



Flexibility in the role of the family nurse practitioner : concept development
by Carlin Lee Brown

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Nursing
Montana State University

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Abstract:

The importance of role flexibility has escalated throughout nursing history as a result of nursing shortages, primary health care provider shortages, hospital restructuring, and managed care. The characteristic of flexibility is essential for nurse practitioners to stay current with the dynamic and complex health care environment.

A review of the literature revealed the concept of flexibility as multidimensional and complex. Various nursing literature describes the concept of flexibility in relation to personal attributes, role characteristics, clinical skill, nursing interventions, physical movement and advanced education. There is little literature on how nurses perceive and conceptualize the definition of the concept of flexibility. There is even less literature on flexibility in the nurse practitioner role.

The purpose of this study was to define and clarify the concept of flexibility and essential attributes as perceived by nurse practitioners and relevant to the roles they employ. Six (6) rural nurse practitioners in Montana served as the target group in this qualitative study. The eclectic approach of qualitative analysis was used to extract and integrate themes from interviews. Role theory was used as the conceptual framework for this study.

Results indicated the multifactorial, complex, and dynamic nature of the concept of flexibility. There were seven primary characteristics, fourteen secondary characteristics, and twelve single response themes identified as descriptors of the concept of flexibility. Interrelationships between primary characteristics, secondary characteristics and single response themes emerged based on the defining attributes, development, requirements and limitations of the concept of flexibility.

The findings of this study clearly indicated the concept of flexibility as essential for rural nurse practitioners to maintain currency with the dynamic and complex health care environment. The identified primary and secondary characteristics of flexibility reflect similarities in the nursing literature associated with flexibility. In addition, these characteristics represent expansion of the concept not previously discussed in the literature. Findings from this research study identified flexibility as an important concept to role theory. Furthermore, these study findings identified an association between role behavior and flexibility.

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by

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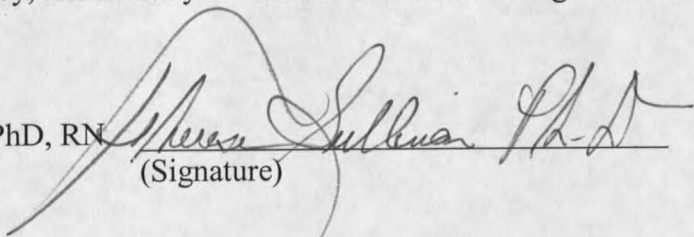
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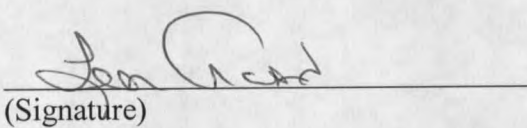
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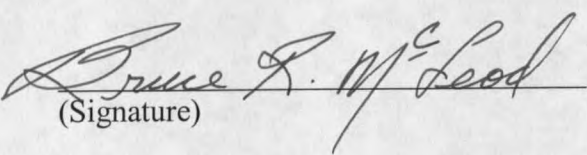
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Therese Sullivan, PhD, RN  5/7/01
(Signature) Date

Approved for the College of Nursing

Lea Acord, PhD, RN  5/9/01
(Signature) Date

Approved for the College of Graduate Studies

Bruce McLeod, PhD  5-10-01
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ABSTRACT

The importance of role flexibility has escalated throughout nursing history as a result of nursing shortages, primary health care provider shortages, hospital restructuring, and managed care. The characteristic of flexibility is essential for nurse practitioners to stay current with the dynamic and complex health care environment.

A review of the literature revealed the concept of flexibility as multidimensional and complex. Various nursing literature describes the concept of flexibility in relation to personal attributes, role characteristics, clinical skill, nursing interventions, physical movement and advanced education. There is little literature on how nurses perceive and conceptualize the definition of the concept of flexibility. There is even less literature on flexibility in the nurse practitioner role.

The purpose of this study was to define and clarify the concept of flexibility and essential attributes as perceived by nurse practitioners and relevant to the roles they employ. Six (6) rural nurse practitioners in Montana served as the target group in this qualitative study. The eclectic approach of qualitative analysis was used to extract and integrate themes from interviews. Role theory was used as the conceptual framework for this study.

Results indicated the multifactorial, complex, and dynamic nature of the concept of flexibility. There were seven primary characteristics, fourteen secondary characteristics, and twelve single response themes identified as descriptors of the concept of flexibility. Interrelationships between primary characteristics, secondary characteristics and single response themes emerged based on the defining attributes, development, requirements and limitations of the concept of flexibility.

The findings of this study clearly indicated the concept of flexibility as essential for rural nurse practitioners to maintain currency with the dynamic and complex health care environment. The identified primary and secondary characteristics of flexibility reflect similarities in the nursing literature associated with flexibility. In addition, these characteristics represent expansion of the concept not previously discussed in the literature. Findings from this research study identified flexibility as an important concept to role theory. Furthermore, these study findings identified an association between role behavior and flexibility.

CHAPTER 1

INTRODUCTION

The importance of role flexibility has escalated throughout nursing history as a result of nursing shortages, hospital restructuring, primary health care provider shortages and managed care. Due to these turbulent times, nurses have had to assume additional nursing and non-nursing roles to meet the fundamental needs of their health care clients. Today, the characteristic of flexibility is deemed essential for nurses to maintain currency with the dynamic and complex health care environment (August-Brady, 2000).

As health care delivery evolves, nurses report the ability to enhance flexibility by advancing their roles through attaining holistic education and becoming increasingly multitasked in many different areas of health care (Dèrstine, 1995; Mezey, 1993). One of the advanced nursing roles developed to keep pace with the changing health care environment is that of the nurse practitioner. This role is now a vital component of the health care delivery system.

As flexibility is perceived to be important to the nurse and the ever-changing health care environment, it is imperative to gain a clear conceptualization of the concept. The only concept analysis of flexibility available was obtained from a review of literature in the disciplines of nursing, psychology and engineering. Through this analysis, flexibility was defined as “the integrative, evolving, resilient response to recognized change and uncertainty, based on openness and willingness to change, that results in a greater diversity of choice, effectiveness, and efficiency in outcomes” (August-Brady, 2000, p.10).

It has been established that flexibility is an important concept for the nursing profession. There is nursing literature addressing the need for flexibility as well as strategies to enhance it. There is, however, little literature on how nurses perceive and conceptualize the definition of the concept of flexibility. There is even less literature on flexibility in relation to the nurse practitioner role.

Purpose

The purpose of this study is to define and clarify the concept of flexibility and essential attributes relevant to nurse practitioners and the roles they employ. The information obtained from this study provides the nursing profession with a comprehensive meaning of the concept of role flexibility as perceived by nurse practitioners. With this conceptualization, the nursing profession will be able to further develop and enhance appropriate methods to promote role flexibility to keep pace with the dynamic health care environment.

Background and Significance

The nurse practitioner role has been in place for over a quarter of a century progressing from a “deviant of yesteryear, to the norm of today, and the tradition of tomorrow” (Ford, 1993, p.xi). Loretta Ford, a public health nurse and Henry Silver, a physician, are credited with being the founders of the nurse practitioner role in the late 1960’s. Ford believed that the refinement of the assessment and clinical decision-making skill of the nurse was a natural extension of the public health nursing role in caring for well children in community health settings (Pastorino, 1988). Since the beginning of the

nurse practitioner role, it has blossomed into a unique and variable nursing career option requiring communication, skill, autonomy, knowledge, and flexibility (Mezey & McGivern, 1993).

Nursing education is the primary foundation for a nurse practitioner's beginning level of knowledge and skill in all health care settings. Recent studies indicate that advanced education should provide nurses with opportunities to develop flexibility. Nurses with advanced education should be prepared to function as case managers, primary nurses, consultants, role models, educators and researchers (Mezey, 1993). In order to meet those requirements, the masters prepared nurse must have skills that are broad, flexible and encompass a wide base of knowledge (Clark, 1997; Mezey, 1993).

Nurse practitioners function in a variety of roles. Flexibility is noted as the key to executing many advanced nursing roles (Horrel, 1996). Fundamental to the nurse practitioner role is being an acute and chronic health care clinician, educator to clients and other health care professionals, counselor, advocate, researcher, community liaison, health care liaison, and human resource and financial manager (Berger et al, 1996). Within these roles, nurse practitioners perform a variety of clinical skills. The nurse practitioner must be competent in all of these roles and skills to practice proficiently and safely. This competency allows the nurse practitioner to maintain flexibility to meet rapidly changing health care needs of communities where he/she practices (Atkin & Lunt, 1996).

The concept of flexibility is prevalent in literature regarding the boundaries that encompass the roles nurse practitioners employ. Torn and McNichol affirm that role performance of nurse practitioners would lose its fluidity and flexibility if boundaries

were strict and rigid (1998). Flexibility in role boundaries also allows the practitioner the ability to meet client's health care needs when adaptation is required. Mezey maintains that rigid and inflexible role boundaries may inhibit meeting client's needs (1993).

