

# Medical Team Satisfaction With Nurse Practitioner Clinical Performance

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**ABSTRACT:** The nurse practitioner (NP) system aims to enhance medical care quality, prevent and reduce human errors in medical care, and instill a cooperative spirit in medical teams. Nationally and international studies indicate a high level of satisfaction with the NP system from patients and their family. However, the expectations and satisfaction of medical teams with NP clinical performance have not yet been clearly delineated. In this research, a sample of 255 physicians, nurses, and other medical staff were recruited from a medical center in central Taiwan. Questionnaires given to this sample addressed the three major aspects of: “NP System”, “clinical practice content”, and “performance of clinical professional competency”. The Content Validity Index (CVI) of the questionnaire was .8981, and Cronbach’s reliability values for the three aspects were .88, .94, and .89, respectively. Results indicate that physicians and nurses have a significant difference of opinions with regard to the three aspects addressed. Physicians have higher recognition and satisfaction of the “NP system” and “performance of clinical professional competency”. Nurses tend to see “clinical practice content” as the major aspect. In conclusion, physicians and other medical staff had very positive attitudes towards the NP system and believed the clinical competency performance could be improved.

**Key Words:** nurse practitioner, medical team, clinical competency performance.

## Introduction

Advanced practice nursing continues to be articulated, with much of the literature addressing the role function of nurse practitioner (NP) by clearly delineating the defining characteristics of the practice itself. It is a great challenge for medical teams to provide high quality care to patients, with two major issues being: (1) skilled technical assistance in specialty practices and autonomous primary care in generalist practices and (2) clinical experience in a quality improvement initiative provided valuable opportunities for nurse practitioner to develop essential nurse practitioner characteristics and to explore practice competencies in the area of systems. In Taiwan, the NP system is promoted by the Department of Health and continues to gain in acceptance and popularity. In order to reduce the human errors in medical care and instill a cooperative spirit within the medical team, the role and competency of NP must be

clearly defined. To enhance cooperation with other professionals and confirm the value as well as function of jobs, the interaction and relationship of NP with other medical professionals must first be examined. Over 12% of personnel are unable to learn about their own work performance and work evaluation through co-workers, and rely on their own efforts and exploration to do so (Yu, 1993).

In Taiwan, the healthcare system is still not well designed to train individuals to become NPs. Most training is done through clinical practice under the direction of an experienced physician. In the United States, the National Organization of Nurse Practitioner Faculty (NONPF, 2004) maintains that the move toward the practice doctorate is no longer in question for NPs of the future. The question is how to bring about the transition and needed changes in the educational system to facilitate this move (Glazer, 2005). The situation is similar in Taiwan. As healthcare strains to cope with advances in scientific knowledge, economic

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**Received:** May 1, 2007 **Revised:** September 26, 2007 **Accepted:** January 23, 2008

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constraints, shifting population demographics, and complex healthcare needs, it is essential that nursing roles be structured and marketed in such a way that best meets the needs of patients, families, communities and medical teams.

### **Literature Review**

Nurse practitioners (NPs) have been working in primary care settings and contributing to healthcare in the United States. In the 1960s, when there was a physician shortage in the United States, the role of NP was developed under the belief of that nurses could help relieve the shortage by performing routine tasks that were considered part of the medical role. The role in the primary care setting, existing medical and nursing models of care (Barnett, 2005), allowed independent NP practice and collaborative practice agreement (Percy & Sperhac, 2007). The ability of NPs to provide care at an advanced practice level is a challenge in Taiwan. The NP often requires functioning in different roles in order to fulfill different medical environment practices.

Nurse practitioners are able to practice effectively in healthcare settings and offer high quality of care. Munding, Kane et al. (2000) reports that NPs can deliver a high quality of primary care equivalent to that of physicians. Moreover, NP personal characteristics are frequently noted as helping facilitate effective work (Tye & Ross, 2000). Several studies documenting the effectiveness of NPs in the delivery of primary care have made findings. Such include: (1) working with nursing staffs provides quality assurance and clinical support and medical intervention and (2) patients satisfaction is higher with NP-led care, as NPs tend to spend more time with clients and share more information; decrease hospital stay lengths, readmission rates and health costs; increase patient education and health promotion and give reminders to patients more frequently (Horrocks, Anderson, & Salisbury, 2002; Percy & Sperhac, 2007).

