A SURVEY OF CURRENTLY REGISTERED NURSES IN MONTANA TO DETERMINE THEIR KNOWLEDGE OF CERTAIN PORTIONS OF THE NURSING PRACTICE ACT

by

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ABSTRACT

This study attempted to determine if currently licensed professional nurses in Montana would choose nursing actions that reflected knowledge of the Nursing Practice Act in situations which may place their licensure in danger. The purposes of this study were:

1. To determine if registered nurses in Montana have sufficient awareness of the Montana Nursing Practice Act to choose the kinds of nursing action which would protect themselves.
2. To emphasize the importance of nurses understanding their responsibility in nursing functions, since the expectations of the public, hospitals, and physicians are rapidly changing.

The information collected was two fold: (1) the choice of nursing action and (2) demonstration of knowledge of specific areas of the Montana Nursing Practice Act. The data was collected by the use of a questionnaire which exemplified the seven reasons given as grounds for discipline in the Nursing Practice Act. Ninety professional nurses licensed in Montana returned completed questionnaires.

Results of the study showed that nurses often selected the appropriate nursing action but the stated basis for their action was related to moral or ethical reasons. The findings of this study indicated that many nurses use some basis other than the Nursing Practice Act to give direction to their action in situations which might place them at the risk of disciplinary action under the Nursing Practice Act.

CHAPTER I

INTRODUCTION

Every registered nurse remembers clearly the day she received that long awaited letter from the State Board of Nursing following the writing of the state board examinations. It took only a brief glance at the envelope to discover whether or not she had passed the examinations, for, if she had been successful, her name appeared in the address with the letters R. N. behind it. Inside was the card that made it legal for her to practice nursing in the state. This was a proud and happy moment for every nurse. The card carried with it both privileges and responsibilities. The editors of the American Journal of Nursing write:

> That card is a symbol of many things. It means that the nurse who holds it has met certain minimum standards of education and character; it means that she has been appropriately examined and that her ability to perform professional functions has been judged, in most states, by members of her own profession; it means that the legal authorities of her state government have granted her the right to practice in that state, and that they can also take that right away from her.[1]

Licensure has the basic purpose of protecting the public's health, welfare, and safety. In modern civilization, licensure has become a function of state government. The law governing the practice of nursing provides for an administrative agency, the board of nursing, to carry out the provision of the law. Justin Miller, who was dean of the School of Law at Duke University in North Carolina, delivered an address before Congress on Medical Education, Licensure and Hospitals in 1934 at which time he stated:

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[1]Editorial, The American Journal of Nursing, Vol. 59, No. 4, April, 1959, p. 495.

> The purpose of professional licensure is, on the one hand, to secure to society the benefits which come from the services of a highly skilled group and, on the other hand, to protect society from those who are not highly skilled, yet profess to be, or from those who, being highly skilled, are nevertheless, so unprincipled as to misuse their superior knowledge to the disadvantage of people.[2]

Even though this statement was made thirty four years ago, it is still applicable today. Once a license has been granted, the nurse is responsible for complying with the law in respect to keeping the license in force, and on complying with the standards of the profession. The laws of the various states make provision for the granting of a license to practice and for the revocation of the license for just cause.[3]

The Nursing Practice Act of Montana provides for the licensure of nurses and for the revocation of a nurse's license in Title 66-1240. Grounds for discipline are established within the law as are the procedures for administration of disciplinary measures. The law reads as follows:

> The board, acting under the appropriate administration, shall have power to deny any license applied for, or to revoke or suspend any license to practice nursing issued by the board, or to discipline a licensee upon proof that the person:
>
> (1) Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.
> (2) Is guilty of a crime or gross immorality.
> (3) Is unfit or incompetent by reason of negligence, habit, or other causes.
> (4) Is habitually intemperate or is addicted to the use of habit-forming drugs.
> (5) Is mentally or physically incompetent.
> (6) Is guilty of unprofessional conduct.

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[2]Adele G. Stahl, "Prelude to Licensure," The American Journal of Nursing, VOL. 59, No. 9, September, 1959, pp. 1259-1260.

[3]Gene Harrison, The Nurse And The Law, (Philadelphia: F. A. Davis Company, 1945), p. 10.

(7) Has wilfully or repeatedly violated any of the provisions of this act; but only after compliance with the provisions of section 66-1241, with respect to written, verified complaint, notice of hearing, and personal service of complaint and notice on the person charged, and public hearing before the proper board.[4]

Problem Area

Carol Gard, in a study in 1965 entitled "A Survey of Licensed Active General Duty Nurses In Montana To Determine Their Beliefs Regarding Legal Responsibilities In Nursing" stated:

> In general, nurses are in need of instruction regarding one or more of the seven areas of control to insure their understanding of their professional responsibilities. Increased understanding is needed so that nurses may be safe practitioners and may protect themselves from legal liability.[5]

Mary Patricia Sullivan, in a study in 1967 entitled "A Survey Of The Graduating Student Nurses In The Schools Of Nursing In Montana To Determine Their Understanding Of The Legal Aspects In Nursing" stated:

> In general, the writer believes that the data points out that in many areas of nursing function the majority of nurses (student) did not choose the most acceptable answer; this seems to suggest need for more instruction and discussion with the nurses regarding their legal responsibilities. Some of the students gave responses reflecting poor understanding; so it may be necessary to give more emphasis to the reasons why the nurse takes one course of action instead of another.[6]

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[4]Montana, State Board of Nursing, Nursing Practice Act, (Helena, 1967), Title 66-1221-1245.

[5]Carol Lee Gard, "A Survey Of Licensed Active General Duty Nurses In Montana To Determine Their Beliefs Regarding Legal Responsibilities In Nursing," (unpublished Master's Thesis, Montana State College, Bozeman, Montana, June, 1965), p. 110.

[6]Mary Patricia Sullivan, "A Survey Of The Graduating Student Nurses In The Schools Of Nursing In Montana To Determine Their Understanding Of The Legal Aspects In Nursing," (unpublished Master's Thesis, Montana State University, Bozeman, Montana, March, 1967), p. 101.

Elwyn L. Cady, Jr., in Law And Contemporary Nursing writes:

> Thus, it is apparent that the nurse and her actions can have widespread influence in affecting the legal relations of others as well as herself. The nurse is a key person when legal problems arise in a professional setting.[7]

In view of the findings of these two studies and the expressed views of various authors concerning liability of nurses, the investigator began to question the nature of the nurse's knowledge and the basis for her actions as this would appear to have an effect upon her continued licensure as a practitioner of nursing.

Author's Belief Upon Which Study Was Based

While employed as a registered nurse in a general hospital in Montana, the investigator was aware of many of the legal responsibilities connected with the practice of nursing and of the regulation of the State Board of Nursing upon the licensing of registered nurses, but she was almost totally unaware of the specific kinds of actions she might take that would place her license at risk. These areas seemed to be the most frequently omitted from information about the Nursing Practice Act.

Upon enrollment in the graduate program in nursing at Montana State University, she became interested in the ways nurses place their license at risk and in their awareness of those situations. Her interest in this portion of the Nursing Practice Act and her belief that nurses should be more aware of situations which could place their licensure at risk led to

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[7]Elwyn L. Cady, Jr., Law And Contemporary Nursing, (Patterson, New Jersey: Littlefield, Adams & Co., 1961), p. 17.

the selection of this problem as the basis for her technical paper.

The Problem

The problem stated in question form was: Do nurses registered in Montana choose nursing actions that reflect knowledge of the Nursing Practice Act in situations which may place their licensure in danger?

The Purposes

This study was conducted to elicit information about the nurses' awareness and understanding of the seven reasons given in the Montana Nursing Practice Act for revocation of license. The purposes of the study are:

1. To determine if registered nurses in Montana have sufficient awareness of the Montana Nursing Practice Act to choose the kinds of nursing action which would protect themselves.

2. To emphasize the importance of nurses understanding their responsibility in nursing functions, since the expectations of the public, hospitals, and physicians are rapidly changing.

Limitations

The scope of the study was limited to professional nurses, who were registered to practice in Montana on January 22, 1968. Those nurses who sent in their registration after this date were not posted in the files of the Montana State Board of Nursing at the time the sample was drawn. The study was limited to the responses of the ninety (90) currently registered nurses who responded to the questionnaire.

The questionnaire limited the study to the seven reasons given for grounds for discipline previously discussed in this chapter. It was also limited by the investigator's ability to construct the questionnaire and her interpretations of the responses given by the respondents.

