

**REPORT OF THE TASK FORCE FOR STUDY OF THE
DEFINITIONS OF NURSING,
DEPARTMENT OF HEALTH REGULATORY BOARDS**

The Need to Redefine Professional Nursing and Practical Nursing in Virginia

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



House Document No. 25

**COMMONWEALTH OF VIRGINIA
RICHMOND
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TASK FORCE FOR STUDY OF THE DEFINITIONS OF NURSING

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HOUSE JOINT RESOLUTION NO. 12

Requesting the Department of Health Regulatory Boards to study the need to regulate X-ray technicians and to redefine the professional nursing practice.

Agreed to by the House of Delegates, March 7, 1986

Agreed to by the Senate, March 6, 1986

WHEREAS, the delivery of quality health care services is dependent upon the expertise of varied health care professionals, technicians and aides; and

WHEREAS, many physicians, podiatrists, chiropractors, dentists and veterinarians employ technicians or aides to perform tests, including the administration of X-rays; and

WHEREAS, X-rays are a source of ionizing radiation which is potentially dangerous as a possible cause of cancer and genetic damage and can result in death; and

WHEREAS, although X-ray machines are permitted by the Department of Health, the present law and regulations do not require the maintenance and operation of such machines to be monitored, and presently, X-ray technicians or aides are not regulated by the Commonwealth of Virginia; and

WHEREAS, the need to protect the public and workers from unnecessary and dangerous exposure is acute; and

WHEREAS, the profession of nursing is one of the largest groups of health care professionals in the Commonwealth, providing critically needed health services; and

WHEREAS, health care delivery has changed drastically during the past fifteen years, and thirty-four states have updated their nursing practice statutes to accommodate changes in the health care delivery system; and

WHEREAS, the Commonwealth of Virginia has not revised its Nurse Practice Act in fifteen years, and such statutes are in need of review and possible updating; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department of Health Regulatory Boards is hereby requested to: (i) study the need to regulate technicians who operate X-ray machines and to review the necessary minimum education, written examinations and continuing education requirements for such technicians who perform their duties under the supervision of an individual licensed by the Board of Medicine, the Board of Dentistry and the Board of Veterinary Medicine; the feasibility of initiating accreditation based on work experience and of creating three distinct classes of X-ray technicians for dental, medical and veterinary practice; and (ii) study the need for redefining the professional nursing practice. In studying the issues referred to in (ii) above, the Department shall utilize the resources of the Board of Nursing, the Virginia Nurses Association, the Professional Registered Nurses of Virginia, the Alliance of Nursing Organizations in Virginia, and qualified registered professional nurses.

The Department shall complete its work prior to November 15, 1986, and report its findings soon thereafter.

INTERIM REPORT OF THE TASK FORCE FOR STUDY OF THE DEFINITIONS OF NURSING

Introduction

Background

House Joint Resolution 12 (HJR 12) of the 1986 Virginia General Assembly "requests the Department of Health Regulatory Boards (DHRB) to study whether a need exists to redefine professional nursing practice," noting that the present legal definition of nursing may require revision to accommodate major changes in the health care delivery system during the past 15 years.

The present statutory definitions of "professional nursing," "practical nursing," "professional nurse," and "practical nurse" are stated in Code of Virginia, Sec. 54-367.2 (b), (c), (d), and (e). These definitions are presented in Appendix 1.

Upon receiving HJR 12, the Director of DHRB appointed a Task Force for Study of the Definitions of Nursing consisting jointly of members of the Virginia State Board of Nursing and the Council on Health Regulatory Boards, and instructed this Task Force to study the need to redefine the practices of the Registered Nurse (RN) or the Licensed Practical Nurse (LPN), or both. The Task Force was directed to engage, as appropriate, the resources of the Board of Nursing, the Virginia Nurses Association, the Professional Registered Nurses of Virginia, the Alliance of Nursing Organizations in Virginia, and other qualified professional nurses. Since the charge to the Task Force included examination of the need to revise the definition of practical nursing, the Task Force expanded the list of nursing organizations identified in HJR 12 to include the Virginia Licensed Practical Nurses Association.

This report is based on a preliminary analysis by the Task Force of information gathered. The findings presented here are tentative and subject to consideration and modification based on further analysis of the variety of information that has been made available to the Task Force.

Workplan for the Study

By consensus, the Task Force adopted the following problem statement for its work: to determine the need to revise the definitions of nursing as set forth in Code of Virginia, Sec. 54-367.2 (b) and (c). The Task Force adopted a workplan for this study at its initial meeting in April 1986 which includes the following major stages:

- (1) Exploratory fact finding and data collection;
- (2) Analysis and interpretation of data; and
- (3) Preparation and presentation of study findings and recommendations.

The workplan reflects the determination of the Task Force that its final conclusions and recommendations must be based on the most reliable and complete information. To facilitate its review of information, the Task Force accepted by consensus the following characteristics of a scope of practice definition.

The legal definition of nursing should be

- (a) valid;
- (b) enforceable;
- (c) the least restrictive provisions consistent with the protection of the public health, safety, and welfare;
- (d) free of ambiguity;
- (e) understandable by the public;
- (f) concise;
- (g) broad enough to allow for developing practice; and
- (h) distinguishable from other practice definitions.