Literature in the disciplines of nursing, psychology, and engineering identified the concept of flexibility as essential for innovation and fortitude in their field of study. August-Brady (2000) has explored and defined the concept of flexibility from an in-depth review of the literature in those disciplines. This conceptualization identified four critical attributes of flexibility. The identified attributes describe flexibility as being resilient, responsive, evolving, and integrative (August-Brady, 2000). In addition, August-Brady identified antecedents to flexibility including the need for change, openness, human predisposition to change, vision, and uncertainty (2000, p.10). According to this concept analysis, flexibility is a positive characteristic. The positive consequences of flexibility include diversity of choice, effectiveness, and efficiency, as well as the derived personal benefits of enhanced self-esteem, understanding, and thinking (August-Brady, 2000, p.10). August-Brady concludes this conceptualization with emphasizing that the nursing profession has not fully explored the meaning of flexibility in relation to actual or potential human responses (2000). In addition, there is a need for further research to operationalize the concept so that scientific investigations aimed at establishing the relationship of flexibility to health may begin (August-Brady, 2000).

In summary, there is a mixture of literature referring to flexibility as being a crucial characteristic of a nurse practitioner. Only one concept analysis has provided a definition of flexibility. Other literature does not explicitly define the concept of flexibility and its essential attributes. Although the literature suggests what characteristics

nurse practitioners must possess to be flexible, their full perception of the concept has not been fully addressed. Therefore, the focus of this research study will be on identifying nurse practitioners' perception of flexibility in relation to their advanced practice role.

Conceptual Framework

Role Theory

Role theory, as presented by Hardy and Conway (1988), provides the foundation for the conceptual framework for this study. Role theory represents a collection of concepts and a variety of hypothetical formulations that predict how a person will perform in a given role and under what circumstances certain types of behaviors can be expected. This theory asserts that roles are transmitted to each succeeding generation through socialization and are influenced by society, as well as the environment. It also maintains that roles are responses to the acts of others, such as gestures and speech within a specific situation.

Role theory contains many concepts including role, role taking, role playing, role making, role redefinition, role learning, role stress, role strain, role ambiguity, role conflict, role incongruity, role overload, role competence, role expectations, role identity, sick role, role transition, and role behavior (role performance, role enactment). Many of these concepts of role theory have been applied to the nurse practitioner role. For this research study, the concept of role and role behavior are further described.

The concept of role is multidimensional. According to Hardy and Conway (1988), the term role has been used to indicate expectations, prescriptions, descriptions, evaluations, behaviors, and actions (p. 165). Role consists of expected and actual

behaviors, values, and attitudes associated with a position. The concept of role is important as it links together people's perception of themselves and each other, expectations of themselves and each other, as well as their actual behavior (Skevington, 1984). The nurse practitioner role, like all roles, is a set of behaviors emerging out of interaction between self and others that is a constant expression of attitudes and values that provide direction for interaction in the role (Thibodeau & Hawkins, 1989).

Role behavior (performance, enactment) is a major concept of role theory. Role behavior is differentiated behavior or action relevant to a specific position, for example a nurse or patient (Hardy & Conway, 1988, p. 165). Role behavior is viewed as how an individual enacts particular roles based on societal expectations, modified by his or her identification with role models and individual personality characteristics (Friedman, 1998). Role behavior is determined by one's perception of one's self and one's social and professional roles, as well as perceptions of other people's social and professional roles (Skevington, 1984).

Flexibility is not described as a concept in role theory. Flexibility, however, is mentioned in role theory as the ability to meet rapidly changing roles, as well as enhancing the movement between roles permitting the maintenance of open evolving systems (Hardy & Conway, 1988). Flexibility has been referenced in the nursing literature as being important to behavior of nurses. Therefore, the concept of role behavior based on role theory provides the framework for this study on role flexibility.

Prestudy Assumptions

Prior to conducting this study, several assumptions were made by this researcher, which included:

- (1) Essential characteristics of role flexibility as perceived by a rural nurse practitioner include adaptability and the ability of the nurse practitioner to modify his/her plans according to needs of the client or health care facility.
- (2) The more skills and confidence a nurse practitioner possesses, the more flexible he/she will be in the nurse practitioner role.
- (3) The setting that a nurse practitioner works in will have an affect on flexibility.
- (4) Role flexibility is directly linked to role performance (behavior).

CHAPTER 2

LITERATURE REVIEW

Introduction

The concept of flexibility, as used in nursing, is multidimensional and complex. A variety of nursing literature including nursing texts, professional papers, research articles, and anecdotal statements confirm the multifaceted nature of flexibility. General nursing literature describes flexibility in relation to personal attributes, role characteristics, clinical skills, nursing interventions, physical movement and advanced education. Nursing literature specific to nurse practitioners incidentally mentions flexibility as an important role characteristic of a nurse practitioner.

As flexibility is frequently described in nursing literature, the concept is rarely defined. To fully explore the connotation of flexibility in nursing, this literature review focuses on key articles containing flexibility in general nursing as well as articles specific to the nurse practitioner's role and practice environment.

Nursing Education

As nursing education lays the groundwork for a nurse's knowledge and skill in all health care areas, nursing curricula must keep up with the fast pace of the evolving health care environment (Clark, 1997). The University of San Diego School of Nursing curriculum committee qualitatively researched the educational requirements of master's prepared nurses through utilization of focus groups (Clark, 1997). The overriding theme

in this research study was flexibility. Clark references the concept of flexibility in relation to the need for nurses to encompass a broad range of knowledge; have multiple and generic skills across a number of areas of practice; possess the capability to move between units within an institution; and function competently in multiple health care and non-health care role positions. This research study provides examples and illustrations of nurses' perceptions regarding the essential requirements for the development of flexibility. Additionally, the definition of the concept of flexibility is implied.

According to Mezey (1993), generalist preparation for advanced practice nurses is an ongoing curriculum debate. With generalist preparation, advanced practice nurses should be prepared to function as case managers, primary nurses, consultants, role models, educators, and researchers. Mezey emphasizes this point by clearly presenting the fact that patients with similar levels of disabilities are increasingly being cared for by advanced practice nurses in varying practice settings. Thus, Mezey concludes that the master's prepared nurse who will manage such patients must have skills that are broad, flexible, and encompass a wide base of knowledge.

Flexibility in the Practice Environment

Health care delivery is dynamic and complex. Nurses are continuously faced with the difficulty of staying current with the ever-changing health care delivery system. As a result, much of the recent nursing literature focuses on how nurses can remain viable, efficient, productive, and cost effective in the dynamic health care delivery system. These studies focus on nurses expanding their knowledge and becoming increasingly

multiskilled to practice across a broad range of health care specialties as viable solutions to the health care frenzy.

Career Flexibility

Changes in health care are inevitable. Derstine identified flexibility as the key to staying abreast with the changing health care environment (1995). The etiology of change in the health care environment is broad and encompasses such factors as nursing shortages, decreased nursing budgets, managed care, and altered ways of delivering health care, such as shorter hospital stays and home health care (Derstine, 1995). In order to thrive in a new health care environment, nurses must be flexible and receptive to change. Derstine proposes strategies that nurses must employ in order to be flexible and open to change. Accordingly, nurses must first examine their assets and add to their knowledge and skills to expand variability and flexibility of their roles, which ultimately increases their ability to practice in a variety of settings. In addition, nurses must provide cost effective care, access of care to all, appropriate management of information, prevention, and stay in the area of health policy (Derstine, 1995). This research emphasizes the need for flexibility and specific strategies for enhancing flexibility. This research, however, does not explicitly define the concept of flexibility.

Clinical Skills

The concept of flexibility frequently emerges in literature associated with multi-skilled (cross-trained) nurses (Makely, 1998; & Riley, 1990). The majority of this literature refers to the ability of multiskilled nurses to practice in a variety of health care settings. Multiskilled nurses are characterized as flexible as they have the ability to

function in many nursing and non-nursing roles, such as performing patient care, performing electrocardiograms, and coding patient billing forms (Makely, 1998; & Riley, 1990).

Flexibility is deemed desirable and essential to maneuver between various roles in the health care environment. According to Makely "flexibility is the name of the game in multiskilling" (1998, p. 176). As stated by Bamberg, Blayney, Vaughn and Wilson, a multiskilled person is:

cross-trained to provide more than one function often in more than one discipline. These combined functions can be found in a broad spectrum of health related jobs ranging in complexity from the nonprofessional to the professional level, including both clinical and management functions. The additional functions added to the original health care worker's job may be of a higher, lower, or parallel level (Makely, 1998).

Makely deems increased flexibility in staffing as the number one benefit of multiskilled nurses, including those in advanced practice (1998). This increased staffing flexibility ultimately leads to increased productivity and efficiency. Makely emphasizes that a multiskilled nurse can rotate between varying roles and positions as needed, assisting in one area when the workload reaches a peak, then moving to another area when help is needed there (1998).