Assumptions

The basic assumptions on which the problem was approached were:

1. Knowledge of the Nursing Practice Act influences the choice of nursing action by the nurses in situations which may place her licensure at risk.

2. Knowledge and understanding of the Nursing Practice Act are essential to the practice of nursing in Montana.

3. The responses made to the questions in the research tool are predictive of the action the nurse would take in an actual nursing situation.

CHAPTER II

REVIEW OF THE LITERATURE

In reviewing the literature pertaining to the revocation of licensure, the material is limited. There is much written, however, on the licensure of nurses and the nurses' legal responsibilities, all of which are pertinent to the subject being investigated.

History of Licensure for Nurses

The movement for self-organization and registration in the United States was first stimulated by Mrs. Bedford Fenwick, who came to the United States in 1893 to arrange the English Nursing Exhibit at the Women's Building of the World's Fair in Chicago. She suggested at that time that a nursing congress be held in conjunction with the Congress of Hospitals and Dispensaries, meeting as a section of the International Congress of Charities, Correction, and Philanthropy. The suggestion resulted in arrangements for a nursing section under the chairmanship of Isabel Hampton of John Hopkins Hospital. Papers were presented during this congress on educational standards, affiliations, the need for alumnae, for a state and an American association, and for superintendents' conventions. The following statement was made regarding the legal control of nursing:"A system of registering (for a standard of equality would be exacted) should be devised so that all members of the association would be considered equally competent as far as technical knowledge went."[1]

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[1]Lesnik and Anderson, Legal Aspects of Nursing, (Philadelphia: J. B. Lippincott Company, 1947), p. 24.

Following the conclusion of the congress, the American Society of Superintendents of Training Schools for Nurses was organized. At approximately the same time, alumnae were beginning to organize and at a convention held in September, 1896, delegates of these alumnae societies and members of the superintendents' society organized the Nurses' Associated Alumnae of the United States and Canada. The question of registration was raised in 1899 by several American nurses, including Isabel Hampton Robb, president of the Associated Alumnae, and Sophia Palmer. Nursing leaders throughout the United States began efforts to promote legislation which would result in control of nursing. Lesnik and Anderson write:

> This struggle meant active lobbying on the part of nurses and their friends, with those few in positions of influence who could assure or refuse all efforts on the part of those who sought legislation. It meant active campaigning to convince the lawmakers that the cause justified the means; that nursing had reached the stage of acknowledged indispensability as an occupation in the care of the ill and the convalescent; and further, that this occupation was so intimately bound up with the safety and health of the public that it required regulation and control in the education of those who desired to engage in it.[2]

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[2]Ibid., pp. 25-26.

The purposes of the Nurses' Associated Alumnae of the United States and Canada became national in scope to improve the general status of the profession. The advancement of educational standards was being sponsored by the Superintendents' Society, which was also active in organizing the Alumnae Association. After a time the Canadian nurses organized separately for legal reasons but the purposes and aims of the two societies remained similar. As the Alumnae Association grew, it became apparent that a new name was needed and so in 1911 the American Nurses Association was created. The purposes of the Nurses' Associated Alumnae when it was organized in 1897 were: (1) to establish and maintain a code of ethics; (2) to elevate the standards of nursing education; and (3) to promote the usefulness and honor, the financial and other interests of the nursing profession.[3] Throughout the years the American Nurses' Association has continued to carry out these purposes and to help the individual nurse. The Association was instrumental in developing uniform licensing laws in the states to protect both the nurse and the public.[4]

North Carolina was the first state to pass a licensure law. The bill, passed in March, 1903, created a board composed of three nurses and two physicians and limited the board's power to the registration of nurses who had acquired diplomas from a reputable general hospital. New Jersey and New York passed similar nurse practice acts the same year.

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[3]The American Nurses Association, The A. N. A. and You, (New York: 1941), p. 2.

[4]Deborah MacLurg Jensen, History And Trends Of Professional Nursing, (St. Louis: The C. V. Mosby Company, 1959), pp. 218-219.

By the turn of the twentieth century, nursing had acquired the status of a profession which is interwoven with the public safety, health and morals of the people. Legislation in other states quickly followed. In their concluding remarks to the chapter on the development of professional nursing and legal control, Lesnik and Anderson write:

> The day will come when registered nurses will practice an independent and distinguishable profession, free from the ambiguity cast upon the work by those who are nurses in name only. Legislation is one of the means of accomplishing this end.[5]

Montana Nursing Practice Act

The first law enacted in Montana, on March 3, 1913, by the Thirteenth Legislative Assembly established a board of nursing and provided for certification of nurses. Chapter 50, Section 15 provided for disciplinary measures in the following manner:

> The Governor may, upon recommendation by the board, revoke any certificate previously issued to the holder thereof, after a hearing by the full board on charges made by any licensed physician in the active practice of his profession, or upon charges made by the registered nurse charging dishonesty, gross incompetence, a habit rendering a nurse unsafe or unfit to care for the sick, or any conduct or act derogatory to the morals or standing of the profession of nursing, or any wilful fraud or misrepresentation practiced in securing such certificate.[6]

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[5]Lesnik and Anderson, op. cit. p. 29.

[6]Montana, Laws of the Thirteenth Legislative Assembly, (Helena, 1913), Chapter 50.

The Nursing Practice Act was revised in 1947, at which time the use of the title "registered nurse" was protected. In 1953, revision created a board of nursing to regulate the practice of nursing by professional nurses and by practical nurses. It also established the Montana State Board of Nursing with dual functions, powers, and duties in the fields of professional nursing and practical nursing. At this time licensure of professional nurses in Montana became mandatory. The act was later amended in 1967.

The grounds for discipline as provided by the Montana Nursing Practice Act have been given in Chapter 1.

Other Literature Cited

It is generally agreed that licensure protects both the nurse and the public and has a valid reason for its being enacted. Bernice Anderson writes:

> Licensure translates into law the profession's concern for the welfare of the public. Through licensure, the professional worker demonstrates that he is competent to practice, that he has been properly prepared to face each situation that may come up in his practice, analyse that situation, determine the proper course of action and carry it out, and then evaluate its results. These are all individual actions, and it is this independence of action that makes legal sanction necessary. There must be some control over such individual action to protect the public.[7]

The board of nursing is the administration body that carries out the provisions of the law. Jensen writes concerning the administrative board:

In most instances the board has an autonomous nature and appointments

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[7]Bernice Anderson,"Legal Aspects of Nursing," American Journal of Nursing, VOL. 57, NO. 6, June, 1957, p. 749.

> to the board are made by the governor of the respective state, and board members usually have staggered terms, which avoids the sweeping changes that accompany purely political positions in changes of the administration.
>
> Some states have boards or governing agencies in connection with the Health Department or similar division, which perform the same functions. The autonomous board made up solely of members of the same profession is preferable, but such a situation is not always easily accomplished.[8]

The present trend in nursing legislation is toward mandatory licensure. Marcia Lou Barnes writes of a mandatory licensure:

> The public gains because it has the assurance that the professional nursing care individuals receive is performed by competent, licensed nurses.
>
> The professional status of a licensed registered nurse is protected by law which makes it illegal to practice nursing for compensation unless the nurse is a duly licensed graduate.[9]

In most states the functions of the state board includes:

1. Establishing minimal standards for schools of nursing.
2. Surveying programs in nursing to determine whether the minimal standards are being met.
3. Placing programs meeting the standards on the state approved or accredited list.
4. Selecting, administering, and determining the passing score on the licensure examination.

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[8]Jensen, op. cit. p. 417.

[9]Marcia Lou Barnes, "What Does Mandatory Licensure Mean?" American Journal of Nursing, VOL. 59, NO. 4, April, 1959, pp. 546-549.

5. Granting licenses by examination and by interstate endorsement.

6. Renewing licenses.

7. Prosecuting violators of the law.

8. Revoking or suspending licenses for cause.[10]

Lesnik and Anderson write the following about the revoking of a license:

> In all but fourteen states the board possesses the power to revoke licenses or certificates for specified reasons. In the remaining fourteen states this power is vested in the department or committee with which the board is connected or with which it is provided through the action of some court of competent jurisdiction, the attorney general or the Supreme Court.
>
> The specified reasons for revocation commonly included in nursing practices are: incompetency, dishonesty, fraud or deceit in securing registration, habitual use of drugs, intemperance, immorality, unprofessional conduct, conviction of a felony or offense involving moral turpitude, aiding or abetting at criminal abortions, wilful betrayal of a professional secret (Hawaii), practicing when afflicted with a contagious or communicable disease, gross negligence, sufficient cause, or variations of these.[11]

Thus, after having secured the license, the nurse must comply with the law to keep the license in force and must comply with the standards of the profession.

