Instrument
Subject Re: Re: contact information

From mailto: "sherry.shamansky" <sherry.shamansky@verizon.net>

Date Thursday, July 5, 2007 2:36 pm

To "Sarah E. Abrams" <sabrams@uvm.edu>

Hi, Sarah,

Feel free to forward my response to this student. She can certainly use the instrument, but she should note that this work was done in 1980-81.

Best,

Sherry
APPENDIX C

UW Oshkosh IRB Approval Letter
October 29, 2007

Ms. Jothi Kuriakose
1500 Crystal Lake Circle, Apt. 3
Green Bay, WI 54311

Dear Ms. Kuriakose:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: Adult Patients' Perceptions of Family Nurse Practitioners as Providers of Primary Health Care.

Your research has been categorized as EXEMPT. This means you will not be required to obtain signed consent. However, unless your research involves only the collection or study of existing data, documents, or records, you must provide each participant with a summary of your research that contains all of the elements of an Informed Consent document, as described in the IRB application material. Permitting the participant, or parent/legal representative, to make a fully informed decision to participate in a research activity avoids potentially inequitable or coercive conditions of human participation and assures the voluntary nature of participant involvement.

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-7172 or e-mail: rauscher@uwosh.edu).

Sincerely,

[Signature]

Dr. Frances Rauscher
IRB Chair

cc: Jill Collier
1254

INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF WISCONSIN OSHKOSH • 800 ALGOMA BLVD • OSHKOSH WI 54901
(920) 424-3215 • FAX (920) 424-3221
An Equal Opportunity/Affirmative Action Institution • http://www.uwosh.edu/
APPENDIX D

Informational Letter and Informed Consent
Adult Patients' Perceptions of Family Nurse Practitioners as Providers of Primary Health Care

Hello, my name is Jofy Kuriakose, RN. As part of my study in the Master of Science in Nursing program at the University of Wisconsin, Oshkosh, I am conducting a study about adult patients' perceptions of family nurse practitioners and the services they provide. Even though participation in the study may not benefit you directly, I would appreciate your participation in this study, as it will assist in making recommendations for family nurse practitioners to better serve adult patients in the future.

Although I could survey the healthcare provider you are seeing today, it will be more effective to survey you directly about your perceptions. I do not anticipate that the study will present any medical or social risk to you, other than the inconvenience of time that it takes you to complete this survey. I will not gather or release any information about you to anyone in a way that could identify you. Your participation in the study is absolutely voluntary and you can stop participating at any time. If you refuse to participate, it will have no effect on any services or benefits available to you at this clinic.

If you have any complaints about your treatment as a participant in the study, please call or write:

Chair, Institutional Review Board
For Protection of Human Participants
C/o Grants Office- UW Oshkosh
800 Algoma Boulevard
Oshkosh, WI 54901
(920) 424-1415

Although the chairperson may ask for your name, all complaints are kept in confidence.

By completing the survey, I will assume that you have read and understood this information and that you are giving me your informed consent to use the material on the survey in my study. If you would like a copy of the study results please contact me at:

Sincerely,

Jofy Kuriakose
University of Wisconsin Oshkosh, College of Nursing
800 Algoma Blvd
Oshkosh, WI 54901 8660
kuriaj73@uwosh.edu (920) 347-0468
REFERENCES