Information Gathering and Data Collection

The following major components comprise the information gathering and data collection stage of the study. These activities were used to develop an understanding of the contemporary tasks of nursing and to address the question of whether the practice of nurses in Virginia is consistent with the current definitions of nursing.

Informational Hearings

Five regional informational public hearings were held throughout the Commonwealth, in Hampton on June 19, in Lynchburg on July 11, in Richmond on September 10, in Wytheville on October 1, and in Arlington on October 9. The hearings were announced in the Virginia Register, in statewide and local media, and in Board of Nursing newsletters and other professional publications. Two of the five hearings were held in the evening in order to encourage attendance by working nurses and others unable to attend daytime events. An average of more than 150 people—the majority of whom were nurses—attended each hearing. Testimony was received from more than 75 individuals and organizations, and additional written comments continue to be received by the Task Force.

Interviews of Nurses in Practice Settings.

The Task Force conducted interviews of 60 practicing nurses (45 RNs and 15 LPNs) in a variety of practice settings. Nursing and nonnursing members of the Task Force participated in the interviews, which averaged 45 minutes each. Interviewers used a questionnaire developed by the Task Force and staff which provided for the collection of both demographic and nursing practice information. The questionnaire is reprinted in Appendix 2. Primary goals of the interviews were to see nurses in their work settings, and for nonnursing members of the Task Force to develop an understanding of contemporary nursing tasks.

These settings are listed by location.

Hampton

A labor and delivery unit, an intensive care unit, a mental health center, a medical unit of a hospital, a long-term health care center, and a public health department.

Lynchburg

A retirement facility, an operating room, an emergency room, a medical-surgical unit, patient education and rehabilitation centers of a hospital, an adult day care center, and several units, including an intensive care unit, at a state training center for the multiply handicapped.

Richmond

Emergency services, a neonatal intensive care unit, an outpatient surgery unit, a hospice, a convalescent center, an industrial health service, a weight loss center, and an ambulatory care center.

Wytheville

An emergency room, a surgical unit, a medical unit of a community hospital, a public health department, a home care agency, a private medical practice, and nursing faculty at a community college.

Northern Virginia

A correctional unit, a nurse midwife practice, an oncology unit, a medical unit, a pediatric unit, a discharge preparation unit, two medical-surgical units, and nursing faculty at a university.

Review of Job Descriptions.

A Task Force member systematically studied more than 250 nursing job descriptions submitted by hospitals and nurses. The Virginia Hospital Association facilitated collection of these descriptions by publicizing activities of the Task Force and soliciting hospitals and nurses to submit descriptions.

Survey Research of Nursing Tasks

To develop further knowledge of the contemporary tasks of nursing, the Task Force recommended, and the Director of DHRB approved, a contract with the Virginia Commonwealth University Survey Research Laboratory for a study of a sample of RNs and LPNs. The focus of the study is to discover those nursing tasks currently practiced that may be near the boundary of the existing legal definition of nursing practice in Virginia. A survey instrument was developed using task statements validated in a current major national study of the tasks of nursing (A Study of Nursing Practice and Role Delineation and Job Analysis of Entry-Level Performance of Registered Nurses, Kane, et al., National Council of State Boards of Nursing, Inc., 1986) that discriminated between practice activities of RNs and LPNs, a recent state study (Job Analysis for Entry-Level Registered Nurses, California, 1986) that differentiated between the practice of entry-level and experienced nurses, and other resources. Assistance in developing the instrument was obtained from a panel of 13 nursing experts practicing in Virginia. The members of the expert panel are identified in Appendix 3. The survey instrument is reprinted in Appendix 4. The survey form was pretested using a convenience sample of nurses.

Surveys were mailed to a random sample of 3,020 licensed nurses in Virginia. The sample consisted of 2,000 RNs and 1,020 LPNs. The total nurse population in Virginia is approximately 55,000 RNs and 21,000 LPNs. Two followup mailings to nonrespondents were made and a special telephone survey of nonrespondents was conducted to ensure that responses did not reflect a systematic bias. A total of 2,158 responses have been received, for an overall response rate of 73.7 percent; the RN response rate was approximately 71.1 percent, and the LPN response rate was 69.5 percent.

Contributions from Nursing Organizations

Nurse organizations and associations provided support to the study by offering testimony at public hearings and by submitting formal proposals or model practice acts. At the first meeting of the Task Force, the Alliance of Nursing Organizations, the Virginia Licensed Practical Nurses Association (VLPNA), Professional Registered Nurses of Virginia, and the Virginia Nurses Association (VNA) were invited to present their views on issues relative to the study of the Task Force. The VLPNA and VNA provided proposed model definitions of nursing practice for consideration. These models were cited frequently in informational hearings and in written submissions, and they have provided frames of reference for information gathering by the Task Force. Other associations of nurses and individuals have also provided model definitions and standards of nursing practice.

Literature Review

A review of pertinent literature was conducted. Boards of nursing throughout the country were requested to submit recent studies. Information received from other states is listed in Appendix 5. Professional journal articles were reviewed for information and data related to credentialing issues. Texts and journals in nursing were reviewed for information on nursing theory and practice. Since nursing regulation is a component of a broader system of health professional regulation in Virginia, the Task Force reviewed the statutes and regulations of other regulated health professions in terms of their impact on the practice of nursing.