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[10]Stahl, op. cit. p. 1260.

[11]Lesnik and Anderson, op. cit. p. 46.

CHAPTER III

RESEARCH METHOD

A nonexperimental method was used to obtain the data for this study. This appeared to be the method of choice for obtaining current information about a large population. Abdellah and Levine discuss the non-experimental method as follows:

> In non-experimental research, called "surveys" by some, there is considerably less control over the study subjects and the setting in which it is conducted... There are many variations of non-experimental research... Completely non-experimental designs can be of several types -- cross-sectional, retrospective, or prospective. In the cross-sectional design the researcher dips into the study setting at a given point in time, after the study design is completed, and obtains data on events occurring at that time.[1]

The cross-sectional design was used in this survey.

Population

The study surveyed what a group of currently registered professional nurses in Montana knew about that portion of the Montana Nursing Practice Act, which deals with the causes for revocation of their license. The researcher was interested in the nature of the nurses' knowledge of the Nursing Practice Act as a basis for her actions. The universe, or target population, was the currently registered professional nurses in Montana from which a random sample of 150 nurses was chosen. The Montana State Board of Nursing maintains a file of the annual renewal cards of licensed

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[1]Abdellah and Levine, Better Patient Care Through Nursing Research, (New York: The Macmillan Company, 1965,) p. 140.

nurses in Montana. The renewal cards that were posted in this office on January 22, 1968, were the basis for the selection of a random sample. Since approximately 4,000 renewals had been posted, the selection of 150 names from this file was accomplished by choosing every twenty-fifth card in the file. If the address appearing on the twenty-fifth card was from out-of-state, the next card was selected. Names of classmates of the researcher, or faculty of the School of Nursing at Montana State University, were also omitted in the same manner since they were involved in setting up the research design.

Data Collection Tool

The data collection tool was a questionnaire designed to test two major variables: (1) choice of nursing action, and (2) demonstration of knowledge of specific areas of the Montana Nursing Practice Act. The questionnaire was used because it could be easily mailed to nurses in all parts of the state.

The tool constructed by the researcher with the assistance of the graduate committee chairman consisted of two parts: the first part requested information regarding the educational background, present position, and nursing experience of the respondent. This information was to be used to attempt to determine if there was a relationship between these factors and the nurses' understanding of the Nursing Practice Act; the second part of the tool was composed of eight nursing situations that may be encountered in nursing practice. These were constructed to demonstrate the seven reasons for grounds for discipline in the Nursing

Practice Act. Three courses of action were listed for each situation. The respondent was to select the action she considered to be the one she would take in that situation and to give a brief explanation for her choice in the space provided after each situation.

The questionnaire was constructed in the following manner:

1. Situation #1 tested: Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.
2. Situation #2 tested: Is guilty of gross immorality.
3. Situation #3 tested: Is guilty of a crime.
4. Situation #4 tested: Is unfit or incompetent by reason of negligence, habit or other causes.
5. Situation #5 tested: Is habitually intemperate or is addicted to the use of habit-forming drugs.
6. Situation #6 tested: Is mentally or physically incompetent.
7. Situation #7 tested: Is guilty of unprofessional conduct.
8. Situation #8 tested: Has wilfully or repeatedly violated any of the provisions of this act.

When possible, actual cases were used in writing the situations. Other sources of information were books and periodicals and experiences known by classmates.

Pilot Study

A pilot study was done to test the questionnaire. Seven graduate students in nursing were asked to complete the questionnaire and to make suggestions regarding wording, clarity, and construction. Since there were no unfavorable comments, the questionnaire was prepared for mailing. The questionnaire is in Appendix A.

Legal Consultation

A district judge was asked to review the questionnaire. He made no suggestions for change.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

The purpose of this chapter is to report data concerning the registered professional nurses' selected choices of action in hypothetical situations which had some potential for discipline under the Nursing Practice Act. The data analyzed dealt directly with the questions asked in the questionnaire, and interpretation was made of the answers that were given to the reason for action.

One hundred and fifty questionnaires were sent to the sample of currently registered professional nurses in Montana. Follow-up letters were sent after two weeks to remind those receiving questionnaires to return the completed questionnaires promptly. Ninety (90) questionnaires were returned giving a 60% return.

The data included two types of responses to eight situational problems, each of which exemplified one or more of the grounds for discipline as stated in the Nursing Practice Act. This data showed: (1) what action the nurse would take in the hypothetical situation described and (2) the reason she state for her choice of action in the situation. In this chapter, the responses given by the nurses for each item are examined in relation to certain criteria determined by the investigator.

The ninety (90) nurses who responded to the questionnaire were female. Six were single, seventy two were married, six were widowed, three were divorced, and three did not answer the question. Their ages were as follows:

13 were between the ages of 20 through 29

27 were between the ages of 30 through 39
25 were between the ages of 40 through 49
14 were between the ages of 50 through 59
9 were between the ages of 60 or over
2 did not answer the question.

The basic nursing education of the respondents was as follows:

77 were graduates of a diploma program
8 were graduates of a degree program
1 was a graduate of an associate degree program
2 did not answer the question

The mean number of years these nurses had been employed in nursing was 12.5 years. Seventy two (72) of the respondents had no further education past their basic nursing education. Fourteen (14) had received a baccalaureate degree, one (1) had courses beyond the baccalaureate degree, and one (1) had a master's degree.

Forty (40) of the respondents replied that they were employed full-time, twenty seven (27) replied that they were employed part time, five (5) replied that they were employed as needed by the employer, seventeen (17) replied that they were unemployed, and one (1) left this question unanswered. This is an interesting finding at a time when a shortage of nurses is reported.

Twenty four (24) of the respondents indicated that they were members of the American Nurses' Association, sixty one (61) indicated that they did not belong to the ANA and five (5) did not answer the question.

The size of the institutions in which the respondents were employed were as follows:

8 were employed in institutions under 25 beds
10 were employed in institutions of 25-49 beds
15 were employed in institutions of 50-99 beds

8 were employed in institutions of 100-199 beds
14 were employed in institutions of 200-299 beds
1 was employed in an institution of over 300 beds
6 were employed in an doctor's office
1 was employed as an instructor
4 were employed as public health nurses
1 was employed as a chief nurse in a health unit
16 said that they were unemployed
4 did not answer the question.

There was no difference between the groups who were employed full time, part time, or as needed by the employer. The nurses' understanding of the Nursing Practice Act was not influenced by their educational background, length of employment, size of institution in which employed, or membership in the American Nurses' Association.

The questionnaire was designed to elicit data under the headings of present position, area of employment, and field of employment. The responses could not be analyzed because the answers of the respondents seemed to reflect some ambiguity in these questions.

As discussed in previous chapters, the eight hypothetical situations and the three alternatives for nursing action suggested to the respondents were based upon the seven reasons for grounds for discipline in the Nursing Practice Act. The investigator used the grounds for discipline as the criteria for determining the responses which were satisfactory actions for the nurses in each instance. The questionnaire instructions read: "The following situations may be encountered in nursing practice. For each situation three possible nursing actions are given. Please select the action you consider to be the one you would take in that situation and give a brief explanation for your choice in the space provided." Appendix A.

The investigator attempted to place the reasons given by the respondents into three categories showing similar levels of understanding of the Nursing Practice Act. The categories were good understanding, partial understanding and poor understanding. Good understanding was defined as choosing the correct answer and giving a reason which demonstrated knowledge of the Nursing Practice Act. Partial understanding was defined as choosing the correct nursing action but for reasons based upon professional ethics or morals rather than demonstrated knowledge of the Nursing Practice Act. Poor understanding was defined as choosing the incorrect answer for reasons which did not demonstrate knowledge of the Nursing Practice Act.

The eight situational problems were analyzed and are discussed on the following pages. A copy of the questionnaire is included as Appendix A.

Item 1. Is Guilty of Fraud or Deceit in Procuring or Attempting to Procure a License to Practice Nursing.

The problem situation was:

> Mrs. Kathy Brown has recently moved to your community and has made application to the hospital for employment. She states that she is a graduate of the University of Chicago and is registered as a professional nurse in Illinois. As the Director of Nursing, what would your action be?