An article written by Riley (1990) focuses on cross-training specialized nurses as the answer to fluctuating staffing needs in health care centers. The advent of highly specialized nursing care has led to both positive and negative impacts within nursing settings. According to Riley, the positive impact of specialization occurs with patients receiving high quality, state-of-art care from nurses with specialized skills (1990). In contrast, Riley perceived the negative impact of specialized care as the fact that nursing

units have become so polarized within health centers that they function as small individual nursing departments instead of one health care facility (Riley, 1990). Riley views cross-training as an ideal solution to the negative impacts of specialization by creating flexible nurses who can be reassigned from one unit or clinic to other units or clinics as needed for the healthcare center to operate efficiently (1990). Accordingly, flexibility is created or developed through preparing nurses with the clinical experience, education, and support needed to function in a new role with increased responsibilities (1990).

Both Makely (1998) and Riley (1990) note that multiskilled nurses are flexible. Flexibility is enhanced particularly from being able to perform many skills and functions competently in many areas of health care. Even though flexibility has been described as an asset, the concept of flexibility is not fully defined. In addition, neither article presents multiskilled nurses' perceptions of the concept of flexibility.

Flexibility in the Nurse Practitioner Environment

Whether practicing in an urban or rural setting, nurse practitioners represent all clinical specialties working primarily in clinics, long term care facilities, acute care settings, managed care corporations, occupational health settings, and private industries (Pastorino, 1988). Within these health care settings, nurse practitioners implement a wide variety of roles and utilize a myriad of clinical skills. Nurse practitioner roles include functioning as an acute and chronic health care clinician, educator, counselor, advocate, researcher, community liaison, health care liaison, human resource manager and financial manager (Berger et al, 1996). Clinical skills include performing

comprehensive health histories and physical examinations; diagnosing and treating minor acute and chronic illness; ordering and interpreting diagnostic tests; and providing client counseling, as well as education regarding lifestyle behaviors and self care skills that emphasize health promotion in addition to disease prevention (Berger et al, 1996). The nurse practitioner must be competent in all of these roles and clinical skills to practice proficiently and safely. According to Atkin and Lunt (1996), various roles and clinical competencies allow the nurse practitioner to maintain flexibility to meet rapidly changing health care needs of the communities in which he/she practices.

Nurse Practitioner Role

A qualitative research study performed by Blunt (1998) identified the nurse practitioner as a “flexible care provider” (p. 237). This research focused on the role and productivity of nurse practitioners (NP) in an urban emergency department. According to Blunt, the NP is a flexible care provider as the NP possesses the ability to enact and balance many roles. The identified roles of the emergency department NP included evaluating and managing non-urgent and minor health care issues; collaborating with a physician on high acuity clients; acting as client advocate; acting as the primary community liaison; maintaining resource and referral information; and implementing both medical and nursing care (Blunt, 1998).

Role Satisfaction

A study by Beal, Steven, and Quinn recognized flexibility to be a satisfying aspect of the nurse practitioner role (1997). This research focused on neonatal NPs’ perceptions of what aspects of their role were the most satisfying. Neonatal NPs

consistently reported that autonomy, relationships, outcomes of patient care, and the flexibility, learning, role diversity and challenge of the advanced practice nursing role were the most satisfying aspects of the NP role (p. 74.).

Practice Nurses in the United Kingdom

The concept of flexibility has also emerged in the literature concerning delivery of primary health care service by practice nurses in the United Kingdom. Research by Atkin and Lunt (1996) characterized “practice nursing” as a flexible and generic role that encompasses a broad range of work. According to this research, characteristics of flexibility entailed the ability of the practice nurse to adapt to the changing demands of general practice and local circumstances. Further information obtained from this study was the synergistic effect of autonomy and flexibility. The increased amount of autonomy, in effect, augments flexibility.

Boundaries

The concept of flexibility is prevalent in literature regarding the boundaries that encompass the roles nurse practitioners embrace. Flexible boundaries allow for the development of new roles along with the extension of existing roles. Research implemented by Torn and McNichol affirm that nurse practitioner role performance would lose its fluidity and flexibility if boundaries were strict and rigid (1998). In addition, Torn and McNichol found that nurse practitioners become experts in their field through the stretching of role boundaries and having the professional maturity and confidence to take risks, while at the same time acknowledging their limitations (1998).

Mezey (1993) identified the necessity of flexible role boundaries to provide appropriate care to a variety of health care clients. Flexibility within role boundaries models the adaptation needed to meet the needs of the health care population. In order to adapt to the changes required to deliver quality health care, roles cannot be rigidly set in place (Mezey, 1993). Established roles, if rigidly defined, may artificially divide tasks when what is needed are flexible boundaries to meet client's needs (Mezey, 1993).

Rural Nursing

Flexibility is an essential quality in rural nursing practice. According to Long, Scharff, & Weinert, "health care in rural areas has unique requirements and challenges" (1998, p. 39). Rural nurses must be generalists and possess broad based health care knowledge and diverse skills to function in many health care specialties. Rural nurses frequently describe themselves as multiskilled or as being jacks-of-all-trades. Flexibility emerges as the ability of the rural nurse to integrate various skills and function in all areas of health care. In addition, this research references flexibility as an important characteristic to a rural nurse's interpersonal behavior, as well as his/her work schedule.

Bigbee (1993) affirms the same requirements of broad based knowledge and clinical skills for rural nurses as Long, Scharff, & Weinert. According to Bigbee (1993), rural nursing is characterized by a strong generalist role with multiple expectations. Bigbee, however, views flexibility as a personal skill. Bigbee maintains that critical personal skills for rural nurses include adaptability, flexibility, independence, decision-making, judgment, organization, and self-confidence.

It has been established that nurse practitioners are assuming an ever-increasing role in rural health care delivery (Bigbee, 1993). Both references speak to rural nurses in general. These references, however, do not explicitly address the nurse practitioner's role in rural areas. There is no literature found on flexibility as an essential characteristic specific to rural nurse practitioners.

Flexibility vs. Codependency

Most nurses view flexibility as positive adaptation to changing circumstances to meet the needs of clients, employers and colleagues. However, there are some circumstances in which flexibility ventures too far, is limited, or not achieved resulting in maladaptation. According to Davidhizar and Shearer (1994), in some cases, rather than utilizing the healthy and necessary flexibility required in adapting to changing situations, adjusting behavior to accommodate others actually is codependency. Davidhizar and Shearer describe codependency as an ineffective behavior pattern. Codependent characteristics include adjusting behavior when adaptation is unhealthy and nonproductive, honoring requests in the face of conflicting role obligations, and experiencing personal pain to accomplish tasks and requests (Davidhizar and Shearer, 1994).

In contrast to codependency, Davidhizar and Shearer report that appropriate flexibility must be present in order to adapt to new situations as they arise (1994). These authors use Webster's New World Dictionary to define flexibility. Accordingly, Webster defines flexibility as the ability to bend without breaking, to adjust easily to change or to be capable of modification (Davidhizar & Shearer, 1994). In accordance with this

definition, Davidhizar and Shearer further described the flexible person as not threatened when his or her ideas differed from other's ideas, as well as being able to negotiate to decide on mutually agreeable solutions. They further described the flexible person as sacrificing personal choices if the result will be satisfying for all persons involved. Additionally, Davidhizar and Shearer viewed the flexible individual's conduct as not dependent on subordinates following orders, but rather on maintaining positive relationships with others while focusing on outcome.

It is important to distinguish between codependency and flexibility. Davidhizar and Shearer illustrated the difference between flexibility and codependency in detail through incorporating essential definitions of each concept and providing guidelines for fostering flexibility in oneself and others.

Flexibility Concept of Analysis

August-Brady (2000) published the first and only concept analysis of flexibility. This conceptualization was based on literature in the disciplines of nursing, psychology, and engineering. As defined by August-Brady, flexibility is "the integrative, evolving, resilient response to recognized change and uncertainty, based on openness and willingness to change, that results in a greater diversity of choice, effectiveness, and efficiency in outcomes"(2000, p.10).

Through this conceptualization, August-Brady identified four critical attributes of flexibility. The identified attributes describe flexibility as being resilient, responsive, evolutionary, and integrative. Resilience as an attribute depicts the dynamic movement inherent in flexibility. Resilience is viewed as the ability to stretch as well as the ability to

adapt to change while continuing to function effectively and efficiently. Responsiveness is the second attribute of flexibility. Being responsive indicates being receptive and responding to the need for change including behavioral and contextual circumstances. August-Brady identified being evolutionary as the third critical attribute of flexibility. This attribute proposes the developing nature of flexibility. Additionally, this attribute exemplifies the varying degrees of flexibility where flexibility is not an all-or-none phenomenon, where one is either flexible or one is rigid. August-Brady identified being integrative as the fourth attribute. This attribute describes flexibility as the ability to integrate the whole picture or to see multiple perspectives simultaneously.