Consultation with other Resource Agencies and Organizations

Finally, consultants were invited by the Task Force to address legal and other issues. Consultants in risk management from the Virginia Insurance Reciprocal, Inc. discussed case law and scope of practice issues. An Assistant Attorney General prepared a review of issues relative to the advanced practice of nursing. Representatives of the Division of Public Health Nursing within the Department of Health, a nurse practitioner educator, and other nursing specialists presented information at informational hearings, in written submissions, and during meetings with the Task Force.

Analysis of Information

The analysis of all information gathered by the Task Force is not concluded. Initial analysis and interpretation of portions of the array of data from informational hearings, interviews, literature reviews, and submissions from the public have been completed, but initial findings remain tentative. Analysis of information is continuing.

It is important to note the extent of information and current data that have been collected and generated by the study. These will provide information on the demographics of the nurse population in Virginia as well as data on the tasks performed by a representative sample of the approximately 75,000 nurses licensed by the Board of Nursing. The analysis of these data will fill an increasing need for current and reliable information on the profession and its practice.

While the focus of the present research is on definitional issues, the problem statement for this research cannot be addressed in isolation from other critical policy questions. Data generated from the present study will have utility well beyond the immediate policy concern. The analysis of information will extend beyond description of nursing demographics and practice to discern when possible the relationships between and among practice preparation, experience, practice settings, organizational factors, and practices that may not be consistent with the present definitions of nursing practice.

Recommendations

The preliminary analysis of the data indicates a need to align the present definitions of professional and practical nursing with present and future practice realities. The Task Force has not determined the extent of change in Virginia law that may be required. Several terms in common usage denote or connote degrees of change that may be required--amend, revise, refine, redefine, modify--but it is premature to select the term that best reflects the degree of change that may be needed.

For this reason, the Task Force has adopted unanimously the following recommendation for the consideration of the Director of the Department of Health Regulatory Boards and the Virginia General Assembly:

1. Based on a preliminary analysis, the Task Force believes that there may be a need to modify, refine, revise, or redefine the definitions of professional nursing and practical nursing in Virginia law.

The Task Force further believes that the work it has organized and conducted to date should be continued to its logical conclusion. It has, therefore, adopted the following recommendation by consensus:

2. The Task Force for the Study of the Definitions of Nursing in Virginia respectfully requests that it be allowed to continue its work and to give a final report with recommendations by March 1, 1987.

In submitting this interim report to the Director of the Department of Health Regulatory Boards and to the Virginia General Assembly, the Task Force wishes to record publicly its gratitude to the thousands of nurses who have contributed to its work. These individual nurses as well as nursing organizations, state and private health-related agencies, and members of the public have cooperated in providing valuable information and insights into the need to redefine the practice of nursing.

APPENDIX 1

DEFINITIONS OF PROFESSIONAL NURSING, PRACTICAL NURSING,
PROFESSIONAL NURSE, AND PRACTICAL NURSE
Code of Virginia Sec. 54-367.2 (b), (c), (d), and (e)

CODE OF VIRGINIA, SEC. 54-367.2(b), (c), (d), and (e)

(b) "Professional nursing" means the performance for compensation of any act in the observation, care and counsel of persons who are ill, injured, or experiencing changes in normal health processes or the maintenance of health or prevention of illness of others; or in the supervision and teaching of others who are or will be involved in nursing care; or the administration of medications and treatments as prescribed by a licensed medical practitioner. Professional nursing requires specialized education, judgment, and skill and is based upon knowledge and application of principles from the biological, social and physical sciences.

(c) "Practical nursing" means the performance of compensation of selected acts in the care of persons who are ill, injured, or experiencing changes in normal health processes. Such performances require a knowledge of and skill in simple nursing procedures, gained through prescribed preparation, but do not require the specialized education, judgment and skill essential for nursing by professional nurses. Practical nursing is performed under orders of a licensed medical practitioner, or under directions of a professional nurse.

(d) "Professional nurse," "registered nurse" or "registered professional nurse" means a person who is licensed under the provisions of this chapter to practice professional nursing as defined in subsection (b) of this section. The abbreviation "R.N." shall stand for such terms.

(e) "Practical nurse" or "licensed practical nurse" means a person who is licensed under the provisions of this chapter to practice practical nursing as defined in subsection (c) of this section. The abbreviation "L.P.N." shall stand for such terms.

APPENDIX 2

TASK FORCE INTERVIEW QUESTIONNAIRE

TASK FORCE INTERVIEW QUESTIONNAIRE

Date _____

Subject Code _____

Interviewers _____

A. Background

1. What license do you hold?

L.P.N. _____

R.N. _____

Other _____ (certifications or other licenses)

2. Are you licensed to practice nursing in any state other than Virginia?

No _____

Yes _____ Please specify which one(s) _____

3. What is the year of your original license to practice nursing? _____

4. What was your first credential in nursing?

a. for Registered Nurse:

Associate Degree in nursing _____

Baccalaureate Degree in nursing _____

Diploma (Hospital Based) in nursing _____

Masters in nursing _____

Doctoral in nursing _____

b. for Licensed Practical Nurse:

Diploma in Vocational/Practical Nursing _____

Specify length:

1) 12 month program _____

2) 18 month program _____

5. How long have you worked in nursing? _____

6. Have you ever interrupted your nursing employment for more than 6 months at a time?

a. No _____ Yes _____

b. For how long _____

c. Did you have a planned refresher, a similar update course, or an extended orientation prior to resuming practice as RN/LPN? No _____ Yes _____