In this area the Nursing Practice Act states:

> After January 1, 1954, it shall be unlawful for any person to use any title, abbreviation, sign, card, or device to indicate that such person is (a) a registered professional nurse, (b) a licensed practical nurse unless such a person has been duly licensed under the provisions of this act, and the license of such person shall be valid and in force in compliance with the provisions of this act.[1]

The act further states:

> An applicant may, pending application for a professional nursing license pursuant to paragraph (a) immediately preceding practice professional nursing as an employee of a physician in her capacity as a professional nurse or in a hospital or public health agency for a period of not longer than three (3) months from the date the board acknowledges receiving from such a nurse a duly completed statement on a form provided by the board, of intention so to practice...[2]

Since licensure in Montana is mandatory, a nurse may not be employed as a professional nurse until these requirements have been met. The most acceptable answer to this problem is number (3): "Defer employment of Mrs. Brown until she becomes licensed in Montana." Answer (2): "Hire her as a nurse aide until she secures her Montana licensure," would be acceptable but would pose many problems since it would be difficult to keep the nurse from doing things which required her to be licensed and she would not be happy working as an aide. It was, therefore, considered impractical. Answer (1): "Hire her as a staff nurse after examining her diploma, graduate pin, and Illinois license," is unacceptable. The credentials which she offered could have been obtained under illegal means. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	50	55.6%
Incorrect	40	44.4%

The responses selected indicated that 55.6% of the nurses would choose the correct action to the nursing situation.

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[1] Montana, op. cit. Title 66-1221.

[2] Ibid. op. cit. Title 66-1228 (2) (b)

Forty (40) reasons showed good understanding of the necessity of being licensed in Montana before practising as a professional nurse. Eight (8) reasons given by the nurses showed partial understanding since they indicated other means of utilizing the nurse until she was licensed in the state or indicated the liability of the hospital and danger to the patient if this person was hired. Thirty one (31) reasons showed poor understanding of the Nursing Practice Act. Eleven (11) respondents did not give reasons.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 40 Partial: 8 Poor: 30 No reason stated: 11

Seventy one (71) reasons showed at least partial understanding of the proper procedure for obtaining licensure in Montana. Thus, the majority of the nurses in the sample did have some understanding of this area, indicating that they would not endanger their license by working without being duly licensed.

Item 2. Is Guilty of Gross Immorality.

The problem situation was:

> Mrs. Betty White, head nurse on a surgical floor, had been on duty for two hours when she received word that her mother had collapsed and had been taken to the medical floor by ambulance.

This situation was constructed to test a situation in which the nurse might be disciplined on the grounds of gross immorality if some serious consequences to a patient resulted from the nurse leaving her post before she was relieved. This nurse would be putting satisfaction of self

before the welfare of the patients for whom she has already accepted responsibility. Gross immorality would first have to be determined in a court of law and is becoming very difficult to prove. The investigator was unable to find any state boards of nursing that have defined this term or who had suspended a license on this grounds. Therefore, it is difficult to determine what "gross immorality" means in relation to the nurse's license. The most acceptable answer to this problem is number (1): "Mrs. White should remain at her position until such time as the supervisor secures a replacement for her." Answers (2): "Mrs. White should feel that her mother needed her more than her patients and go at once to care for her mother," and (3): "Mrs. White should notify the supervisor of the circumstances and go at once to her mother's bedside," are unacceptable since the nurse should not leave her position until she has been replaced by qualified personnel. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	72	80.0%
Incorrect	18	20.0%

The responses selected indicated that 80.0% of the nurses would choose the correct action in the nursing situation.

Sixty six (66) reasons showed good understanding of the nurse's responsibility to remain at her position until she was replaced by qualified personnel. One (1) response showed partial understanding, stating that too many people depend on her in this department and her

mother was being cared for until she got there. Fifteen (15) reasons showed poor understanding of the nurse's responsibility in the situation. Their reasons indicated they felt that the supervisor was responsible for covering such situations or that the nurse's emotional reaction would make her unsafe. Eight (8) of the respondents did not answer the question.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 66 Partial: 1 Poor: 15 No reason stated: 8

Sixty seven (67) of the reasons showed at least partial understanding of the nurse's responsibility indicating that they would not endanger their license by leaving their position until they had been replaced.

Item 3. Is Guilty of a Crime.

The problem situation was:

> Mary Jones, who was employed as a general duty nurse at the local hospital, was respected by her colleagues as a proficient and dependable nurse. They were surprised when they read in the morning paper that Miss Jones had been convicted of a felony for stealing merchandise valued at approximately $250.00 from a local department store. As the Director of Nursing, what would your action be?

Conviction of a felony is determined by a court of law. Such a conviction is all that is needed for the state board of nursing to revoke a nurse's license. Conviction of a felony also removes the individual's rights and privileges as a citizen, i.e., voting, serving in the armed forces, civil service positions, etc. The most acceptable answer is (3): "Call the matter to the attention of the Montana State Board of Nursing

and dismiss her." Answer (1): "Continue her employment as previously to the conviction since the crime was not related to her professional responsibilities," and (2): "Give her a six month leave of absence, suggest she seek counseling, and upon her return re-assign her to the premature nursery," are unacceptable since the law is explicit that conviction of a felony is grounds for discipline. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	53	58.7%
Incorrect	37	41.3%

The responses selected indicated that 58.7% of the nurses would choose the correct nursing action in the situation. Eleven (11) of the reasons showed good understanding of the effect of conviction of a felony upon the nurse's license. This was clearly stated by these respondents. Thirty seven (37) reasons showed partial understanding in that they chose the right answer for the wrong reasons. In one case, the respondent stated that she was not sure. Others chose the correct answer for reasons that the nurse was untrustworthy, was an unfavourable reflection upon the nursing profession, or because they felt someone with more authority than the director of nursing should make the decision to discharge the nurse. Twenty five (25) reasons showed poor understanding. These reasons included such things as the crime was the crime was not related to her nursing proficiency, the need for giving people a second chance, and the need for employment. Sixteen (16) respondents did not give reasons.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 11 Partial: 37 Poor: 25 No reason stated: 16

Forty nine (49) reasons showed at least partial understanding of the effect of conviction of a felony upon the nurse's license. This indicates that approximately half of the nurses would choose the correct nursing action in the situation but for reasons which did not reflect knowledge of the Nursing Practice Act.

Item 4. Is Unfit or Incompetent by Reason of Negligence, Habit or Other Causes.

The problem situation was:

> Mrs. Alice Greene, a 39 year old patient, entered the hospital for a hysterectomy. Her physician left post-operative orders at the hospital that she be ambulated for several days following the operation. The patient had difficulty walking and on one occasion, while she was being ambulated by the nurses, she collapsed and hit the floor and sustained a ruptured disc.[3]

Regan states:

> The Kentucky Court of Appeals commenting on the action of the nurses in insisting that the patient walk, not-withstanding her constant complaints about feeling ill and extremely weak, said: "The evidence, when properly evaluated, presents an issue of whether the nurses of the hospital who were assigned to walk Mrs. Greene and to properly protect her from injury (such as by falling) were negligent in the performance of their duties. The fact that Mrs. Greene was being exercised in accordance with her physician's orders does not excuse the employees of the hospital from their duty to use proper care for her safety.[4]

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[3]William Andrew Regan, The Regan Report, VOL. 8, NO. 2, July, 1967.

[4]Ibid.

Helen Creighton explains the difference between medical practice and nursing practice as follows:

> In her classes in nursing education the nurse learns what is expected of her in her profession. She learns the standards and scope of her duties and what reasonable care means. The nurse learns the distinction between medical practice and the practice of nursing; the professions are closely linked together, yet they are separate professions. The nurse must learn the basic facts of her profession; she must learn to carry out orders; she must learn to observe, to evaluate, to judge a patient's condition. In addition, she must learn to perform her duties with at least the care of the ordinary, reasonable and prudent nurse in the circumstances. She must realize that she is personally responsible for her own wrongful or negligent acts and that as employee or agent she may render her employer liable.[5]

Answer (2): "The nurse is responsible for assessing the patient's condition and notifying the physician immediately," is the acceptable answer. Answer (1) "The nurse is responsible for seeing that the physician's order to ambulate the patient is carried out," and (3): "The nurse should be sure to chart the patient's complaints and call them to the attention of the physician when he visits the patient," are not acceptable. The nurse must exercise judgement in carrying out a physician's orders and the physician should be notified immediately of any change in the patient's condition. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	72	80.0%
Incorrect	18	20.0%

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[5]Helen Creighton, Law Every Nurse Should Know, (Philadelphia: W. B. Saunders Company, 1957), p. 84.

The responses selected indicated that 80.0% of the nurses would choose the correct action in the nursing situation.