In addition to the critical attributes, August-Brady (2000) identified antecedents and consequence of the concept of flexibility. Identified antecedents include the need or threat of change, openness to change, vision, and uncertainty. These antecedents must be present to stimulate flexibility. Positive consequences from flexibility include increased or broader career choices and greater choice of curricular options for students. Increased effectiveness in marketing and production were also viewed as consequences of flexibility. As well, personal attributes of enhanced self-esteem, greater understanding and thinking were identified as derived benefits of being flexible.

August-Brady has provided needed information on the concept of flexibility. However, she further proclaims that nursing has not fully explicated the meaning of flexibility in relation to actual or potential human responses. Therefore, further research is needed to operationalize the concept.

Summary

In summary, flexibility is prevalent in nursing literature. Accordingly, the concept of flexibility is viewed as an important role characteristic of all nurses, especially those in rural practice. The characteristic of flexibility has been identified as an asset as evidenced by descriptors of the flexible nurse as having positive role satisfaction, increased productivity, increased efficiency, variable choices, and vast career as well as educational opportunities.

Although the concept of flexibility is found in the literature, specific information clarifying a definition is scant. There is one concept analysis written exclusively about flexibility. In addition, a dictionary definition of flexibility was found in one article. The literature is lacking a discussion of the concept of flexibility as perceived by nurses as well as advanced practice nurses. Research specific to rural nurse practitioners and the concept of role flexibility needs investigation. Thus, this research study aims to establish the perception of role flexibility among rural nurse practitioners.

CHAPTER 3

METHODOLOGY

Study Design

A qualitative descriptive design was used to (a) explore nurse practitioners' perceptions of flexibility pertaining to the roles they employ and (b) define the concept of role flexibility and the essential attributes as perceived by nurse practitioners. The purpose of a descriptive study is to gain more information about and to document variables, such as characteristics, attitudes, and conditions associated with the phenomenon (Norwood, 2000). The exploration and description of the variables associated with the concept of flexibility leads to an interpretation of the theoretical meaning of the concept that can be used for future research (Burns & Grove, 1997).

Target Population

The target population for this qualitative study was rural nurse practitioners in Montana. To be included in the study, the subjects met the following eligibility criteria: (a) licensed as a nurse practitioner in Montana, (b) currently practicing in a rural community, and (c) volunteered to participate in the study. Six (6) rural nurse practitioners were recruited using network sampling (snowballing technique). With this sampling approach, early sample members were asked to identify and refer other potential subjects who met the criteria, thus creating a snowballing effect (Polit &

Hungler, 1995). Two of the participants in this study were known to the researcher. The four remaining participants were solicited from the two known participants.

Procedure

The two known participants were initially sent an informational letter inviting them to participate in this qualitative study (Appendix A). Approximately one week following the mailing of the informational letter, the potential participants were telephoned to establish their willingness and eligibility to participate in the research study. Additional names of potential participants were solicited from the two known participants as well as from the researcher's colleagues for a total of 6 participants. The researcher then sent the final four participants an informational letter inviting them to participate in this qualitative study. Approximately one week following the mailing of the informational letter, the final four participants were telephoned to establish their willingness and eligibility to participate in the research study. Through telephone contact, verbal consent was obtained from each participant and an informal individual face-to-face interview, approximately 60 minutes in length, was arranged at a mutually agreed upon time and place.

At the beginning of the interview, the researcher made introductions and briefly summarized the informational letter. The participants were then given an informed consent form to read and sign (Appendix B), as well as a demographic questionnaire to complete (Appendix C). The interview then proceeded in a semi-structured fashion, using open-ended questions to stimulate responses from each participant and investigate experiences and perceptions of the concept of flexibility (Appendix D). Throughout the

interview, each participant was able to decline to answer any question, withdraw from the interview at any time without penalty, and was encouraged to ask questions. Interviews were audiotaped for transcription and analysis purposes. After the researcher transcribed the audiotapes, all data were erased from the audiotape. A copy of the transcript was then sent to each participant for verification of accuracy.

Data Analysis

The eclectic approach of qualitative analysis was used to interpret and analyze the interview data. The eclectic approach consists of 3 phases: a deductive phase, an inductive phase, and an integrative phase (Norwood, 2000). The first phase, the deductive phase, involves organizing the qualitative data to more manageable units. The data obtained from the interviews in this study were separated and organized according to each question (Appendix D). Once the data were sorted according to the research questions (subproblems) to which they were linked, the inductive phase began with looking for themes or recurring regularities within each question grouping (Norwood, 2000). The integration phase then followed. The integration phase involved looking for linkages or relationships between themes in each question as well as across all research questions. These identified linked themes were then pieced together into an integrated whole to create a meaningful conceptual pattern (Norwood, 2000).

Issues of Credibility

The researcher maintained reliability and validity of this research study through peer debriefing sessions, investigator triangulation, member checks, and creation of an

audit trail. Each measure of reliability and credibility is discussed according to this research in the following paragraphs.

Investigator triangulation is utilization of multiple individuals to collect, analyze, and/or interpret research data (Polit & Hungler, 1995). In this study on role flexibility, the researcher collected the data on all participants. The researcher analyzed the data with guidance and assistance from the thesis committee chairperson.

Peer debriefing is a session held with one or more objective peers to review and explore various aspects of the research study (Polit & Hungler, 1995). Throughout the study, the researcher shared feelings with members of the research committee as well as with peers. This provided an opportunity during which interpretations, biases, and feelings could be examined, challenged and discussed.

Member checks refer to providing feedback to the study participants regarding the data and the researcher's emerging findings and analysis, thus securing the participants reactions (Polit & Hungler, 1995). Member checks were accomplished through the verification and validation of the interview transcript and open communication with the participants throughout the entire research process.

Creation of an audit trail was also utilized for the purpose of credibility. An audit trail is a systematic collection of materials and documentations that will allow an independent auditor to come to similar conclusions about the data (Polit & Hungler, 1995). Materials resulting from this research were preserved including raw data, coding notes, and lists of categories based on the questions.

Human Subjects Protection

Prior to beginning this study, approval for conduction of this research was obtained from the Montana State University College of Nursing Human Subjects Review Committee. The six (6) rural nurse practitioners who agreed to participate in the study signed a consent form (Appendix B) prior to participating in the study. The consent form clearly states that participation in this research study was strictly voluntary. Participants were free to ask questions, decline to answer any question, or withdraw from the interview at any time without penalty. Participants were encouraged to make clarifications at any time.

Benefits

The benefits to participating in this study included the opportunity for each study participant to have a positive effect on the refinement of nursing knowledge by sharing perceptions of flexibility based on personal and professional experiences. This knowledge gained may have constructive influence on the nursing discipline and members of society. In addition, each participant gained an understanding into one's own thoughts and feelings regarding the concept of flexibility. Participants were also provided with the potential benefit to increase their understanding of the research process, as well as an opportunity to know the findings from this qualitative research study.

Risks

The risks involved to participants in this study included 1) inconvenience related to the time needed for the interview process and 2) the potential of anxiety associated with revealing one's personal and professional perception pertaining to the concept of flexibility. Participants were not required to share feelings that they may have felt uncomfortable communicating. Should any of the participants have felt any anxiety, they were free to conclude the interview at any time.

Protection of Subjects

The identities of nurse practitioners that participated in the study remained confidential at all times. A number on the transcription of the interview identified each participant and the key to these numbers will be available only to the investigator and her committee chair. The interviews were audiotaped and transcribed. The audiotapes were then erased after transcription was completed. The transcribed interviews, consent forms, and demographic information were coded and will be kept in separate locked files at Montana State University College of Nursing for 5 years, accessible only to the nurse researcher and her committee chair. Only the assigned code of the participants will be used for identification in any publication, report, or presentation resulting from this research. Each participant was encouraged to call the researcher, her committee chairperson, or the chairperson of the Human Subject Review Committee at any time with questions or concerns involving this research. In addition, each participant was free to request a copy of the completed study.

CHAPTER 4

FINDINGS

Introduction

This descriptive qualitative study explored the concept of flexibility. Research took place over a three-month period. The researcher traveled to six different rural sites in Montana and interviewed six rural family nurse practitioners. The six participants completed a demographic questionnaire as well as an independent audiotaped face-to-face interview with the researcher. Data obtained from these interviews were analyzed utilizing the eclectic approach of qualitative analysis. This chapter provides an in-depth summary of the findings elicited from the analysis of interviews, in addition to a full description of the sample population demographics.

Sample

A purposive sample of six rural family nurse practitioners participated in this qualitative study. Each participant was employed in a rural community in Montana at the time of this research. The population of the rural communities ranged from 2,662 to 89,344 and 1.3 to 34.4 persons per square mile.

Demographic Data

All six study participants were women family nurse practitioners with Master's degrees in Nursing. The average number of years a participant had practiced as a nurse

practitioner was 4.4 years. The average number of years employed as a rural nurse practitioner was 3.9 years.