7. Area of Current Practice?

- Long Term Care _____
- Geriatrics _____
- Community/Public Health _____
- Medical Unit _____
- Surgical Unit _____
- Newborn _____
- Maternity _____
- Psychiatric/Mental Health _____
- Critical Care _____
- Operating Room _____
- Other: _____

8. What is the setting for your current practice?

- Acute Care Hospital _____
- Clinic _____
- Day Care Center _____
- Extended Care Facility _____
- Long Term Care Facility _____
- HMO _____
- Home Care _____
- Hospice _____
- In Private Practice/Physician-Dentist _____
- Mental Health Center _____
- Nursing Home _____
- Private Practitioner's Office _____
- Private Nursing Agency _____
- Health Department _____
- Private Nursing Practice _____

9. How long have you worked in your current practice setting? _____

10. What is your current position

- a) Administrative/Supervisory _____
Staff _____
- b) Specific job title: _____
- c) How long have you worked in this position? _____

11. To whom are you directly accountable or responsible? _____

12. Are you full-time _____ or part-time _____?

13. How many hours of actual work do you average every two weeks? _____

14. To whom do you report?

- R.N. _____
- L.P.N. _____
- Physician _____
- Dentist _____
- Hospital Administrator _____
- Other _____

15. What shift do you usually work?

- Day _____
- Afternoon _____
- Evening _____
- Night _____
- Rotate _____

16. To what nursing organizations do you belong?

B. Specific Practice Activities

1. Tell us about your current job responsibilities, or Describe what you do

2. What three nursing activities have you performed most frequently in the past week?

3. What is the most critical nursing activity you have performed in the past one to two weeks? In other words, when you think back over your work these past 14 days, if you had not performed this particular activity, there would have been serious consequences to the patient.

4. Describe the process whereby you and your supervisor arrive at a diagnosis for patients on your unit/in your practice setting.

5. Describe the process whereby you and your supervisor arrive at an intervention plan for patient care.

C. Legal Definition - Scope of Practice

1. Are you familiar with the content of the legal definition of nursing in Virginia?

Yes _____ No _____
[obtain response, then
show a copy of the definition]

2. Does this definition cover all phases and activities for which you are responsible in your current job?

a. Yes _____ No _____
b. If no, specify what is not covered?

3. What are your long-term career goals in nursing or related field?

4. Do you believe these can be achieved within the current definition of nursing?

Yes _____ No _____

5. Do you believe you are currently functioning in an advanced practice role?

a. Yes _____ No _____
b. If yes, what specific activities distinguish this role from the role of a beginning practitioner? OR, How does your current role differ from an RN (or LPN) not in an advanced role?

D. Continuing Education

1. Within the past 12 months, what continuing education programs or courses have you attended? {Include credit and/or non-credit}

2. Do you subscribe to any nursing journals?

a. No _____ Yes _____
b. If yes, which one(s)? _____

E. Conclusion

1. And finally, recognizing the purpose of the Task Force, what suggestions would you like to offer to us as we proceed in our study:

2. Other Comments:

Thank you very much in helping us with our study.

APPENDIX 3

PANEL OF NURSING EXPERTS

PANEL OF EXPERTS

Judith B. Collins, R.N.
Richmond

Linda French, R.N.
Fincastle

Mary Frances Grasty, L.P.N.
Newport News

Debra Hearington, R.N.
Richmond

Christine Heine, R.N.
Virginia Beach

Samantha Jones, L.P.N.
Charlottesville

Linda Lalor, R.N.
Charlottesville

Cindy Sanborn, R.N.
Charlottesville

Karen Saunders, R.N.
Petersburg

Bolling Scott, R.N.
Richmond

Lucy A. Smith, R.N.
Richmond

Patricia Williams, R.N.
Suffolk

Helen Yura, R.N., Ph.D.
Norfolk

APPENDIX 4

1986 SURVEY OF VIRGINIA NURSES

1986 SURVEY OF VIRGINIA NURSES



Task Force For Study of
the Definitions of Nursing

Survey Research Laboratory
Virginia Commonwealth University

1986 SURVEY OF VIRGINIA NURSES

PART I. YOUR BACKGROUND AND WORK ENVIRONMENT

DIRECTIONS: The information you supply on this questionnaire will be kept completely confidential. Please circle the number of the answer that most correctly reflects your experience. (Note: The term "patient" is used to indicate either a patient or a client.)

1. Are you currently employed as a nurse?

1. YES
2. NO

2. If you are not currently employed as a nurse, how long has it been since you were employed as a nurse? (Please indicate the total number of years and months...e.g., 1 year and 3 months)

_____ YEARS _____ MONTHS

2b. If you are not currently employed as a nurse, please select the reason that best describes why. (Circle one number)

1. RETIRED; DON'T PLAN TO PRACTICE AGAIN
2. RETIRED; MAY WANT TO PRACTICE AGAIN
3. CANNOT FIND A SATISFACTORY NURSING JOB
4. MATERNITY LEAVE...TEMPORARILY NOT WORKING IN ORDER TO HAVE A CHILD
5. TEMPORARILY NOT WORKING FOR OTHER PERSONAL REASON
6. WORKING IN A NON-NURSING JOB BECAUSE OF BETTER HOURS, PAY OR CONVENIENCE
7. OTHER (SPECIFY) _____

3. If you worked in another job in which you provided direct patient care before you became a registered nurse or licensed practical nurse, which one of the following best describes your work role: (Circle one number)

1. NO PRIOR EXPERIENCE
2. NURSING ASSISTANT (INCLUDING AIDES OR ORDERLIES)
3. PSYCHIATRIC TECHNICIAN
4. LICENSED PRACTICAL NURSE
5. MILITARY MEDIC OR CORPSMAN
6. OTHER
(SPECIFY) _____

4. If you are an L.P.N., answer Part A.
If you are an R.N., answer Part B.

a. (For L.P.N.'s)

What type of educational program prepared you for licensure as a Licensed Practical Nurse?