System and role performance are significantly different among healthcare providers and departments (Wei, Chang, Hu, & Hsu, 2002). Sierchio (2003) defines teamwork as two licensed practitioners forming a partnership for diagnosis or treatment or three or more practitioners in a medical team under the same situation. Cross-departmental cooperation enhances patient welfare and reduces costs. In the medical system of the future, a new type of team is anticipated to arise, formed by professionals from multiple fields. To achieve a necessary degree of cooperation, mem-

bers of such a team must recognize each other's specialties in order to be respectful and balanced from the outset (Chen, Lee, & Chang, 2005). Integrating medical resources, coordination, communication, and decision making between healthcare team members and patients are aspects of patient-centered medical care that could be improved by multidisciplinary team (MDT) work (Fleissig, Jenkins, Catt, & Fallowfield, 2006).

Among the factors that have led to this expansion in the role of nurses include issues of cost, the need to increase care provision to improve access, doctor availability, and the nurse skills and expertise. Nurse practitioners can provide care that leads to increased patient satisfaction and similar health outcomes in comparison with doctor-provided care (Horrocks et al., 2002). The views of primary and secondary care practitioners regarding who should take responsibility for patient referrals in light of concerns raised about professional competence and accountability, government policy supports development of advanced clinical nursing, there remains much work to be done to provide a professional and legal infrastructure to support the role (Price & Williams, 2003). It is important to explore the full scope of advanced practice nursing in specialty areas that are recognized and documented. Numerous studies prove that patients show a satisfaction with NP care that is sometimes even higher than doctor-provide care (Byrne, Richardson, Brunson, & Patel, 2000; Percy & Sperhac, 2007; Roblin, Becker, Adams, Howard, & Roberts, 2004). Therefore, it is important to enable nurse practitioners to continue developing their own roles with respect within medical teams. With clinical training, nurse practitioner will help improve the healthcare system and the care that a patient receives from a medical team. This benefits not only patients but also healthcare professionals, who are able to adapt their services to meet part of patient needs and focus on their individual areas of expertise. Nurse practitioners must document the influence of expert nursing care on patient outcomes and organizational efficiency. The nurse practitioner helps develop an advanced nursing framework to enhance healthcare delivery and improve services for patients (Horrocks et al., 2002; McMullan, Alexander, Bourgeois, & Goodman, 2001).

### **Aims**

The lack of current relevant literature limits the generalizability of the few studies that have been done related to NP job satisfaction. The purposes of this research include:

- (1) Understand the level of satisfaction that NPs and medical team staffs have with regard to “performance of clinical professional competency”.
- (2) Explore the satisfaction levels of medical team staffs with regard to “NP system”, “clinical practice content” and “performance of clinical professional competency”.

## Methods

### Sample and Setting

A sample of 255, including physicians, pharmacists, RNs, NPs, physiotherapist, social workers, discharge service planning staffs, respiratory therapists, and dieticians, was selected from a medical center in central Taiwan.

### Instruments

Research tool: Questionnaire.

Content: The constructed questionnaire included the three aspects of: (1) NP system, (2) clinical practice content and (3) performance of clinical professional competency.

- (1) NP system: Satisfaction survey addressing NP policy and programs.
- (2) Clinical practice content: Evaluation of NP practice content and items reflecting general agreement level. Dimensions included technical skills, interpersonal manner and information giving.
- (3) Performance of clinical professional competency: Satisfaction survey of NP actual practice capacity, use of an Objective Structured Clinical Examination (OSCE) to assess physical examination skills, leadership, case management and quality care provided.

Participant demographic characteristics: gender, age, license, practice years, total practice years, education level, professional title, direct cooperation, and department.

The questionnaire was developed through a review of the literature, expert evaluations and cognitive tests given to medical team staffs. These procedures helped verify respondent understanding of questions asked. The reliability of the final instrument was validated. Moreover, seven experts evaluate the relevance and clarity of questions on the questionnaire. The content validity index (CVI) was .8981, which achieved the experts' suggested rating.

The Likert-type portion divided the survey into 3 distinct components, including the: “NP system” (satisfaction structure, 24 items), “clinical practice content” (agreement

structure, 22 items), and “performance of clinical professional competency” (satisfaction structure, 19 items).