Five of the participants were employed full time and one participant was employed part-time. In addition to operating her own clinic during the week, one participant worked in an emergency room in an adjacent town. Two of the participants “took emergency call” for the rural hospitals where they were employed. In addition to working at a clinic in the main hospital, one participant travels 26 miles to a satellite clinic once a week to provide health care to a second small rural community.

The practice setting of each participant varied. Four participants worked in a clinic setting. Two participants worked in a clinic connected to a rural hospital. Four of the participants practiced alone and two participants worked with one other health care provider.

Each of the family nurse practitioners provided a unique perception on the concept of role flexibility. A table depicting the demographic information of each participant is provided in Appendix E.

Inductive and Deductive Analysis of the Eclectic Approach

Interviews of study participants explored the concept of flexibility. Using the deductive and inductive phase of the eclectic approach of qualitative analysis, data obtained from the interviews were reviewed, coded and then categorized into themes according to each interview question. Major themes that emerged from each question are listed in tables one through nine. The last question, which asked for additional comments

on the concept of flexibility, was categorized by theme only. In addition to portraying the themes in tables, a detailed description of each theme follows the appropriate table.

Table 1. Question 1.

What does the term flexibility mean to you?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Fill the position needed at that time		X	X	X	X		4
2. Adaptable to change	X	X					2
3. Extent of bendability without breaking	X					X	2
4. Versatile	X		X				2
5. Creative thinking	X						1
6. Being willing to go with the flow	X						1
7. Being willing to do something you haven't done before	X						1

The first question investigated the participants' perception of the meaning of flexibility. This question elicited various responses from the study participants. Some of the participants reported difficulty defining the concept. It took considerable effort to describe flexibility as they saw themselves as "living the experience" and not actually recognizing it as a concept. The participants' responses provided rich descriptions of the concept of flexibility.

Fill the Position Needed at the Time

The first category of responses, "fill the position needed at the time," signified flexibility as the ability of nurse practitioners to fill many roles dependent upon what role was required at the time. Four out of the six participants in this study shared this perception of flexibility. The roles described were variable and commonly included advanced practitioners, nurses, housekeepers, phlebotomists, and mechanics. The multiple roles assumed were enacted both simultaneously as well as consecutively.

Three of the participants provided clear illustrations to describe the essence of flexibility. These descriptions enable the reader to gain further insight into the participant's perception of the concept. In commenting on the flexibility of nurse practitioners, NP #5 stated:

Nurses are the most flexible people I have ever met. We are capable of and expected to fill many shoes... to be housekeepers... to be mechanics... to do labs when lab is not there... to do pulmonary function tests when respiratory therapy isn't there...to do physical assessment, interpretation of labs, and really diagnosis. We fill many shoes without taking on titles. That is our gift and our nightmare.

NP #3 further exemplified this description with the following statement:

You're called on to interview the patient and if you are in a rural area, you usually don't even have a nurse. So you are acting as an RN doing the nursing things, doing the vital signs and the things you would have a nurse do if you were fortunate enough to have a nurse. Then of course you interview your patients. You have to make diagnostic decisions. You have to decide if you are going to do a referral... treatment.

Filling the different positions also included the various specialty roles nurse practitioners employed in their own profession. One nurse practitioner viewed flexibility as the ability to move between different specialty areas of the advanced practice role. She remarked on the meaning of flexibility in the following excerpt:

...what I would take it [flexibility] to mean is what you think in any other context, that it is to perform variety of paths or jobs within your role as a nurse practitioner....so that in one setting you might do more women's health and in another setting you might do more internal medicine.

Adaptable to Change

The second category of responses, "adaptable to change," demonstrated the association between flexibility and change. Two participants in this study reported this connotation of flexibility. They perceived being flexible as the ability to adjust or adapt

to “whatever comes up,” whether meeting patients needs, filling different roles, or scheduling call.

Extent of Bendability Without Breaking

Two of the study participants identified “extent of bendability without breaking” as important to the meaning of flexibility. Although, there were no in-depth explanations to this category, NP #1 provided this description in accordance with the enactment of multiple roles. She stated, “how bendable can you go and be flexible in...bending without breaking.”

Versatile

The fourth category response, “versatile” demonstrated the variety of clinical skills, positions, and functions assumed by nurse practitioners. Two out of the six study participants cited this response as essential to the meaning of flexibility. NP #3 stated, “as an NP you really need to be able to do a variety of things.” NP#1 further clarified this definition with her description of being versatile as a “jack-of-all-trades.”

Final Categories

NP #1 identified the final three response categories as important aspects of the concept of flexibility. The response categories recognized include “creative thinking, “being willing to go with the flow” and “being willing to do something you haven’t done before.”

Table 2. Question 2.

Tell me a story about being flexible.

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Ability to function in and switch between a variety of roles	X	X	X	X	X	X	6
2. Some control over the environment	X	X	X		X		4
3. Allow enough time with scheduling	X	X	X				3
4. Different skills in different settings			X	X			2
5. Adapt to the type of patients	X	X	X				3
6. Ability to switch to a new focus			X			X	2
7. Lack of rigid protocols and structured roles	X				X		2
8. Manage the best we could.	X					X	2
9. Develop advanced skills and knowledge	X			X			2
10. You have to be experienced			X				1
11. Resilience	X						1

This question addressed the concept of flexibility through professional anecdotes. The descriptive narratives provided by the study participants illustrated several aspects of flexibility. Each one of the categories obtained through analysis of these stories presented in-depth explanations of the concept of flexibility.

Role Function and Role Transition

All six of the study participants reported, “the ability to function in and switch between a variety of roles” as key to role flexibility. They were comfortable with switching back and forth between general roles as well as specialty roles. Each of these participants provided distinctive descriptions within this category from describing it as a “cross job” by NP #4 to fully providing in detail the different functions nurse practitioners employed. NP#1 exemplified this theme in the following example:

A small town we don't have social workers, we don't have a public health nurse, we don't have the resources of [large town] or [larger town]...so I have to play so many hats to be flexible here, but I like that too...It's probably frustrating for some people, but I like it.

In the following example, NP #6 further provided detail on functioning in a variety of roles as well as describing herself as a flexible individual.

I probably am a flexible individual, but you have to be flexible here. I often need to get my own chart and do my own vitals...do my history and physical, my assessment...then if I need a referral, I'll sometimes need to do my own telephone calling. I also fill my own pharmacy meds, so I'm the pharmacist. Sometimes I do it all, which is very different from a populated area.

All six study participants recounted frequently functioning in both nursing and physician roles, often enacting both roles simultaneously. NP #5 clearly identified this concept as well as highlighted other roles nurse practitioners employed in relation to flexibility.

I see myself as flexible every day and in every situation. If the nurse isn't here, I take the patient in. I weigh them. I do their vital signs.... I do all of those things that traditionally in a clinic setting are done by a nurse. There are times when the nurse is off sick or on vacation and we aren't necessarily given another nurse. So in that time, I do again that basic nursing stuff, but I also have to draw the lab, spin it down, separate the serum, prepare it for packing...all of those things. While at the same time doing the more advanced practice role, which again would be listening carefully to whatever is going on with an individual, doing the physical exam, assessing what does this mean and what should I do.

Functioning in many roles required smooth transitions between the varying roles. NP#3 further communicated the importance of being able to function in many roles and the ability to shift to each of them when necessary. The illustration began with the need for a "role switch" in caring for a little girl diagnosed with leukemia. NP #3 stated:

... there's nothing I can do medically for that child. She's in the best hands there are as far as her treatment...but mom is out in Seattle, from a small town, and she was out of her birth control pills and she needed the child's social security number to fill out paper work. So I switched roles again, because we didn't have the social security number... we called all of the people the child had seen before to get the social security number ...and then got together samples of pills for mom... put

together a box of toys and sent them out to mom and to the child. So we sort of switch roles again as somebody that's a support person that she knows she can call and will try to do anything we can do as support... not particularly giving medical care but giving spiritual support for her.

Control Over the Environment

The second category, "some control over the environment," included such responses as being able to shut down the office, decide on how many clients were scheduled, as well as in what setting clients were seen. Four out of the six participants recounted having some control over their environment as an important aspect of flexibility. Each description given by the participants provided a different outlook on control of the environment. NP#1 described this connotation of flexibility in the following illustration as the ability to control one's business hours.

I had an elderly couple. I knew he needed psychiatric help so bad for years and years...he'd been managed here and nothing was really working. He was really going psychotic on this poor old wife. She always had excuses and would say... well I can't drive him up there. I finally got him to see the psychiatrist in [town]... I made the appointment and I said, I'm driving you. To be flexible I shut the office down and made sure... I drove them personally up to the psychiatrist and was a part of their appointment, because I knew the elderly man for the last 3 to 4 years...so it was really helpful. I love doing that as a part of flexibility.