(Circle one number)

1. PRACTICAL
2. VOCATIONAL
3. OTHER
(SPECIFY) _____

b. (For R.N.'s)

What type of educational program prepared you for licensure as a Registered Nurse?
(Circle one number)

1. ASSOCIATE DEGREE
2. BACCALAUREATE DEGREE
3. DIPLOMA
4. OTHER
(SPECIFY) _____

5. Since becoming licensed, how long have you been employed as a registered and/or practical nurse at all places of employment combined?

_____ YEARS _____ MONTHS

6. What type of nursing education did you most recently complete?
(Circle one number)

1. PRACTICAL NURSING PROGRAM
2. DIPLOMA NURSING PROGRAM
3. ASSOCIATE DEGREE PROGRAM
4. BACCALAUREATE DEGREE PROGRAM
5. NURSE PRACTITIONER PROGRAM (MASTERS OR CERTIFICATE)
6. MASTER'S DEGREE IN NURSING
7. DOCTORAL DEGREE PROGRAM IN NURSING
8. OTHER _____
(SPECIFY)

7. If you are certified as a nurse practitioner by the Commonwealth of Virginia, please indicate your practice category.

(List certification title)

8. If you are certified by a national organization, please indicate the area of practice in which you are certified and the national organization that granted the certification.

AREA _____

NATL ORGANIZ _____

The following questions pertain to your work setting and job description. If you are not currently working as a nurse, please provide information for the most recent job in which you worked for at least six months (e.g. if your last job was a position lasting only one month, do not describe it).

9. Which one of the following best describes your current position? (Circle one number)

1. STAFF NURSE
2. SUPERVISORY NURSE
3. NURSE PRACTITIONER
4. NURSE MIDWIFE
5. NURSE ANESTHETIST
6. CLINICAL SPECIALIST
7. NURSE EDUCATOR
8. NURSE ADMINISTRATOR
9. OTHER _____

10. If you hold a supervisory position, which of the following best describes the position you hold?
(Circle one number)

1. DO NOT HOLD A SUPERVISORY POSITION
2. TEAM LEADER (RESPONSIBLE FOR SOME NURSING STAFF ON ONE SHIFT IN A WORK UNIT)
3. CHARGE NURSE (RESPONSIBLE FOR ALL NURSING STAFF ON ONE SHIFT IN A WORK UNIT)
4. SUPERVISING COORDINATOR (RESPONSIBLE FOR ALL NURSING STAFF ON ALL SHIFTS IN A WORK UNIT)
5. OTHER _____
(SPECIFY)

11. Are you currently employed full-time or part-time?
(Circle one number)

1. ONE FULL-TIME JOB
2. ONE PART-TIME JOB
3. A FULL-TIME JOB PLUS SOME PART-TIME WORK
4. MORE THAN ONE PART-TIME JOB

12. What are the hours during which you normally work?
(Circle one number)

1. DAYS ONLY
2. EVENINGS ONLY
3. NIGHTS ONLY
4. ROTATE OR WORK ANY COMBINATION OF THE ABOVE

13. What is the setting of your current practice?
(Circle one number)

If you work in more than one setting, please indicate the setting in which you spend the most time)

HOSPITALS

1. MEDICAL SURGICAL
2. PEDIATRICS
3. INTENSIVE-CARE
4. OPERATING ROOM
5. RECOVERY ROOM
6. PSYCHIATRY
7. ANESTHESIA
8. CENTRAL SERVICES
9. EMERGENCY ROOM
10. LABOR AND DELIVERY
11. POSTPARTUM
12. NURSERY
13. PATIENT EDUCATION

NURSING HOMES

14. SKILLED CARE
15. INTERMEDIATE CARE
16. RESIDENTIAL CARE

COMMUNITY/HOME CARE SETTINGS

17. PHYSICIAN'S OR DENTIST'S OFFICE
18. SCHOOL/STUDENT HEALTH SERVICES
19. OCCUPATIONAL/INDUSTRIAL HEALTH SERVICES
20. CLINIC/OUTPATIENT
21. OUTPATIENT SURGERY
22. PATIENT'S HOME

PRIVATE PRACTICE SETTINGS

23. INDIVIDUAL PRACTICE
24. GROUP PRACTICE WITH NURSES
25. GROUP PRACTICE INCLUDING NURSES AND PHYSICIANS
26. GROUP PRACTICE INCLUDING OTHER HEALTH PROFESSIONALS:

OTHER

SPECIFY _____

14. What percentage of your time is spent on each of the following functions during a typical week? (Please make estimates that sum to 100%)

- _____ % ADMINISTRATION/MANAGEMENT
- _____ % DIRECT PATIENT CARE (HANDS-ON CARE AND CHARTING)
- _____ % INDIRECT CLIENT CARE (e.g., PLANNING, CONSULTING, ASSIGNING AND TEACHING STAFF, EVALUATING CARE)
- _____ % EDUCATION OF STUDENTS (INCLUDING PREPARATION TIME)
- _____ % RESEARCH
- _____ % OTHER
(SPECIFY) _____

100% TOTAL

15. To whom do you directly report?
(Circle one number)

1. L. P. N.
2. R. N.
3. PHYSICIAN
4. HOSPITAL ADMINISTRATOR
5. OTHER
(SPECIFY) _____

16. Are you functioning in a role that can be described as "advanced practice"?
(Circle one number)

1. YES
2. NO

IF YES, what is it about your work that makes it a form of advanced practice?