Thirty five (35) reasons showed good understanding of the nurse's responsibility to assess the patient's condition and report any change to the physician. Twenty eight (28) reasons showed partial understanding. These respondents chose the correct answer but gave reasons which did not clearly indicate understanding of what constitutes negligence on the part of the nurse. Twelve (12) reasons showed poor understanding and fifteen (15) respondents did not answer the question.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 35 Partial: 28 Poor: 12 No reason stated: 15

Sixty three (63) reasons showed at least partial understanding of the nurse's responsibility to assess the patient's condition and report any change to the physician indicating that they would not endanger their license by acts of negligence.

Item 5. Is Habitually Intemperate or is Addicted to the Use of Habit-Forming Drugs.

The problem situation was:

> Jane Smith, R. N., ruptured a vertebral disc lifting a heavy patient while on duty. After a long hospitalization following surgery, she returned to work. It was discovered that she had become addicted to morphine and was taking it from hospital stock. Miss Smith confessed and placed herself under treatment when this was discovered.

Answer (2): "Miss Smith should relinquish her license to the Montana State Board of Nursing until she has recovered," is the most acceptable answer. If the nurse relinquishes her license to the state board of

nursing, it is easier for her to obtain reinstatement of her license than if it is necessary for the board to revoke or suspend the license. A revoked or suspended license may be reissued after one year, in the discretion of the board.[6] Answer (1): "Miss Smith can continue to work as long as she is under treatment," is in direct violation of the Nursing Practice Act. Answer (3): "The physician should report the matter to the Montana State Board of Nursing," should be necessary only if the nurse does not relinquish her license to the state board of nursing. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	51	56.7%
Incorrect	39	43.3%

The responses selected indicated that 56.7% of the nurses would choose the correct action in the nursing situation.

Four (4) reasons showed good understanding, stating that the law required disciplinary measures in regard to addiction. One of these indicated that it was easier to have the license reinstated if the nurse voluntarily gave it up. Fifty six (56) reasons showed partial understanding. These reasons indicated that it would be safer for the nurse and patients if the nurse did not practice professional nursing while she was under treatment. Several also thought the nurse should not practice but that it was the physician's responsibility to report addiction to the state board. Seventeen (17) reasons indicated poor knowledge. Thirteen (13) of the respondents did not answer the question.

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[6]Montana, op. cit. Title 66-1241

Interpretation of the nurse's understanding of the Nursing Practice Act as a basis for action:

Good: 4 Partial: 56 Poor: 17 No reason stated: 13

Sixty (60) reasons showed least partial understanding that the nurse should not be employed in nursing when she is addicted to the use of habit-forming drugs. This indicates that they would probably not place their license at risk for this reason.

Item 6. Is Mentally or Physically Incompetent.

The problem situation was:

> Sally Sloane is head nurse in the delivery room. Upon routine throat culture of personnel, it was discovered that she had a positive throat culture for staphylococcus. Treatment was initiated but Miss Sloane failed to respond to treatment. The Director of Nursing asked her to take a leave of absence until such time as they could obtain a series of three negative throat cultures taken at one week intervals.

The purpose of the board of nursing is protection of the public welfare. If the board felt that public welfare was endangered, the board could revoke a license if physical incompetence could be proven at a board meeting. Answer (3): "Miss Sloane should comply with the request since her physical condition makes it unsafe for her to care for patients," is the acceptable answer. Answers (1): "Miss Sloane should insist that she be allowed to return to work since she has undergone prophylactic treatment," and (2) "Miss Sloane should resign and seek employment at another hospital," are unacceptable since the nurse could infect patients, resulting in serious consequences. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	84	93.3%
Incorrect	6	6.7%

The responses selected indicated that 93.3% would choose the correct action in the nursing situation.

Sixty four (64) reasons showed good understanding, stating that her physical condition made it unsafe for her to practice nursing. Fourteen (14) reasons showed partial understanding. These respondents indicated moral reasons for choosing the correct nursing action. One (1) showed poor understanding by indicating that "prophylactic treatment will make it safe for her to work so she cannot pass on any infection." Eleven (11) respondents did not give a reason.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 64 Partial: 14 Poor: 1 No reason stated: 11

Seventy eight (78) reasons showed at least partial understanding of the nurse's unsafe physical condition indicating that they would probably not place their license at risk in this situation.

Item 7. Is Guilty of Unprofessional Conduct.

The problem situation was:

> The minor accident involved a young tonsillectomy admission, who fell while attempting to jump from one bed to another. Miss Abbott was unable to keep the child quiet even with almost constant supervision.

Regan cites this incident as an example of unprofessional conduct stating:

> The minor accident involved a young T & A admission who fell while attempting to jump from one bed to another. When the parents of the patient arrived at the Pediatrics Unit, the unit Supervisor loudly and vehemently scolded them for the unruly behaviour of their child. The nurse was reported to the Nursing Service Office and was duly reprimanded for this display of unprofessional conduct.[7]

Answer (3): "Miss Abbott should fill out an unusual incident report and communicate any comments she might have regarding the patient to the attending physician and other nurses involved in the care of the patient," is the acceptable answer. Answer (1): "Miss Abbott should complain to the parents, when they arrive on the unit, for the unruly behaviour of their child and complete an unusual incident form," would be unprofessional conduct. Answer (2): "Miss Abbott should fill out an unusual incident report and forget the matter since most children are active and prone to accidents," is unacceptable since others caring for the patient are entitled to this information and the nurse is responsible for the safety of the patient. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	82	91.1%
Incorrect	8	8.9%

The responses selected indicated that 91.1% of the nurses would choose the correct action in the nursing situation.

Nine (9) reasons showed good understanding of the correct conduct of the nurse in this situation. Sixty two (62) reasons showed partial understanding by choosing the correct answer for reasons of legal

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[7] Regan, op. cit. VOL. 4, NO. 11, April, 1964.

responsibility rather than correct professional conduct in the situation. Five (5) reasons showed poor understanding of what the nurse should do as a professional person in this situation. These respondents chose the wrong answer for reasons which indicated they would have behaved in an unprofessional manner. Fourteen (14) respondents did not answer the question.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 9 Partial: 62 Poor: 5 No reason stated: 14

Seventy one (71) reasons showed at least partial understanding of the proper conduct for the nurse in this situation indicating that they would probably not place their license in danger.

Item 8. Has Wilfully or Repeatedly Violated Any of the Provisions of This Act.

The problem situation was:

> Several months after treatment for addiction to morphine, Jane Smith, R. N., was again found to be using morphine from the hospital stock. She underwent treatment for the addiction and later was re-employed by the hospital. It soon became evident that Miss Smith had resumed her use of narcotics from the hospital stock. The Director of Nursing reported the matter to the Montana State Board of Nursing.

The Nursing Practice Act clearly states that repeated violation of the provisions of the act is grounds for discipline. This nurse has repeatedly been treated for addiction to narcotics. The most acceptable answer is (2): "The Montana State Board of Nursing could revoke her license permanently," since she has continued to use habit-forming drugs over a period of time and it is apparent that treatment

has not been successful. However, answer (3): "The Montana State Board of Nursing could issue her a limited licensure which states on the license that Miss Smith cannot be employed in areas where she would have access to narcotics," is also acceptable since the state board of nursing has ruled in this manner in at least one incident. The objection to this action is based on the grounds that while the information is written on the nurse's license this information is not widely known and the nurse may be employed in areas where she would have access to habit-forming drugs. Answer (1): "The Montana State Board of Nursing could suspend her license for a period of one year," is unacceptable since this nurse has a history of repeated use of habit-forming drugs. The responses given were analyzed as follows:

Choice of Action	No. Selected	Percent Selected
Correct	44	48.9%
Incorrect	46	51.1%

The responses selected indicated that 48.9% of the nurses would choose the correct nursing action in the situation.

Eighteen (18) reasons showed good understanding indicating reasons which demonstrated knowledge of the Nursing Practice Act. Thirty three (33) reasons showed partial understanding by choosing the correct answer for reasons based on ethical or moral standards. Twenty four (24) reasons showed poor understanding of this portion of the Nursing Practice Act. These respondents gave reasons which indicated the nurse needed help because she suffered a type of illness or needed a means of supporting herself. Fifteen (15) respondents did not give a reason.

Interpretation of the nurses' understanding of the Nursing Practice Act as a basis for action:

Good: 18 Partial: 33 Poor: 24 No reason stated: 15

Fifty one reasons showed at least a partial understanding of this portion of the Nursing Practice Act, indicating that they probably would not place their licensure at risk.