NP #1, NP #2, and NP #3 accounted control over their environment with respect to being able to leave the clinic and make home visits. NP#2 expressed this aspect through her report of being able to switch settings in order to assess an ill client at home who would not come to the clinic. She stated:

Then I had one gentleman come in last week. He was elderly and he says: you know, my wife is so sick and I can't get her to come up here. Is there something you can recommend or give her? I said: I really need to check her before I would give her any medicine. Will she let me come to the house? He said: oh yeah. So I just went over and checked her out.

Another element to having control over the environment was dependent upon whether one worked at a hospital where everything was very structured or in an outlying clinic of the hospital. To express this association with the concept of flexibility, NP#5 reflected:

Now, I am in a setting where I have quite a bit of control over my environment. If I worked at the [main hospital], I would have less control of that environment. Here I can kind of decide what I can do and what I won't do...that kind of thing.

Allow Enough Time with Scheduling

The third response category, "allow enough time with scheduling," demonstrated the importance of providing essential time in the schedule to accommodate client needs. Adequate time allowed the practitioner flexibility to manage situations with each client as they arose. Particular client situations included education, implementing procedures, discussing treatment options, reviewing labs and/or consulting. NP #1 highlighted this perspective in the following excerpt:

I think I allow myself enough time with the way I schedule to be flexible with the amount of time needed to teach to make sure they [clients] totally understand what I need for them. Like diabetic education... and how I teach people to do B12 injections on themselves...so they don't have to come in every week to have me do it.

Another viewpoint shared within this response category was providing the client with holistic healthcare. NP # 3 expressed this perception on providing essential time in the following passage:

I think that is one reason why patients choose to come to nurse practitioners, because we do spend time. Once they're our patients until they move out of the area and they're not our patients anymore, we try to help them in other ways other than just giving them Amoxicillin.

Different Skills in Different Settings

Two out of six study participants mentioned being competent in various skills was required by different settings. The multiplicity of skills needed in various situations ultimately enhanced role flexibility. Comments included the necessity of being competent in various skills was dependent upon the current role and setting of the nurse practitioner.

NP#4 conveyed this point in the following excerpt:

I worked at the community health center...we rarely had emergencies or minor emergencies come in there, because people would go to the emergency room for that. Now working here in a more rural setting, I have had to develop skills that I didn't necessarily need in that previous job. So I need to be better at dealing with injuries and minor emergencies....so I have had to be flexible with advancing skills.

Adapt to the Type of Patients

The fifth categorized response is "adapt to the type of patients." Two study participants viewed flexibility in relation to adapting to individual patient needs. NP#1 defined this perception as "being malleable" and "able to adapt to the different patient situations." NP #2 further exemplified this point in the following passage:

I have to adapt to the type of patients I am seeing. You know, with some patients you're more in a nurse role type and then with some you're going to have to be in more of a medical model role...

Adapting to patient needs can be very simple or complex. NP #3 related this perception through the following example:

Especially in the winter, the elderly don't drive or they're afraid to go out if it's icy. Say if they're on coumadin and they need their blood drawn... I'll just stop over at their house and draw their blood... but if they're ill, I'll go over to the house. If they're real ill, I'll go over to their house and get the ambulance and stuff and get them to the hospital where they need to be.

Ability to Switch to a New Focus or Problem

Two out of the six participants deemed “the ability to switch to a new focus or problem” as an essential component to role flexibility. One participant reported the ability to switch focus and clue in to the key disease factors through a holistic assessment on every client was an important key element to flexibility. NP #3 stated:

You switch from a person who you are just going in to do an ear recheck ...to you're then looking at a patient who has a life threatening illness and getting them with the proper specialist.

NP #6 related a somewhat different narrative to exemplify this view. She perceived continually switching focus as the nature of nursing. Viewing it as the ability to immediately stop what one is doing and switch to a new focus or problem was something nurses have always done.

Here you can hardly do a chart. I get interrupted all of the time...but that's what nurses do all of the time...you get interrupted...but it's just a little more difficult when you are in charge of getting your charting done properly.

Limited Rigidity of Protocols and Structured Roles

Two study participants stated the seventh response category, “limited rigidity of posted protocols and structured roles,” as important to the fluidity inherent in flexibility.

NP#1 clearly illustrated this point in the following passage of modifying patient care and being able to follow it. She stated:

...and not have the rigidity of a posted protocol or process or that's not my job. I have been told that...no, that's not your job. You know refer it, refer it or don't go there, or just get them channeled in to the right place...but then you lose it, because you don't know what's happened to them or how it's happening.

Protocols and structured roles were often dependent upon the hierarchy of work settings. According to where one practices in a hierarchy, roles may be less defined affecting how one participant viewed flexibility. NP #5 related:

Maybe I don't even see it as flexible. Just because in this clinic, our roles are not that clearly defined and structured ...we're not as hierarchical here. It's being flexible in the hierarchy.

One participant considered limited rigidity of protocols and structured roles as a double-edged sword. NP# 5 illustrated this point as follows:

Sometimes I believe I am expected to go beyond the scope of what I am comfortable with, if I were to define my practice. For example, there are some things I just don't know enough about and so what I would prefer is to consult or send a patient to a specialist, or even an internal medicine [physician], and I don't have that option a lot of the time. But a lot of the time, I don't want that option. A lot of the time, I appreciate that independence and that opportunity to fully evaluate and review the literature and make decisions based on what I know...so it can be a double-edged sword.

Manage the Best We Could

The eighth category response, "manage the best we could," identified flexibility with the ability to trouble shoot problems, being innovative, and manage situations the best available way. Two study participants shared this perception. NP #1 clearly captured this theme with the following excerpt:

It was an elderly woman, maybe bleeding a little bit, with a horrible hip fracture. We couldn't even do ground transport because the highways were closed. We had to keep her overnight and manage her the best we could. I had to devise traction for this woman. I had to go up into the attic of this little old hospital and pull out old Doc. [name] equipment. I was like...we have to get one of his old nurses in here. It was like calling one of these 70-year-old LPNs who had worked with Doc [name] a whole lot. I showed her the x-ray...we rigged up this great girdle with things on the bed and we shipped her when the roads were clear the next day and she did fine. It was so much fun to trouble shoot this one.

To add to this aspect of managing situations the best available way, NP # 6 affirmed, “you make do all of the time.”

Develop Advanced Skills and Knowledge

Two of the participants in the study identified the importance of advancing skills and knowledge with how flexible they were with providing required care to meet clients needs in certain situations. Rural nurse practitioners have fundamental knowledge in a variety of practice areas. However, certain client situations required advanced knowledge and skills. As healthcare access as well as client needs changed, nurse practitioners were required to continually advance their knowledge and skills. NP#1 further clarified this response in the following narrative:

One of the things, I think, that I do need to go back to school for is my psychiatric certification. So I could follow it even further in this small town...so I can be a psychiatric nurse practitioner and then not only can I diagnose and prescribe, but maybe can counsel and do some therapy without having to send them [clients]...120 miles for their counseling which is an access barrier. I've been trying to get counselors to want to come down here once a week and it's not been successful. That's when I'm thinking- okay if I can't get someone else to help me out, I'll be flexible and I'll go get trained... what's the need here and how can I fill it.

Experience

One participant perceived “experience” as essential to being flexible in providing appropriate and safe care. NP #3 shared her viewpoint that not all nurse practitioners (NP's) are alike according to skills and experience. She reported:

....employers figure out that you are a Nurse Practitioner and they think that all NP's have the same skills and that's really not true at all. I mean...in order to open up your own practice in a rural setting, you have to have a pretty wide

background and to even know you're over your head and that you need to call a specialist, you have to have experience.

Resilience

Resilience was identified as an important defining characteristic of flexibility. NP #1 highlighted the importance of resilience with a short excerpt on finding away around a problem. NP #1 stated, "resilience...so instead of being overwhelmed by this problem with how am I going to do it... saying okay, what's the alternative and being able to go with it."

Table 3. Question 3.

Tell me about all of the roles you perform.

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Nurse	X	X	X	X	X	X	6
2. Advanced Practitioner	X	X	X	X	X	X	6
3. Educator to clients	X	X	X	X	X	X	6
4. Educator to other healthcare professionals	X	X	X	X	X	X	6
5. Scholar	X	X	X	X	X	X	6
6. Client liaison with consulting	X	X	X	X	X	X	6
7. Referral	X	X	X	X	X	X	6
8. Collaborative educator to community	X		X	X	X	X	5
9. Patient consultant	X	X	X	X	X		5
10. Community Resource	X		X	X	X	X	5
11. Management	X		X	X	X		4
12. Phlebotomist	X		X		X		3
13. Billing	X		X			X	3
14. I do it all (There are no middle people)	X		X			X	3
15. Business owner	X		X				2
16. Housekeeper	X				X		2
17. Bookkeeper	X						1
18. Mechanic					X		1
19. Respiratory Therapy					X		1
20. Clerk					X		1

The third question investigated the variety of roles nurse practitioners perform. The responses to this question demonstrated consistency as well as the multiplicity of roles these study participants employed. The study participants listed a total of twenty roles.