17. Which one of the following best describes the geographic area in which you work?

(Circle one number) :

1. LARGE CITY
2. SUBURBAN AREA
3. MIDDLE SIZE CITY
4. SMALL TOWN
5. RURAL AREA

18. What is the ZIP code of your residence?

19. What is your sex?
(Circle one number)

1. FEMALE
2. MALE

20. Which one of the following best identifies the race/ethnic group to which you belong?

(Circle one number)

1. WHITE, NOT HISPANIC
2. BLACK, NOT HISPANIC
3. HISPANIC
4. ASIAN
5. NATIVE AMERICAN
6. OTHER

21. In what year were you born?

19 _____

22. Do you belong to any nursing associations?

1. YES
2. NO

IF YES, How many? _____

PART II. NURSING ACTIVITIES

You should answer the following questions only if you are currently working as a nurse or if you have worked as a nurse within the past two years. If you are not currently working and have not worked in the past two years, simply return the questionnaire in the postage paid envelope.

DIRECTIONS

The next section consists of a list of activities. Here are the questions to be answered for each activity.

- A. Does the activity apply to your nursing practice setting (or the setting in which you most recently worked)?

Circle "X" if the activity is never performed in your practice setting (e.g., delivery of a baby would ordinarily not be performed in a nursing home). When you circle "X" move on to the next activity; do not respond to questions B or C.

- B. Can the activity be omitted by a nurse in your practice setting without causing harm to the patient?

Circle "1" if the activity is performed in your setting but can sometimes be omitted;

OR

Circle "2" if the activity can never be omitted.

- C. How frequently do you perform the activity?

Circle "1" if you personally *never perform the activity*

OR

Circle "2" if you perform the activity *less than once per week*

OR

Circle "3" if you perform the activity *about once per week*

OR

Circle "4" if you perform the activity *2-5 times per week*

OR

Circle "5" if you perform the activity *more than 5 times per week*

Record your answers to these questions by circling the appropriate number in the grid to the right of the activity. Below is an example to illustrate the directions.

EXAMPLE

You are a Registered Nurse or a Licensed Practical Nurse working in a psychiatric setting; you might respond to these items as follows:

		A	B	C
	Does not apply	Can sometimes be omitted	Can never be omitted	1 per week
	1 per week	2-5 times per week	1 per week	More than 5 times per week
Assist a patient with a bath	X	1	2	3
Perform open heart surgery	X	1	2	3
Implement precautions for patient's safety	X	1	2	3

ACTIVITIES

ACTIVITIES	Frequency									
	DOES NOT APPLY	A		B			C			
		CAN SOMETIMES OBT	CAN NEVER OBT	NEVER	LESS THAN 1 PER WEEK	1 PER WEEK	1-3 PER WEEK	MORE THAN 5 PER WEEK		
1. Modify food and fluid intake to promote fluid and electrolyte balance	X	1	2	1	2	3	4	5		
2. Start an intravenous infusion	X	1	2	1	2	3	4	5		
3. Determine point at which intervention is needed for premature labor	X	1	2	1	2	3	4	5		
4. Perform defibrillation or cardioversion	X	1	2	1	2	3	4	5		
5. Plan measures to deal with cardiac arrhythmias	X	1	2	1	2	3	4	5		
6. Evaluate the adequacy of a nursing documentation system	X	1	2	1	2	3	4	5		
7. Participate in quality assurance study	X	1	2	1	2	3	4	5		
8. Determine point at which emergency intervention is needed for renal failure	X	1	2	1	2	3	4	5		
9. Intervene to prevent suicide attempt by patient	X	1	2	1	2	3	4	5		
10. Perform complete physical examinations	X	1	2	1	2	3	4	5		
11. Prepare formula for and/or feed infant	X	1	2	1	2	3	4	5		
12. Intervene if patient abuse is observed	X	1	2	1	2	3	4	5		
13. Assess cardiovascular status	X	1	2	1	2	3	4	5		
14. Direct a support group for staff	X	1	2	1	2	3	4	5		
15. Determine the point at which intervention is needed for jaundice	X	1	2	1	2	3	4	5		
16. Check a patient for bleeding	X	1	2	1	2	3	4	5		
17. Perform debridement for decubiti or burn	X	1	2	1	2	3	4	5		
18. Evaluate a patient's response to total parenteral nutrition	X	1	2	1	2	3	4	5		
19. Report observed malpractice	X	1	2	1	2	3	4	5		