In conclusion, it is noted that those who chose the correct nursing action in the hypothetical situation were not necessarily those who demonstrated good understanding of the Nursing Practice Act.

CHAPTER V

SUMMARY AND CONCLUSIONS

This study attempted to determine if currently licensed professional nurses in Montana would choose nursing actions that reflected knowledge of the Nursing Practice Act in situations which may place their licensure in danger. The situations were based upon the seven reasons for grounds for discipline in the Nursing Practice Act:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing;
2. Is guilty of a crime or gross immorality;
3. Is unfit or incompetent by reason of negligence, habit or other causes;
4. Is habitually intemperate or is addicted to the use of habit forming drugs;
5. Is mentally or physically incompetent;
6. Is guilty of unprofessional conduct;
7. Has wilfully or repeatedly violated any of the provisions of this act.

The population studied was a random sample of currently registered professional nurses in Montana. The one hundred and fifty (150) nurses were chosen from the files of the Montana State Board of Nursing. Ninety (90) nurses participated in this study with a 60% return on completed questionnaires.

The descriptive survey research method was used. Questionnaires were mailed to the nurses on March 5, 1968. This questionnaire was designed to test two major variables: (1) choice of nursing action,

and (2) demonstration of knowledge of specific areas of the Montana Nursing Practice Act. The tool constructed by the researcher consisted of two parts: the first part requested information about the educational background, present position, and nursing experience of the sample with the second part eliciting choice of nursing action and reason for the choice to eight situational problems depicting the seven reasons given as grounds for discipline in the Nursing Practice Act. Follow-up letters were sent to the nurses two weeks later.

Background information about the nurses in the sample.

The ninety (90) nurses who responded to the questionnaire were female. The majority of these nurses (72) were married. Six (6) were single, six (6) were widowed, three (3) were divorced, and three (3) did not answer the question. Thirteen (13) of the respondents were between the ages of 20 through 29, twenty seven (27) were between the ages of 30 through 39, twenty five (25) were between the ages of 40 through 49, fourteen (14) were between the ages of 50 through 59, nine were sixty (60) or over, and two (2) did not answer the question. Seventy seven (77) of the nurses in the sample were graduates of a diploma program. Eight (8) were graduates of a degree program, two (2) were graduates of an associate degree program, and two (2) did not answer the question. Seventy two (72) of the respondents had no education past their basic nursing education. Fourteen (14) had received a baccalaureate degree, one (1) had courses beyond the baccalaureate degree, and one (1) had a master's degree. The mean number of years the nurses had been employed in nursing was 12.5 years.

Forty (40) of the nurses in the sample replied that they were employed full time, twenty seven (27) replied that they were employed part time, five (5) replied that they were employed as needed by the employer, seventeen (17) replied that they were unemployed, and one (1) left this question unanswered.

Twenty four (24) of the respondents indicated that they were members of the American Nurses' Association. Sixty one (61) indicated that they did not belong to the A. N. A. and five (5) did not answer the question.

Discussion of choice of nursing action.

The selection of choice of nursing action by the nurses was analyzed. The choices selected by the respondents indicated that in all of the items the majority of nurses chose the correct nursing action. The greatest number of correct answers was in items (6): "Is mentally or physically incompetent," and (7): "Is guilty of unprofessional conduct." Ninety three and three tenths percent (93.3%) and ninety one and one tenths per cent (91.1%), respectively, chose the correct answer in these items indicating an exceptionally high number of respondents would not place their license in danger in these two situations. The lowest number of correct answers was in item (8): "Has wilfully or repeatedly violated any of the provisions of the act." Forty eight and nine tenths percent (48.9%) chose the correct answer in this item, indicating that the majority of nurses in the sample might choose a nursing action which could place their license in danger. In all of the remaining items over half of the nurses chose the correct answer, indicating that they would probably choose the nursing action that would protect their license in these

situations.

Discussion of reasons

The reasons explaining the nurse's selection were rated according to the amount of understanding shown in the response. The categories of understanding were:

1. Good understanding
2. Partial understanding
3. Poor understanding

The explanation for each category was given on page 21.

The number of reasons indicating good understanding was highest in items (2): "Is guilty of gross immorality," and (6): "Is mentally or physically incompetent." Items (3): "Is guilty of a crime," and (7): "Is guilty of unprofessional conduct," showed the least number of reasons indicating good understanding. The number of reasons indicating poor understanding was highest in items (1): "Is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing," (3): "Is guilty of a crime," and (8): "Has wilfully or repeatedly violated any of the provisions of this act." The numbers of reasons showing poor understanding was lowest in items (6): "Is mentally or physically incompetent," and (7): "Is guilty of unprofessional conduct." In all of the items the reasons indicated that the majority of nurses had good or partial understanding of the Nursing Practice Act. The reasons indicating partial understanding of the Nursing Practice Act suggests that these respondents would choose the correct nursing action but for reasons which did not reflect knowledge of the Nursing Practice

Act. While these nurses would probably not place their license in danger, the results of the study seemed to indicate that they do not possess sufficient knowledge about the grounds for discipline in the Nursing Practice Act.

Conclusions

On the basis of the data collected in the survey, the investigator makes the following conclusions:

1. The majority of nurses in the sample would choose nursing actions in the situational problems which would not place their license in danger.
2. The choice of correct nursing action may be based upon moral or ethical reasons rather than knowledge of the Nursing Practice Act.
3. The status of the nurses' employment was not related to the nurses' knowledge of the Nursing Practice Act.
4. There was no relationship between the nurses' educational background, length of employment, size of institution in which employed, or membership in the American Nurses' Association to the selection of the correct nursing action.

Recommendations

The investigator makes the following recommendations:

1. Since this study investigated only one portion of the Montana Nursing Practice Act, namely the grounds for discipline, further study should be done to determine if there are other

portions of the Nursing Practice Act which need to be interpreted to nurses.

2. Analysis of the findings of this study revealed that nurses need more specific knowledge about the Nursing Practice Act. All nurses have copies of the Nursing Practice Act available to them but this does not include interpretation of the specific kinds of action which may place the nurses' licensure in danger.

3. In general, nurses are in need of instruction regarding the Nursing Practice Act in one or more of the seven reasons given as grounds for discipline. Additional interpretation should be given to licensed professional nurses in Montana so that their actions can be directed by an understanding of the Nursing Practice Act.

APPENDIX

APPENDIX A

COVER LETTER WITH QUESTIONNAIRE

Box 567
Bozeman, Montana.

Dear R. N.:

As partial fulfillment of the requirements for a Masters Degree in Nursing, I am conducting a survey of currently registered nurses in Montana to gather information about their views of certain portions of the Nursing Practice Act. I hope to determine how nurses view certain situations that arise in nursing practice and how they interpret their responsibility in these situations. This is not an evaluation of the nurse's professional qualifications.

Your name was obtained from the files of the Montana State Board of Nursing. I would appreciate your answering the enclosed questionnaire and returning it in the stamped, self-addressed envelope provided within one week. Those nurses who have been asked to participate in the survey are known only to the researcher and all information will be kept confidential. The responses of those who participated will be reported in a way in which no individual nurse can be identified.

Sincerely,

Jean Lewis Koch, R. N.

I would like to receive a summary of this study when completed:___Yes___No

The faculty and staff from Montana State University School of Nursing appreciate your assistance with this study.

Laura O. Walker, R. N. Ph.D.
Director, School of Nursing

QUESTIONNAIRE FOR PROFESSIONAL NURSES

INSTRUCTIONS: The following information is needed to evaluate the information obtained in this survey. All information will be kept confidential and the identity of the persons participating in the survey will be known only to the researcher. Please check the one item under each question which most nearly represents your situation and/or fill in spaces with appropriate information.

Sex: ___Female ___Male Are you a member of ANA? ___Yes ___No

Marital Status: ___Single ___Married ___Widowed ___Divorced

Age at Last Birthday:
___20 thru 29 ___30 thru 39 ___40 thru 49
___50 thru 59 ___60 or over

Basic Nursing Education:
___Diploma Program ___Degree Program ___Associate Degree Program

Year First Licensed: ___ Number of Years Employed in Nursing:___

Preparation Past Basic Nursing Education:

___Baccalaureate Degree ___Masters Degree
___Post-Baccalaureate Degree ___Post-Masters Degree

Status of Employment: ___Full time ___Part time ___As needed by Employer

Size of Institution In Which Employed:
___Under 25 beds ___25-49 Beds ___50-99 Beds
___100-199 Beds ___200-299 Beds ___Over 300 Beds

Present Position:
___Staff Nurse ___Head Nurse ___Other (Please Specify)_____
___Assistant Head Nurse ___Supervisor
___Instructor ___Consultant

Areas of Employment:
___Medical Nursing ___Intensive Care ___Geriatric Nursing
___Surgical Nursing ___Emergency Room
___Pediatric Nursing ___Out-Patient Department
___Obstetrical Nursing ___Operating Room
___Psychiatric Nursing ___Other (Please Specify)_____

Field of Employment:

___Hospital	___Public Health	___Doctor's Office
___Private Duty	___School	___Nursing Home
___Industrial	___Nursing Education	___Other (Please Specify)

_____

INSTRUCTIONS: The following situations may be encountered in nursing practice. For each situation three possible nursing actions are given. Please select the action you consider to be the one you would take in that situation and give a brief explanation for your choice in the space provided.