Unanimous Roles

All six of the study participants consistently stated seven roles. Functioning as a nurse was the most cited role by these rural nurse practitioners. Basic nursing roles included bringing the client back to the examining room, obtaining weight and vital signs, administering injections and placing intravenous access for infusions.

The second role listed was the advanced practice nurse role. All of these participants were family nurse practitioners. As an advanced practitioner, study participants reported functioning in a "more medical model." The advanced practitioner role consisted of implementing assessment, interpretation of labs, diagnosis, plan and treatment.

Also fundamental to the study participants' roles were educator to clients and other health care professionals as well as being scholars themselves. All participants stated the importance of patient education. NP#3 described the extent of patient education in the following excerpt:

I see now that I've been here for a few years and I'm not so worried about Amoxicillin doses, that I'm trying to develop patient teaching guides or things that I can give the patient to take with them... that they can refer back to. Not this big volume of things, but several things on a piece of paper that they can look back at...like, if your child is nauseated, try this...

Precepting other health care professionals as well as being a part of a group that brings educational opportunities to the local nurse practitioner group were examples provided describing the category of educator to other health care professionals. Additionally, these participants related the important role of being a scholar in the dynamic health care environment. NP#2 commented, "I guess that I'm in that learning mode so much. If I'm not busy seeing patients, I'm sitting here reading...studying as much as I can."

All six-study participants reported acting as client liaisons with consulting and referring in some way. NP#4 provided an example in the following excerpt:

There is also the role of consulting and referring. There is returning phone calls where people have questions about their medications or questions about... do I need to be seen about this or things along that line. People call and say my child was bitten by a dog. What do I need to do? So there is the actual seeing patients as well as sort of being a consultant for patients...and then there is steering people in the right direction in terms of referral.

In addition, participants mentioned the realm of professional consulting and referral as important roles. All participants collaborated with other health care professionals to best meet the clients needs.

Five Concurrent Responses

Five out of the six study participants concurrently identified three out of the twenty roles. These roles included being a community resource, collaborative educator to the community, and a patient consultant. To highlight these roles NP#1 illustrated:

I teach classes up at the school. It's always every hunting season...when I do the cardiovascular class...we dissect all the elk carcasses I get from all the hunters in town. I bring my EKG and my pulse ox and we just have a real lab session on cardiovascular.

In terms of community resource NP#4 stated:

There are times probably, like at basketball games or something where you might get called upon to respond to something if there is a problem that comes up... Sometimes the emergency medical system, the ambulance drivers, have inservices and we have been asked periodically to speak at those.

Four Concurrent Responses

Four study participants identified management as a role they often employed.

Two of the participants owned their business and fully managed every minor and major detail of their practice. The two nonbusiness owners who responded to this question employed differing management roles. NP #5 described this role in the following excerpt:

Administration...because I am the superior person in this office setting, I would be considered the boss I guess... a role in which I am not particularly happy with... and so I'm responsible for just seeing that everybody does the job they're supposed to do and that their time is correctly entered. Other administrative details... like whose going to clean the clinic...fixing air conditioners...and other administrative duties.

Three Concurrent Responses

Three out of the six participants stated, "I do it all" and "there are no middle people between my patients and me." These practitioners were the sole primary care providers in their settings.

Other roles agreed upon by at least three differing participants included acting as a phlebotomist drawing blood, spinning it down and sending it off to appropriate laboratories for analysis. The roles of billing procedures, whether filling out ICD-9 codes or actually billing patients, were responsibilities that these participants assumed.

Two Concurrent Responses

Two of the participants in this study were business owners. NP#3 recounted her experience with the role of business owner. "You want to do what you like doing, which is taking care of patients and doing patient education and stuff, but if you let the business end of it go...you'll go out of business due to debt."

Acting as a housekeeper was an identified role by two rural nurse practitioners. Housekeeping duties varied. Responses to this ranged from "cleaning my own rooms" to "I scrub my toilet". One participant with this response worked independently and the other participant worked in a bureaucracy.

One Response

The following roles listed had one response from varying study participants. One study participant functioned in the role of being the bookkeeper for her own practice. Another study participant cited being the clerk, mechanic, and respiratory therapist as prevalent in everyday practice.

Table 4. Question 4.

How do you view flexibility as a role characteristic in the nursing profession?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Make adjustments according to patient situations.		X		X			2
2. Define ourselves as people who see the big picture.		X			X		2
3. Nurses function in many places.				X	X		2
4. Accept that different situations are to arise as part of the job and figuring out how to manage them.				X			1
5. It's a mind set or willingness to try different things.				X			1
6. Different settings require different kinds of flexibility.				X		X	2
7. Cannot totally generalize.						X	1

The fourth question explored the study participants' perception of flexibility as a role characteristic in the nursing profession. This question required substantial reflection among the study participants. Responses were diverse. In addition, this question was not asked of two of the participants in this study.

Adjustments

Flexibility presented as a nursing characteristic in the manner of making adjustments to specific circumstances. Two participants viewed flexibility as the ability of nurses to make adjustments according to patient situations. Health care needs of clients were often perceived as multifaceted. These participants assessed their client's needs holistically, which included spiritual, physical, mental, and social needs. It was essential for the nurse to use a flexible, comprehensive and integrative approach to meet client's needs. In the following excerpt, NP #2 described this perception:

It [flexibility] is essential if one is going to provide holistic care. If your priority is a medical problem, but the patient's is an emotional problem...you can't help the patient by only focusing on what you believe is most important, unless in a life threatening situation.

Many times the nurses adjusted to several patients in different situations simultaneously.

NP #4 reflected this experience in the following passage:

I have worked in a rural hospital [as a nurse]...a 16-bed hospital and I had to be very flexible. If you had someone in labor in one room and someone on the monitor in the next room you had to make all of those adjustments and be flexible to deal with all of those things that would come up.

People Who See the Big Picture

According to two study participants, flexibility was a subtle nursing characteristic representing how nurses define themselves in addition to how nurses were educated.

With a background in holistic education and self-perception, nurses defined themselves as being providers who see the big picture. This view of flexibility was clarified in the following explanation. NP #5 stated:

I think it's more subtle than it is defined. In basic nursing education, we were educated that nurses sort of coordinate the care. If we do that, then we have to again be flexible enough to recognize when and where another allied health professional should be there or when we should fill that role. So I think it's subtle, but we also define ourselves that way, as people who see the big picture.

Function in a Variety of Roles

Two study participants regarded flexibility as an intrinsic characteristic of nurses, which enables the nurse to function in a variety of roles. Nursing education and socialization into the nursing role were two important factors contributing to the innate characteristic of flexibility. NP #5 explained this perception:

I think because we are born and bread in a multidisciplinary way, in some ways...we have to know about nutrition, we have to know about physical therapy...because we are born and bread there, we expect ourselves to be able to function in that way. I don't know how happy everyone is to do that. Because most of us hold true to what we see ourselves as nurses and what nursing care is...we tend to take on more without necessarily questioning.

The characteristic of flexibility was implicitly expressed through the various clinical areas where nurses function. NP #4 viewed flexibility presents as the fact that nurses can function in a variety of clinical areas including "hospital nursing, advanced practice

nursing, being a clinic nurse, education positions and occupational health positions.... a range of job descriptions.”

Part of the job

Two of the four participants responding to this question perceived flexibility as a part of the nurse practitioner job. A condition of the job was the acceptance that nurses must understand that situations were going to arise where one had to be flexible. NP #4 commented:

I think that you have to accept that as part of your job that different things are going to come up...and that you may be forced to deal with things that you don't necessarily feel as prepared to deal with...but that it's your responsibility to figure out how to deal with it.

According to NP #6, meeting people's needs was an important part of a nurse practitioner's job and flexibility may be incorporated in order to meet patient needs and enhance satisfaction. NP#6 stated:

We're here for service and we're in a service industry and provide the best patient outcome with the best patient satisfaction...so that if flexibility is part of that role, than you have to be flexible.

Mindset

In responding to this question, one study participant perceived flexibility to be a specific mindset of the nurse. In order to be flexible, the nurse must have a mindset consistent with the willingness to creatively problem solve. NP#4 commented, “I think it is a mind set or willingness to try different things and learning what you need to learn.”

Different Kinds of Flexibility are Dependent on the Setting

This response elicited the importance of problem solving according to different practice settings. NP#4 recounted the different ways flexibility was characterized with problem solving with regard to the setting. NP #4 described this perception according to her experience in a community clinic setting located in a more populated area compared to her current rural practice. She stated:

There were different kinds of flexibility more towards problem solving that had to go on... because at the community health center, we were dealing with people who were either uninsured or underinsured and generally very low income. So if they needed medication or needed referral or a variety of other services, then you had to do some creative things some times. There were extra steps to take to make sure it could happen for people. Now [rural setting] we have specific physicians who see it as their job to consult with us.

In addition to having to problem solve in different settings, some settings required flexibility in every situation. These settings demand flexibility. The following response given by NP #6 highlighted this point. She stated, "nobody can be inflexible here without being miserable."