	A					B					C				
	DOES NOT APPLY	CAN SOMEHOWS OAPT		CAN NEVER OAPT		SEVERE	LESS THAN 1 PER WEEK		1 PER WEEK		2-3 PER WEEK		MORE THAN 3 PER WEEK		
20. Suture wound using skin clips or using sutures, needle and needle holder	X	1	2	1	2	3	4	5							
21. Administer anesthesia	X	1	2	1	2	3	4	5							
22. Identify and administer poison antidote	X	1	2	1	2	3	4	5							
23. Intervene if patient's rights are/being violated	X	1	2	1	2	3	4	5							
24. Develop teaching materials for an educational program	X	1	2	1	2	3	4	5							
25. Conduct a group therapy session for patients with psychiatric disorders	X	1	2	1	2	3	4	5							
26. Provide input for co-worker performance appraisal	X	1	2	1	2	3	4	5							
27. Teach a childbirth class	X	1	2	1	2	3	4	5							
28. Perform six-week postpartum assessment of reproductive organs	X	1	2	1	2	3	4	5							
29. Insert a nasogastric tube	X	1	2	1	2	3	4	5							
30. Maintain patent connection of endotracheal tube or tracheostomy to ventilator	X	1	2	1	2	3	4	5							
31. Interpret central venous pressure readings	X	1	2	1	2	3	4	5							
32. Schedule activities to provide opportunities for patients to rest	X	1	2	1	2	3	4	5							
33. Determine whether or not patient is likely to develop an endocrine imbalance and should be closely observed	X	1	2	1	2	3	4	5							
34. Mediate disputes among personnel	X	1	2	1	2	3	4	5							
35. Serve at designated community emergency center during time of disaster	X	1	2	1	2	3	4	5							
36. Evaluate a patient's response to nursing measures for controlling pain or discomfort	X	1	2	1	2	3	4	5							
37. Plan patient-care assignments for staff	X	1	2	1	2	3	4	5							
38. Adjust visiting hours to meet a family's need	X	1	2	1	2	3	4	5							

		A		B			C		
		DOES NOT APPLY	CAN SOMETIMES OBTAIN	CAN NEVER OBTAIN	NEVER	LESS THAN 1 PER WEEK	1 PER WEEK	2-3 PER WEEK	MORE THAN 3 PER WEEK
74. By telephone or radio, advise paramedics or other mobile unit personnel in providing care to patient in transit	X	1	2	1	2	3	4	5	
75. Initiate emergency nursing intervention for blood transfusion reaction (for example: stop transfusion, remove blood tubing, keep vein open, collect urine sample)	X	1	2	1	2	3	4	5	
76. Do passive range-of-motion exercises for a patient	X	1	2	1	2	3	4	5	
77. Check ward/facility or visitors for contraband and unsafe items such as scissors and knives	X	1	2	1	2	3	4	5	
78. Recommend areas for quality assurance study	X	1	2	1	2	3	4	5	
79. Evaluate the impact of therapeutic interventions on a patient's potential for suicide	X	1	2	1	2	3	4	5	
80. Incorporate quality assurance recommendations into future standards of care by changing procedures, attitudes and/or equipment	X	1	2	1	2	3	4	5	
81. Assess maternal and fetal status during labor	X	1	2	1	2	3	4	5	
82. Monitor a patient's status during surgery or other intrusive procedure	X	1	2	1	2	3	4	5	
83. Record patient's problems/needs and strengths	X	1	2	1	2	3	4	5	
84. Perform postpartum assessment (during first week following delivery) of breasts, fundus, lochia, perineum	X	1	2	1	2	3	4	5	
85. Evaluate physician's order in terms of patient safety and established policy; determine whether or not to carry out	X	1	2	1	2	3	4	5	
86. Conduct clinical research	X	1	2	1	2	3	4	5	
87. Pass instruments during a surgical procedure	X	1	2	1	2	3	4	5	
88. Irrigate ostomy	X	1	2	1	2	3	4	5	
89. Counsel the dying patient and/or his/her family	X	1	2	1	2	3	4	5	
90. Maintain patency of T-tube	X	1	2	1	2	3	4	5	

		A		B			C	
		DOES NOT APPLY	CAN SOMETIMES OMIT	CAN NEVER OMIT	NEVER	LESS THAN 1 PER WEEK	1 PER WEEK	2-3 PER WEEK
								MORE THAN 3 PER WEEK
126. Determine point at which emergency intervention is needed for increased intracranial pressure	X	1	2	1	2	3	4	5
127. Check patient for signs and symptoms of unauthorized drug/alcohol use	X	1	2	1	2	3	4	5
128. Assess and determine need to notify physicians of change in patient's physical/mental condition	X	1	2	1	2	3	4	5
129. Assist in preparation of breasts for breastfeeding	X	1	2	1	2	3	4	5
130. Remove T-tube	X	1	2	1	2	3	4	5
131. Prescribe medications	X	1	2	1	2	3	4	5
132. Instruct staff about patient rights and inform patient of rights	X	1	2	1	2	3	4	5
133. Assist in assessing patient's competency/mental status	X	1	2	1	2	3	4	5
134. Plan measures to assist patient in coping with anxiety about leaving hospital	X	1	2	1	2	3	4	5
135. Administer medications intravenously	X	1	2	1	2	3	4	5
136. Record observations of behavior that indicate a patient's mood	X	1	2	1	2	3	4	5
137. Encourage patients to persist with therapy	X	1	2	1	2	3	4	5
138. Help a patient/family adjust to role changes due to illness, accident or developmental changes	X	1	2	1	2	3	4	5
139. Assess anxiety level of patients/families and provide anxiety-reduction activities	X	1	2	1	2	3	4	5
140. Assist patients/families in decision-making regarding treatment options	X	1	2	1	2	3	4	5
141. Counsel patients on pain management without medications	X	1	2	1	2	3	4	5
142. Remove fecal impaction	X	1	2	1	2	3	4	5