The questionnaire was based on NP clinical practice guidelines (Department of Health, Executive Yuan, R.O.C. [Taiwan], 2007), a review of the literature and the professional knowledge of the researcher. Using a random selection of healthcare providers in a medical center, 255 valid samples were collected (42 from medical physicians, 43 from NPs, 81 from registered nurses, 22 from respiratory therapists, four from discharge service planning staffs, 12 from social workers, 19 from physiotherapists, 14 from dieticians, and 18 from pharmacists). The levels of satisfaction were measured using a Five-point Likert Scale. Expert validity was taken into account, with a CVI of .8981. Internal reliability was confirmed by Cronbach's values of .88, .94, and .89, respectively. Each of the 255 participants was given a questionnaire to complete. The return rate was 51%. Data was analyzed by SPSS/PC 10.0 for Windows.

### Data Collection

Research work was performed from May 3, 2006 through May 13, 2006. Each participant, selected randomly from amongst healthcare providers in a selected medical center, was asked to fill out and return a questionnaire form. A total of 500 questionnaires were distributed, with 267 copies returned. Twelve of the returned copies were eliminated due to incomplete data (e.g. missing questions or professional title), giving a total number of 255 valid samples and a return rate of 51%.

### Data Analysis

Data was analyzed by SPSS 10.0 (Chinese version) using descriptive statistical analysis, one-way ANOVA, *t*-test, and Scheffe method.

## Results

### Sample Characteristics

Table 1 shows a summary of participant demographic characteristics. Most (80.4%,  $n = 205$ ) participants were female, with males accounting for 19.6% ( $n = 50$ ). Most were aged between 30 and 34 years old (40.8%,  $n = 104$ ). The great majority (91.4%) held a professional practice license. Approximately 12.5% of participants had three to four years of practice and about 13.7% of participants with ten to thirteen years working experience were in practice. Approximately 69.8% held an undergraduate degree as

**Table 1.**  
**Demographic Characteristics of Team Personnel**  
**(N = 255)**

Variables Type	n	%
<b>Gender</b>		
Male	50	19.6
Female	205	80.4
<b>Age</b>		
20–24 years old	30	11.8
25–29 years old	74	29.0
30–34 years old	104	40.8
35–39 years old	32	12.5
40–44 years old	9	3.5
45–49 years old	6	2.4
<b>Practice License</b>		
Yes	233	91.4
No	22	8.6
<b>Practice Years</b>		
less 1 year	20	7.8
over 1 years, under 2 years	20	7.8
over 2 years, under 3 years	27	10.6
over 3 years, under 4 years	32	12.5
over 4 years, under 5 years	20	7.8
over 5 years, under 6 years	18	7.1
over 6 years, under 7 years	20	7.8
over 7 years, under 8 years	11	4.3
over 8 years, under 9 years	19	7.5
over 9 years, under 10 years	15	5.9
over 10 years, under 13 years	26	10.2
over 14 years, under 15 years	18	7.1
over 16 years	9	3.5
<b>Total Practice Years</b>		
less 1 year	6	2.4
over 1 years, under 2 years	17	6.7
over 2 years, under 3 years	25	9.8
over 3 years, under 4 years	30	11.8
over 4 years, under 5 years	14	5.5
over 5 years, under 6 years	16	6.3
over 6 years, under 7 years	22	8.6
over 7 years, under 8 years	20	7.8
over 8 years, under 9 years	20	7.8
over 9 years, under 10 years	14	5.5
over 10 years, under 13 years	35	13.7
over 14 years, under 15 years	24	9.4
over 16 years	12	4.7
<b>Highest Level of Education</b>		
Junior college	40	15.7
University degree	178	69.8
Master degree	37	14.5

<b>Professional Title</b>		
Physician	42	16.5
Nurse practitioner	43	16.9
Registered nurse	81	31.8
Respiratory therapist	22	8.6
Discharge service planning staff	4	1.6
Social worker	12	4.7
Physiotherapist	19	7.5
Dietician	14	5.5
Pharmacist	18	7.1
<b>Directly Cooperation with NPs?</b>		
Yes	231	90.6
No	24	9.4
<b>Practice Department</b>		
Emergency department	32	12.6
Medical department	114	44.7
Surgical department	46	18.0
Combined department	63	24.7

their highest level of education. In terms of occupation and professional titles, 31.8% ( $n = 81$ ) were RNs and some 90.6% reported having direct cooperation with NPs. Participants were categorized in one of four groups: 32 (12.6%) belonged to the emergency department, 114 (44.7%) worked in the medicine department, 46 (18.0%) worked in the surgical department and 63 (24.7%) worked in the combined department (Table 1).