EXAMPLE: Mrs. Amy Brandt expired during the night after a lingering illness. The nurse notified the family and physician. The physician refused to come to the hospital.

___(1) The nurse should record observations that the respirations, pulse, and blood pressure had ceased at 2 a.m. and call the mortician.

___(2) The nurse should have the supervisor pronounce the patient dead and release the body to the mortician.

_X_(3) The nurse should refuse to release the body to the mortician until the physician arrives and pronounces patient dead.

REASON: Pronouncement of death is a medical diagnosis.

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1. Mrs. Kathy Brown has recently moved to your community and has made application to the hospital for employment. She states that she is a graduate of The University of Chicago and is registered as a professional nurse in Illinois. As the Director of Nursing, what would your action be?

   ___(1) Hire Mrs. Brown as a staff nurse after examining her diploma, graduate pin, and Illinois license.

   ___(2) Hire Mrs. Brown as a nurse aide until she secures her Montana licensure.

   _X_(3) Defer employment of Mrs. Brown until she becomes licensed in Montana.

   REASON:

2. Mrs. Betty White, head nurse on a surgical floor, had been on duty for two hours when she received word that her mother had collapsed and had been taken to the medical floor by ambulance.

   _X_(1) Mrs. White should remain at her position until such time as the supervisor secures a replacement for her.

   ___(2) Mrs. White should feel that her mother needed her more than her patients and go at once to care for her mother.

   ___(3) Mrs. White should notify the supervisor of the circumstances and go at once to her mother's bedside.

   REASON:

3. Mary Jones, who was employed as a general duty nurse at the local hospital, was respected by her colleagues as a proficient and dependable nurse. They were surprised when they read in the morning paper that Miss Jones had been convicted of a felony for stealing merchandise valued at approximately $250.00 from a local department store. As the

Director of Nursing, what would your action be?

___(1) Continue her employment as previously to the conviction since the crime was not related to her professional responsibilities.

___(2) Give her a six months leave of absence, suggest she seek counselling, and upon her return re-assign her to the premature nursery.

_X_(3) Call the matter to the attention of the Montana State Board of Nursing and dismiss her.

REASON:

4. Mrs. Alice Green, a 39 year old patient, entered the hospital for a hysterectomy. Her physician left post-operative orders at the hospital that she be ambulated for several days following the operation. The patient had difficulty walking and on one occasion, while she was being ambulated by the nurse, she collapsed and hit the floor and sustained a ruptured disc.

___(1) The nurse is responsible for seeing that the physician's orders to ambulate the patient are carried out.

_X_(2) The nurse is responsible for assessing the patient's condition and notifying the physician immediately.

___(3) The nurse should be sure to chart the patient's complaints and call them to the attention of the physician when he visits the patient.

REASON:

5. Jane Smith, R. N., ruptured a vertebral disc lifting a heavy patient while on duty. After a long hospitalization following surgery, she returned to work. It was discovered that she had become addicted to morphine and was taking it from the hospital stock. Miss Smith confessed and placed herself under treatment when this was discovered.

___(1) Miss Smith can continue to work as long as she is under treatment.

_X_(2) Miss Smith should relinquish her license to the Montana State Board of Nursing until she has recovered.

___(3) The physician should report the matter to the Montana State Board of Nursing.

REASON:

6. Sally Sloane is head nurse in the delivery room. Upon routine throat culture of personnel, it was discovered that she had a positive throat culture for staphylococcus. Treatment was initiated but Miss Sloane failed to respond to treatment. The Director of Nursing asked her to take a leave of absence until such time as they could obtain a series of three negative throat cultures at one week intervals.

___(1) Miss Sloane should insist that she be allowed to return to work since she has undergone prophylactic treatment.

___(2) Miss Sloane should resign and seek employment at another hospital in the city.

_X_(3) Miss Sloane should comply with the request since her physical condition makes it unsafe for her to care for patients.

REASON:

7. The minor accident involved a young tonsillectomy admission, who fell while attempting to jump from one bed to another. Miss Abbott was unable to keep the child quiet even with almost constant supervision.
   ___(1) Miss Abbott should complain to the parents, when they arrive, on the unit, for the unruly behavior of their child and complete an unusual incident form.
   ___(2) Miss Abbott should fill out an unusual incident report and forget the matter since most children are active and prone to accidents.
   _X_(3) Miss Abbott should fill out an unusual incident report and communicate any comments she might have regarding the patient to the attending physician and other nurses involved in the care of the patient.

   REASON:

8. Several months after treatment for addiction to morphine, Jane Smith, R. N., was again found to be using morphine from the hospital stock. She underwent treatment for the addiction and later was re-employed by the hospital. It soon became evident that Miss Smith had resumed her use of narcotics from the hospital stock. The Director of Nursing reported the matter to the Montana State Board of Nursing.
   ___(1) The Montana State Board of Nursing could suspend her license for a period of one year.
   _X_(2) The Montana State Board of Nursing could revoke her license permanently.
   ___(3) The Montana State Board of Nursing could issue her a limited licensure which states on the license that Miss Smith cannot be employed in areas where she would have access to narcotics.

   REASON:

APPENDIX B

(Examples of Reasons Placed in Categories of Understanding)

Item 1: Guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing.

Good Understanding:

"Would be illegal to employ her without a current Montana license."

"A nurse must be licensed in the state before she can work."

"In my opinion this is the only way to be sure (nurse is licensed)."

"To protect the hospital and its patients in the event these were obtained by fraudulent means."

Partial Understanding:

"I suppose one should wait until she gets her license in Montana but (with) the nurse shortage in this area one would certainly be tempted to put her to work after examining her Illinois diploma and license."

"The hospital would be held liable without a nurse's license in event of any medical accident on said nurse's part."

"Most states do not require a state board test repeated when one has passed it in another state providing grades are good."

"Hire as aide--need of person for employment."

Poor Understanding:

"Montana has reciprocity with other states including Illinois."

"While you are waiting for her papers she could be finished with her orientation and ready for assignment."

"A short period of time is allowed an R. N. to receive her Montana license."

"Request Mrs. Brown to make application for Montana license within thirty days."

"She has six months to obtain Montana license."

Item 2: Is guilty of gross immorality.

Good Understanding:

"Her mother will be cared for and she (nurse) should remain until another R. N. replaces her."

"A head nurse, under any circumstances, must remain on her floor until her replacement arrives."

"Professional responsibilities should be primary."

"I feel she is obligated to her job until her position is covered, which I assume could be quickly."

"It would be a temptation to leave but you have a responsibility to your own patients. You would certainly be liable if you left the floor and anything happened to a patient."

Partial Understanding:

"Too many people depend on her in this department and her mother is being cared for until she gets there."

"She is responsible for her patients and must first take steps to be sure they will be cared for."

Poor Understanding:

"The supervisor should have means of replacing personnel in cases of emergency."

"Concern of the nurse for her mother would probably distract her from her work--any good supervisor should be able to step into such a position at least temporarily."

"She told her supervisor--this is an emergency situation."

"Replacements should be found in a case like this as this cannot be construed as negligence."

"Maybe her mother only lives a few minutes and her daughter would regret it if she didn't go see her before she expired."

Item 3: Is guilty of a crime.

Good Understanding:

"Conviction of a crime is grounds for suspension and disciplinary measures."

"I believe conviction of a felony can be reason enough to have license revoked."

"Felony must be reported (to state board of nursing)."

"Disciplinary action in case of crime is the duty of the state board of nursing."

"Any felony, misdemeanor, or crime committed by a professional nurse must be reported to the state board of nursing. Minor traffic violations are an exception, however."

Partial Understanding:

"I'm not certain but I believe conviction of a felony can be reason enough to have license suspended or revoked."

"Because she could not be trusted with patient's possessions."