	A					B					C				
	DOES NOT APPLY	CAN SOMETIMES OBTAIN		CAN NEVER OBTAIN		LESS THAN 1 PER WEEK		1 PER WEEK		2-3 PER WEEK		MORE THAN 3 PER WEEK			
143. Determine point at which intervention is needed for endocrine imbalance (for example: adrenocortical insufficiency or thyroid storm)	X	1	2	1	2	3	4	5							
144. Initiate advanced cardiac life support (ACLS) for cardiac or respiratory arrest	X	1	2	1	2	3	4	5							
145. Perform breast examination, palpating and inspecting for abnormalities or changes	X	1	2	1	2	3	4	5							
146. Deliver a newborn	X	1	2	1	2	3	4	5							
147. Refuse to provide patient with medication or perform procedure which you determine to be detrimental to patient or which is against established institutional policy, and inform appropriate personnel	X	1	2	1	2	3	4	5							
148. Administer PRN medications	X	1	2	1	2	3	4	5							
149. Conduct psychotherapy with individual patients	X	1	2	1	2	3	4	5							
150. Initiate pre-operative teaching for surgical patients	X	1	2	1	2	3	4	5							
151. Order a chest X-ray on a patient in respiratory distress	X	1	2	1	2	3	4	5							
152. Supervise nursing students in performance of procedures	X	1	2	1	2	3	4	5							
153. Participate in the development of standing orders and protocols	X	1	2	1	2	3	4	5							
154. Verify the identity of a patient	X	1	2	1	2	3	4	5							
155. Instruct patient/family regarding their health problems, therapeutic regimen, and/or adjustment of life style	X	1	2	1	2	3	4	5							
156. Measure patient for crutches and adjust for fit and comfort	X	1	2	1	2	3	4	5							

There may be other activities which you routinely perform that are critical to patient outcome. Please write in any such activities on the back of this booklet.

APPENDIX 5

NATIONAL ACTIVITIES ON THE NEED TO REDEFINE DEFINITIONS OF NURSING

**NATIONAL ACTIVITIES ON THE NEED TO REDEFINE
DEFINITIONS OF NURSING**

<u>STATE</u>	<u>ACTIVITIES</u>
Arkansas	No recent studies have been done.
Arizona	Currently conducting a study on nursing education. Preliminary findings indicate a trend toward increasing preparation for entry into professional practice. However, respondents find there will be a role for LPNs in the years 1995 to 2000 as assistants to RNs.
Connecticut	Addresses a similar issue and has two ad-hoc committees, one for RNs and one for LPNs. To date, the committees are developing their findings and have not yet developed a final document.
Delaware	No recent studies have been done.
Florida	No studies, but do have a fairly new definition of professional nursing.
Hawaii	No recent studies have been done.
Illinois	Illinois completed a survey of registered nurses in 1984 to determine relationships between age, sex, education, field, employment, and location.
Indiana	No recent studies have been done.
Iowa	The Iowa Board of Nursing is in the process of establishing a task force to study nursing and nursing education in Iowa.
Kansas	Kansas State Board of Nursing is just beginning to look into the process of studying professional nursing practice.
Kentucky	No recent studies have been done.
Maine	Substantially changing educational requirements.
Michigan	Has had no change in its definition since 1978.
Nevada	No recent studies have been done.
New Hampshire	Currently involved in a similar study.
New Mexico	A study is in progress to gather information regarding nursing education, with the ultimate goal of developing a comprehensive nursing education plan.

North Carolina	Have not conducted any recent studies and have no plans to initiate a study.
Ohio	Attempted to redefine professional nursing in 1986 legislature but was tabled indefinitely since a great deal of opposition was encountered from the medical community because the term "nursing diagnosis" was included. Ohio nurses will introduce new legislation next year.
Oregon	In 1985, the Oregon Board of Nursing decided to review its administrative rules for scope of practice. The results were repeals of administrative rules related to scope of practice and nursing conduct a total replacement of those sections, more precise definitions, and more specific information on expected scope of practice and nursing conduct.
Pennsylvania	No current information, although their Code contains a fairly progressive definition of nursing.
South Carolina	South Carolina currently has a task force studying the Practice Act. One of the subcommittees, Definition of Nursing/Advanced Practice, has been focusing its efforts on the need to redefine nursing and advanced practice. As a result of Sunset Review, a recommendation has been made that the Nurse Practice Act be amended to reflect current nursing practice "and to provide for increased flexibility in defining the definition of nursing practice."
South Dakota	Anticipates that revisions will be necessary in the near future "to reflect differentiated competencies for two levels of nursing education and practice." Some work has already been done towards this end.
Vermont	In 1983, Vermont conducted a comprehensive study which focused on LPN practice and activities within Vermont LPN practice. The study also identified activities outside the scope of Vermont LPN practice.
West Virginia	No study, but is becoming interested in standards of nursing education for discussion on the definition of professional nursing practice.