### Regarding the “NP System”

On a scale of 0 (not satisfied) to 5 (extremely satisfied), supportive “NP system” item scores ranged from 3.06 to 4.47 ( $M = 3.84$ ). Cronbach’s alpha for the 24 support items was .88, which indicates very good internal consistency.

- (1) Eighty-seven percent ( $n = 221$ ) of participants indicated that the NP system clarifies the role of NPs in a medical team. Eighty-five point percent ( $n = 217$ ) expressed a belief that the enhancement of nursing education and the increase of clinical demand fuels the further development of NP. Eighty-two point percent ( $n = 209$ ) said the NP system should provide more development assistance to nurses in medical care in order to reduce the turnover rate. The level of agreement of NPs with the “NP system” was found to be significantly higher than that of the medical team.
- (2) “NP system”: Practice year ( $p = .05^*$ ), total practice year ( $p = .038^*$ ), professional title ( $p = .0004^{***}$ ) and

different departments ( $p = .043^*$ ) all reach significant difference levels, with a significance of less than .05. This demonstrates the reaction from the medical team staffs in the “NP system” to differ significantly. (Table 2, 4, 5, 7)

### Regarding “Clinical Practice Content”

On a scale of 0 (do not agree) to 5 (strongly agree), supportive “clinical practice content” item scores ranged from 3.54 to 3.96 ( $M = 3.83$ ). The Cronbach’s alpha for the 22 support items was .94, indicating very good internal consistency.

1. Medical team staffs showed higher level of satisfaction in the following circumstances: More than three-quarters of participants (82.8%,  $n = 211$ ) agreed or strongly agreed that NPs were able to provide complete medical support under doctors’ instructions. A similar number (82.7%,  $n = 210$ ) agreed that NPs were capable of monitoring patient condition, examining and verifying results, and notifying

doctors of patients’ abnormal conditions. However, participants showed less satisfaction in terms of the clinical practice content of the NP system. Only 10.6% ( $n = 27$ ) reported satisfaction with NP performance in terms of attending to issues of concern to patients and their families and maintaining effective communication. Only 11.4% ( $n = 29$ ) agreed that NPs thoroughly explained procedures before examinations or treatments and answered patient/family questions adequately. The level of satisfaction with NPs in terms of “clinical practice content” was significantly higher than that of medical team members.

2. With regard to “clinical practice content”: professional title (doctor was more significant,  $p = .0005^{****}$ ) and practice years (less 3 years and over 10 years was more significant,  $p = .025^*$ ) achieved a different level. For all aspects of “clinical practice content”, professional title achieved a significant level of difference, with greater satisfaction among physicians, social

**Table 2.**  
**ANOVA Analysis of “NP system”, “Clinical Practice Content”, “Performance of Clinical Professional Competency”**  
**Title Variable (N = 255)**

Item	n	NP system		Clinical practice content		Performance of clinical professional competency	
		M	SD	M	SD	M	SD
Title							
①Doctor	42	3.86	0.28	3.95	0.45	3.50	0.41
②Nurse practitioner	43	3.72	0.24	3.91	0.36	3.48	0.43
③Registered Nurse	81	3.90	0.35	3.80	0.50	3.26	0.51
④Respiratory Therapist	22	3.70	0.20	3.57	0.56	2.96	0.63
⑤Nurse-Orientated Discharge Manager	4	4.00	0.23	3.54	0.33	3.19	0.33
⑥Social worker	12	3.89	0.33	4.06	0.48	3.30	0.63
⑦Physiotherapist	19	3.58	0.44	3.49	0.43	3.04	0.41
⑧Dietician	14	3.82	0.27	3.87	0.02	3.55	0.21
⑨Pharmacist	18	3.65	0.26	3.64	0.31	3.32	0.24
F value		3.783		3.659		7.215	
p value		.0004****		.0005****		< .0000****	
Scheffé method		①>⑦; ①>⑨; ③>②; ③>⑨; ③>④; ③>⑦; ⑤>⑦; ⑤>⑨; ⑥>⑦; ⑥>⑨; ⑧>⑦; ①>⑥>④>②>③>⑤>⑨>⑦		①>⑦; ①>⑨; ②>⑦; ②>④; ②>⑨; ③>⑦; ③>④; ⑥>⑦; ⑥>④; ⑥>⑨; ③>②>①>⑥>⑧>⑦>④>⑨		①>③; ①>④; ①>⑦; ②>③; ②>④; ②>⑦; ③>④; ③>⑦; ⑥>①; ⑥>②; ⑥>③; ⑥>④; ⑥>⑦; ⑥>⑨; ⑧>③; ⑧>④; ⑧>⑦; ⑨>④; ⑨>⑦; ⑥>①>②>⑨>③>⑤>⑦>⑧>④	