"Dismiss her because of the stealing. Patient's things could be in jeopardy if she is light fingered."

"Call the attention of the Montana State Board of Nursing and let them decide the matter."

"She should be dismissed from duty because this is a crime regardless of whether it had to do with her nursing duties and gives a bad name to herself and her profession."

Poor Understanding:

"I would do No. 2 but also notify the Montana State Board in case she applied some place else."

"I believe in second chances, however I would watch her closely. She shows some lack of responsibility."

"This conduct was not related to her profession; however, counseling should be suggested."

"There must be a time of remorse to think of the seriousness of a deed, then learning the right way."

"This nurse needs counseling but could continue working--should have supervision."

Item 4: Is unfit or incompetent by reason of negligence, habit or other causes.

Good Understanding:

"The nurse must recognize and report important observations."

"The nurse is responsible for assessment of nursing actions and should evaluate and report symptoms and observations to the physician if orders appear contradicted."

"Report any change in a patient's condition to the doctor immediately while we are responsible for carrying out doctors' orders, we are also responsible for keeping him informed concerning his patient's condition."

"She would be negligent in not reporting patient's condition since the physicians orders may be contradicted."

"The nurse must be intelligent enough to assess patient's welfare and question physicians order when patient's welfare is endangered."

Partial Understanding:

"The nurse is responsible to both the patient and the physician."

"A doctor's orders should be completed; if they cannot be, he should be notified."

"The inability to ambulate may be indicative of other illness and the decision should be left with the physician."

"Prime purpose of nurse is to safeguard the health and welfare of patients."

"Immediate attention alleviates more serious complications and if aid rendered in time, this patient is the doctor's responsibility, this is hospital law."

Poor Understanding:

"Deviation from ambulation orders should be allowed until physician re-evaluates patient's condition."

"The nurse's responsibility is to report to the doctor--not diagnose as in (2) nor follow orders without question as (1)."

"The nurse must carry out doctor's orders but must report all complaints."

"Assessing patient's condition is doctor's responsibility."

Item 5: Is mentally or physically incompetent.

Good Understanding:

"She would be more likely to recover and get her license back."

"Grounds for discipline--is habitually intemperate or is addicted to the use of habit-forming drugs...board reviews case and takes proper action which may revoke or suspend her license."

"Miss Smith should be aware of her responsibility as a licensed R. N. and the disciplinary measures binding her."

Partial Understanding:

"Practicing her profession while addicted would not be safe."

"A person should not have the drugs available until she is well. She might mean well but be unable to resist taking some. It would do her more harm than good to keep her working."

"This will protect her in case of future problems with missing narcotics."

"Believe this is a state law."

"I think it is best if she is honest about it but I also feel the doctor should notify the Montana State Board of Nursing too."

Poor Understanding:

"Since Miss Smith was under treatment I wouldn't think she would continue to take the morphine."

"It is the physician's duty to report drug addiction."

"If she is addicted, she very likely is not able to be responsible--the physician is."

"Realizing her sifficulty and the ultimate end of same--as long as she has overcome her desire for same--her nursing abilities should be O. K."

"If under treatment she would be observed. She understands the problem and willingly went for treatment."

Item 6: Is mentally or physically incompetent.

Good Understanding:

"It is unsafe."

"Her physical condition makes it unsafe for her to care for patients."

"Communicable disease."

"The nurse would be considered physically incompetent at this time and unable to perform her duties."

"The danger of infecting others is obvious."

Partial Understanding:

"This is only reasonable."

"Perhaps this might qualify under industrial accident."

"She should consider her patients."

"Any R. N. who would consider any course of action other than (3) should not be allowed to practice, anywhere!"

"She should be more concerned about her patients than her paycheck."

Poor Understanding:

"Prophylactic treatment will make it safe for her to work. She cannot pass on any infection."

Item 7: Is guilty of unprofessional conduct.

Good Understanding:

"Hospital and nursing staff responsible--posey belt should be used or child placed in covered crib."

"Proper lines of communication and conduct."

"Obviously the parents wouldn't like their child complained about--but better watch him."

"The hospital and staff are responsible for the patient's safety."

"The child's safety depends on it. Medical and nursing responsibility."

Partial Understanding:

"For legal protection to all those committed to his care."

"The physician should be notified of the accident as well as other nurses involved in caring for the patient."

"For her protection, the other nurses, and the hospital."

"To prevent further accident or injury and to protect herself and hospital legally."

"She should alert other nurses so they are prepared to handle the case better."

Poor Understanding:

"I would also speak to the doctor and all personnel who come in contact with the child to warn him not to misbehave."

"Unruly patients' families should be notified. We are a nursing institution, not a jail and cannot operate as such."

"The nurse is responsible for patient's care but the parents are responsible for the patient's behavior."

"None of the above. An incident report should be filled out and the doctor notified immediately."

"Dwelling on the problem will not solve it."

Item 8: Has wilfully violated any of the provisions of this act.

Good Understanding:

"Any R. N. using narcotics constitutes a danger to herself and to her patients and the Montana State Board has the priviledge to revoke her license as it sees fit. In this case, I should think permanently."

"A revoked or suspended license may be re-issued after one year."

"The nurse would have to be considered incompetent by reasons of addiction to use of habit-forming drugs."

"Addiction to narcotics is serious both to self and to patient. Board of Nursing could revoke her license especially after more than one addiction."

"Board of nursing has responsibility to discipline licensed nurse who habitually uses habit-forming drugs. With poor prognosis of this condition, her punishment could be this one."

Partial Understanding:

"It would seem she is too unstable a person to ever have the responsibility of caring for the sick. She might, also, be tempted to steal from patients to support her habit."

"She has been given several chances and obviously needs professional help and shouldn't be practicing nursing."

"According to question it would appear she had used narcotics at three definite times--therefore it would be unwise to allow her to do any nursing anymore."

"I'm unsure of the law, but believe this would be reasonable."

"It is unlawful to take narcotics without an order from a physician."

Poor Understanding:

"Since this is a type of illness she should still be able to work, but not with narcotics."

"Miss Smith needs help. If she is unable to earn her living in any other way her condition for economic reasons might become worse. It would depend on her circumstances."

"This would allow her to practice her profession, but eliminate the dangers to both patients and herself."

"Possibly if she were away from narcotics she may succeed in breaking habit and yet be gainfully employed."

"I am not familiar with the policy of the board of nursing."

LITERATURE CITED

Abdellah, Faye G. and Levine, Eugene, Better Patient Care Through Nursing Research, New York: The Macmillan Company, 1965.

American Nurses Association, The A. N. A. and You, New York, 1941.

Anderson, Bernice, "Legal Aspects of Nursing," American Journal of Nursing, VOL. 57, NO. 6, June 1957.

Barnes, Marcia Lou, "What Does Mandatory Licensure Mean?" American Journal of Nursing, VOL. 59, NO. 4, April, 1959.

Cady, Elwyn L. Jr., Law and Contemporary Nursing, Patterson: Littlefield, Adams & Company, 1961.

Creighton, Helen, Law Every Nurse Should Know, Philadelphia: W. B. Saunders Company, 1957.

Editorial, American Journal of Nursing, VOL. 59, NO. 4.

Gard, Carol Lee, "A Survey Of The Graduating Student Nurses In Montana To Determine Their Beliefs Regarding Legal Responsibilities In Nursing," unpublished Master's Thesis, Montana State College, Bozeman, Montana, June, 1965.

Harrison, Gene, The Nurse And The Law, Philadelphia: F. A. Davis Company, 1945.

Jensen, Deborah MacLurg, History and Trends of Professional Nursing, St. Louis: The C. V. Mosby Company, 1959.

Lesnik, Milton J. and Anderson, Bernice E., Legal Aspects of Nursing, Philadelphia: J. B. Lippincott Company, 1947.

Montana, Laws of the Thirteenth Legislative Assembly, Helena, 1913.

Montana, State Board of Nursing, Nursing Practice Act, Helena, 1967.

Regan, William Andrew, The Regan Report, VOL. 4, NO. 11, April, 1964.

Regan, William Andrew, The Regan Report, VOL. 8 NO. 2, July 1967.

Stahl, Adele G., "Prelude to Licensure," American Journal of Nursing, VOL. 59, NO. 9, September, 1959.

Sullivan, Mary Patricia, "A Survey of the Graduating Student Nurses in the Schools of Nursing in Montana to Determine Their Understanding of the Legal Aspects in Nursing," unpublished Master's Thesis, Montana State University, Bozeman, Montana, March, 1967.