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .005$ . \*\*\*\* $p < .0001$ .



workers and respiratory therapists as well as among senior staffs. Such shows the reaction of the medical team staffs toward “clinical practice content” to differ significantly. (Table 2, 3)

### Regarding “Performance of Clinical Professional Competency”

On a scale of 0 (not satisfied) to 5 (extremely satisfied), supportive “Performance of Clinical Professional

**Table 3.**  
**ANOVA Analysis of “NP system”, “Clinical Practice Content”, “Performance of Clinical Professional Competency”**  
**Age Variable (N = 255)**

Item	n	NP system		Clinical practice content		Performance of clinical professional competency	
		M	SD	M	SD	M	SD
Age							
①20–24	30	3.80	0.36	3.87	0.59	3.40	0.45
②25–29	74	3.84	0.35	3.88	0.52	3.37	0.55
③30–34	104	3.77	0.33	3.72	0.41	3.28	0.47
④35–39	32	3.81	0.16	3.78	0.36	3.38	0.33
⑤40–44	9	3.84	0.38	3.90	0.36	3.51	0.62
⑥45–49	6	4.00	0.26	3.88	0.47	3.43	0.27
F value		0.98		1.36		0.74	
p value		.4297		.025*		.5933	
Scheffé method		② > ③					

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .005$ . \*\*\*\* $p < .0001$ .

**Table 4.**  
**T-Test Analysis of “NP system”, “Clinical Practice Content”, “Performance of Clinical Professional Competency”**  
**Sample Variables (N = 255)**

Type	n	NP system		Clinical practice content		Performance of clinical professional competency	
		M	SD	M	SD	M	SD
Gender							
Male	50	3.78	0.35	3.78	0.64	3.48	0.39
Female	205	3.81	0.32	3.78	0.48	3.31	0.49
t value		-0.295		1.013		2.200	
p value		.768		.312		.0249*	
License							
Yes	233	3.81	0.31	2.90	0.46	3.33	0.45
No	22	2.90	0.43	3.77	0.57	3.45	0.59
t value		1.137		0.0345		-1.173	
p value		.257		.730		.242	
Cooperated							
Directly	231	3.81	0.32	2.90	0.47	3.36	0.47
Indirectly	24	3.76	0.29	3.67	0.49	3.20	0.93
t value		0.848		1.522		1.576	
p value		.397		.129		.116	

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .005$ . \*\*\*\* $p < .0001$ .

**Table 5.**  
**ANOVA Analysis of “NP system”, “Clinical Practice Content”, “Performance of Clinical Professional Competency” Practice Years and Total Practice Years Variables (N = 255)**

Item	NP system	Clinical practice content	Performance of clinical professional competency
Practice Years			
F value	2.572	0.894	1.28
p value	.05*	.445	.0848
Total Practice Years			
F value	2.884	0.311	0.593
p value	.038*	.1596	.602
Scheffé method	① > ③; ④ > ③		

**Note.** Using sample interquartile range: ①: less 3years; ②: over 3 years, under 7 years; ③: over 7 years, under 10 years; ④: over 10 years.

\**p* < .05. \*\**p* < .01. \*\*\**p* < .005. \*\*\*\**p* < .0001.

**Table 6.**  
**ANOVA Analysis of “NP system”, “Clinical Practice Content”, “Performance of Clinical Professional Competency” Education Level Variable (N = 255)**

Item	n	NP system		Clinical practice content		Performance of clinical professional competency	
		M	SD	M	SD	M	SD
Education Level							
①Junior college	40	3.99	0.36	3.82	0.45	3.36	0.62
②University degree	178	3.99	0.33	3.81	0.49	3.56	0.48
③Master degree	37	3.85	0.32	3.73	0.43	3.63	0.41
F value		2.689		0.454		3.416	
p value		.070		.635		.034*	
Scheffé method		① < ②; ① < ③					

\**p* < .05. \*\**p* < .01. \*\*\**p* < .005. \*\*\*\**p* < .0001.

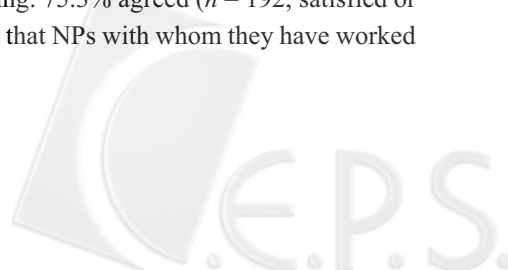
**Table 7.**  
**ANOVA Analysis of “NP system”, “Clinical Practice Content”, “Performance of Clinical Professional Competency” Department Variable (N = 255)**

Departments	n	NP system		Clinical practice content		Performance of clinical professional competency	
		M	SD	M	SD	M	SD
①Emergency unit	35	3.99	0.30	3.73	0.28	3.48	0.42
②Medical unit	71	4.03	0.33	3.87	0.53	3.54	0.55
③Surgical unit	86	3.98	0.32	3.73	0.50	3.54	0.53
④Combined unit	63	3.87	0.38	3.72	0.44	3.58	0.46
F value		2.760		1.373		0.305	
p value		.043*		.251		.822	
Scheffé method		② > ④; ③ > ④; ② > ① > ③ > ④					

\**p* < .05. \*\**p* < .01. \*\*\**p* < .005. \*\*\*\**p* < .0001.

Competency” item scores ranged from 2.80 to 3.80 (*M* = 3.55). Cronbach’s alpha for the 19 support items was .89, indicating very good internal consistency.

1. Medical team staffs showed high satisfaction levels for the following: 75.3% agreed (*n* = 192, satisfied or very satisfied) that NPs with whom they have worked



have sufficient competency in helping the patients understanding their conditions, and 72.2% ( $n = 184$ ) agreed those NPs have an appropriate level of competency in clinical consultation and instruction. The percentage reporting being not satisfied with NP competency was about 20.4% ( $n = 52$ ). About 34.9% ( $n = 89$ ) agreed that the NPs with whom they have worked are competent to practice invasive medical actions. The level of agreement from NP participants on the “performance of clinical professional competency” was significantly higher than that of medical team participants.

2. For all aspects of “performance of clinical professional competency”: professional title ( $p < .0000****$ ), gender ( $p = .0249*$ ) and educational level ( $p = .034*$ ) all reached a significant level of difference, showing the reaction of the medical team staffs toward the “performance of clinical professional competency” to be significantly different. (Table 2, 4, 6)

## Discussion

Members of hospital medical teams often subjectively deny or oppose the role and value of NPs. Helpful and collaborative individual characteristic impact directly on the NPs job satisfaction, and NPs require long-term commitment in order to devote themselves to performing optimally within the healthcare system. Study findings here can be used as references in revising and further developing nurse practitioner policies.

### NP System

1. NPs and medical team staffs ( $n = 215$ , 84.31%) show strong support for the promotion of the NP system, and expect that a clear definition will be given to NP roles.
2. NPs and medical team staffs ( $n = 205$ , 80.39%) agree that outstanding NPs should have priority for promotion to become experienced nurses in their departments.
3. Medical team staffs also agree that NPs should bear a reasonable workload in order to provide quality medical and nursing care concurrently.
4. The NP system is designed to provide medical support to doctors in their making decisions regarding prescriptions and diagnosis. The legal definitions and responsibilities of the NP system should be carefully examined.

Some studies suggest that when a provider makes a clinical decision, the legal ramifications of such must always be considered (Kron, Fetter, & Goldman, 2003; Stephanie, 2007).

### Clinical Practice Content

1. Is it suitable to allow NPs to write medical records? The limit of NP writing authority should be further defined.
2. Is it suitable to allow NPs to explain patient conditions, conduct invasive examinations, treatment and medical care? An agreement between NP and medical team staffs on this issue has yet to be reached.

Scudder (2006) reported that NPs have integrated this activity well into the care they provide for patients in an increasingly broad and independent manner.

### Performance of Clinical Professional Competency

1. Although 79.6% ( $n = 203$ ) of participants agree that care competency of NPs is higher than that of second-year resident doctors, NPs often receive less credit for their efforts. The efforts and value of NPs should receive greater recognition.
2. The degree of identification between NPs and invasive medical actions is low. Medical disputes need to be clearly defined to prevent NPs from becoming the subordinates of doctors.

Some research studies find NPs are increasingly being recognized and accepted as healthcare providers (Scudder, 2006). This research has found that some team staffs continue to lack respect for the role played by NPs.

### Conclusion

Study findings related to NP professional satisfaction are consistent with a survey by Li, Lin, and Chen (2007), which was limited to community health volunteers. This study surveys all members of the hospital medical team. In Taiwan, there has been little research done on NP job satisfaction in various practice environments. Schiestel (2007) reported that job satisfaction among NPs advance the profession in practice and help foster value in the position.

NP practice encompasses many different departments. Most of the research studies undertaken to examine the cost-effectiveness and safety of NP practice have found



that NPs provide safe and high quality healthcare. Many studies further demonstrate that patient satisfaction with NP care matches or even exceeds doctor-provided care (Munding, Cook, Lenz, Piacentini, & Smith, 2000). The purpose of this study was to explore the job satisfaction of NPs and observe the differences in satisfaction levels between medical team staffs at a medical center in terms of opinions regarding NP clinical professional competency. When medical team staffs experience strong collaborative relationships with NP, they typically display a high level of satisfaction; a finding similar to those of Minarik and Price (1999) and Horrocks et al. (2002).

Medical service quality differs between medical officers (Wu, 2001). It is imperative that the Department of Health take the lead to implement a nurse practitioner system in Taiwan. This agency is responsible to provide all citizens with quality medical care and to prevent and reduce medical service related problems. The Department of Health must understand that the fostering of a cooperative spirit within medical service teams, expected the future role and the ability will be able affirmed by other medical personnel and the all citizen, not only might promote the specialized status which will nurse, also will have to people's health is of help. Teamwork relationships are crucial because many nurse practitioner roles involve staff education, coordination and consultancy. NPs must compete with other professions for the chance to lead this new role. More studies are needed to broaden and expand understanding of the nurse practitioner in nursing practice. Building nurse practitioner input into interdisciplinary work should be maximized. Nurse managers might consider the role of clinical professional capacity performance in influencing team effectiveness, client care quality and job satisfaction. The Taiwan Nurse Practitioner Association often helps give nurse practitioners recognition for their professional training. The association will certainly develop and grow. Finally, the lack of a current, robust literature base limits the generalizability of the few extant studies on medical team staff viewpoints on satisfaction with NP clinical professional competency. Common themes noted in these studies provide a basis for conducting future studies.

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## 某醫學中心醫療團隊人員對專科護理師 臨床專業能力滿意度調查

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**摘要：**專科護理師制度主要是要提昇醫療照護品質、預防及減少醫療照護上的失誤、落實醫療團隊合作精神。國內外研究報告專科護理師制度在病患或家屬之整體滿意度高，可是在醫療團隊成員中，對於專科護理師臨床實務能力的期待與表現的滿意度尚未明確是促成此研究主要動機。本研究以便利取樣，於某醫學中心共收案 255 名，包含醫師、護理師、及其它醫療團隊人員。採單次自填式問卷調查，研究問卷內容包含「專科護理師制度」、「臨床實務內容」、「臨床專業能力表現」等三個構面，問卷之專家表面效度（CVI）值為 .8981，問卷內容之內在一致性檢測，三個構面的 Cronbach's  $\alpha$  係數分別為 .88/.94/.89。研究結果發現：醫師與護理師對於「專科護理師制度」、「臨床實務內容」、「臨床專業能力表現」之看法有顯著差異。醫師在「專科護理師制度」、「臨床專業能力表現」較護理師認同與滿意；而護理師在「臨床實務內容」較醫師認同度高。專科護理師之外的醫療團隊人員對專科護理師制度朝向正面支持，但認為專科護理師之臨床實務表現有再加強的空間。

**關鍵詞：**專科護理師、醫療團隊、臨床專業能力。

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