Difficult to Generalize

One participant in this study felt that it was difficult to generalize totally about role flexibility in the nursing profession. NP#6 stated "to tell you the truth I've only worked for myself, so I can't say how other nurse practitioners are."

Table 5. Question 5.

When you have multiple responsibilities to get done, how do you get them all done?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Patient issues always come first.	X	X	X	X	X		5
2. Finalizing documentation last.	X		X	X	X		4
3. Constant triaging.	X	X					2
4. Crisis management with ordering supplies.	X						1
5. Work long hours.			X		X		2
6. Provide adequate time for each visit.	X		X		X		3
7. Dictating to get the information down, 2nd priority.					X		1
8. Tools for quick information.	X						1
9. Priorities change in rural settings with available and different tools.					X		1
10. Organization with follow up.			X				1

The fifth question investigated how various multiple responsibilities were accomplished by these nurse practitioners. The first two category responses to this question were analogous. The remaining response categories varied. NP #6 was not asked this question. Each response provided insight to the various responsibilities these participants have as well as information on prioritizing and “tricks of the trade.”

Patient Care Issues

Patient care issues were the number one priority with five out of five participant responses. Patient care issues comprised the greatest portion of responsibilities of nurse practitioners. These included patient appointments, returning phone calls, reviewing labs and so on. To capture this aspect NP #4 responded:

Well for me patient care issues always come first...so there may be phone calls to return or medication prescriptions to call in, or sometimes there are things within the clinic, or there are questions about how to handle different labs...but generally

I view patient care, especially if there is an emergency situation, as my first priority.

Finalizing Documentation

Four out of the five participants responding viewed finalizing documentation as the last priority to accomplishing multiple responsibilities. Two of the nurse practitioners reported that working the long hours at the end of the day is comprised of finalizing documentation. NP#4 stated:

Unfortunately my documentation responsibilities, I view as the lowest on the priority list. I mean its gotta be done and it is important, but in terms of my time I do it as the last thing.

Long Hours

Two participants viewed working long hours as essential to accomplishing multiple responsibilities. These two participants reported solely taking care of patients during the day required them to take things home at night or stay longer hours at the clinic in order to get everything done. NP#5 stated "you come in at 5:30 in the morning and take some things home at night." This point was further clarified by NP#3's response of having business issues to tend to after patients have gone home. NP #3 replied:

I think most NP's know if they are a full time employee...they work really long hours. Mostly because it is very difficult to keep up with documentation to the level that it needs to be for HICFA. You want to do what you like doing, which is taking care of patients and doing patient education and stuff, but if you let the business end of it go either by just working for a physician....then you go underpaid...or if you have your own practice and let the business end of it go, you're going to be in trouble with HICFA or you'll be going out of business due to debt.

Tools for quick information

One participant utilized tools for quick information to help her save time needed to get multiple responsibilities done. The tools for quick information included clinical quick reference books and assessment guides. NP #1 stated:

I know in school you'll make yourself crazy because you could never get enough done to satisfy the assignment. You have to let go that you've done the best you could and find your cheat books where everything is outlined really quick and easy...so you find your favorite tools and know how to use them for quick information. Then you have to triage.

Triaging

Triaging was important to accomplishing multiple responsibilities. Two participants perceived having appropriate triaging skills as essential to executing multiple responsibilities. NP# 1 illustrated how important emergency skills and favorite tools for quick information were essential to triaging. NP #2, through her response, provided additional information on triaging through viewing it as a process that takes place automatically as well as subconsciously. NP#2 stated:

I think that it's an unconscious or subconscious process of continually problem solving, evaluating, and sorting. I do it without thinking about it [the process], but I'm always listing and relisting my priorities in my mind.

Adequate Time

Three out of five participants viewed providing adequate time to see each health care client as necessary to accomplishing multiple responsibilities. However, time impeded on other important factors such as productivity.

NP#1 responded:

Productivity is sometimes sacrificed. If I only want to see 8 patients a day because I want to take a full hour with them I will.... granted I am making half the money than if I had seen 16 patients that day, but I can't explain...that's just my priority. So if I am allowing all that time hopefully I get my charting done and I can discuss my lab values or make my prescriptions or do a consult call...

NP#5 agreed with providing adequate time for patient care as essential to accomplishing multiple responsibilities. In this context, time was viewed as important to patient satisfaction. NP #5 commented:

...priority is [patients] that come here should not have to wait too long for their care. I try really hard not to get behind in seeing people and yet still provide the time they need to feel that they've been heard and carefully assessed.

Organization

Organization was a prominent response to this question by one participant. NP #3 viewed organization with follow-up care by keeping track of diagnostic tests as well as consults as essential to accomplishing multiple responsibilities. This kept clients from "slipping through the cracks." NP #3 further clarified this response in the following excerpt:

One of the difficult parts of primary practice is... because you are covered, covered, covered with paper work is to keep everything organized so the patients that need to definitely come back, come back. So, we have a file for that. So if you refer somebody or you send somebody for an ultrasound of the gallbladder, it is your job to make sure you get the ultrasound reports. That's pretty important because if you have an abnormal mammogram and you don't get the report and it kind of falls through the cracks, you're going to be medically/legally liable for that.

Crisis Management

According to one study participant, crisis management occurred with ordering supplies. Ordering supplies was placed lowest on achieving multiple responsibilities.

Therefore, it became crisis management. NP #1 stated:

Prioritizing, I fail to order. Okay, I only have three more strep tests left... we've had a lot of strep this week. It would be nice to have somebody else order my immunizations and do my purchases... I put hold on that and then it's overnight quick... quick do an overnight strep kit for me or quick I need a Hep B series for tomorrow, because I forgot to order my vaccines. So then it becomes crisis management. That part is probably... I need better organization or I need more help... that's what it's coming down to. Then I don't want to share my profits.

Dictation

One participant viewed dictating patient information as a second priority. NP #5 reported that she dictated to get the information recorded. However, she does view finalizing documentation as a last priority. NP#5 stated:

My next priority is to dictate and the reason is because I have a very short brain and when I leave that patient I have focused intensely on what I've done there and I need to get it out and documented somewhere so that I don't forget. So that becomes my priority. I dictate so then at least it's on paper and then when it comes back from dictation, I can take more time there. I can read it and refine or whatever, but the meat of the information is there. So that takes less priority... actually signing that note.

Priorities Change in Rural Settings

According to one participant, accomplishing multiple responsibilities was different in rural settings versus an urban setting. Priorities differed due to available technology, health care access to specialists and hospitals. NP #5 communicated this point in the following example:

Diagnostic studies I've learned to make less of a priority and that is only because of the nature of the setting. Things that you can do in a private sector as a provider or even if you worked at the main hospital... you can make getting the chest x-ray the priority or getting the CBC before anything as priorities... But again, when you live 100 plus miles away from that site, you have to depend on your other skills, because that may not be an option. Your priority has to be what can we do with what we've got... your priorities change in rural settings because you have different tools in your bag of tricks.

Table 6. Question 6.

What are essential characteristics of flexibility in nursing?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Cumulative experience			X	X	X	X	4
2. Education			X	X			2
3. Personality trait	X	X		X		X	4
4. Commitment to excellent care, being adaptable to meet client's needs		X					1

This question explored essential characteristics of flexibility in nursing according to the study participants. There were various responses including personality trait, adaptability, experience and education. Each response elicited a diverse view of the complexity of the concept of flexibility.

Cumulative Experience

Four out of the five participants answering this question named cumulative work experience as an essential characteristic of flexibility in nursing. The specific type of work one performed influenced and determined the necessity of flexibility. In the following example, NP # 4 provided insight to this response.

I think prior work experience is real important. If you have worked in a situation before where you deal with limited number of patient situations and lots of other details are taken care of for you and you just see this limited kind of patient over

and over again, I think you are going to be less flexible. Just because you haven't had that experience of needing to be at different, or respond to different patient needs, or respond to situations as you do in other situations. I think having your work experience is an important part that helps you learn to be flexible.

NP#3 concurred with the need for experience, but placed it in the context of Patricia Benner's novice to expert theory. In addition, she viewed experience in a variety of practice settings as essential to flexibility. NP#3 explained:

I think experience is pretty important. Experience in a variety of nursing things. I think that the people I see that have probably the most trouble in advanced practice are people that either just got out of nursing school...they don't have any experience or people who are in a real narrow specialty, like say labor and delivery nurses who then go in to be a family nurse practitioner. If you come from a wider specialty such as medical/surgical specialty or ER, ICU or some place where you see a lot of different things... because you draw on that experience. Patricia Benner and the novice to expert theory... at least as a competent nurse, you sort of see the whole picture. The only way you can get from novice to expert is with experience.

Education

Two study participants viewed education as an important characteristic of flexibility. Nursing education provided beginning nurses with an outlook of basic requirements to function in the health care world. NP#4 illustrated this thought in the following excerpt:

I think that your education makes a difference because that sort of gives you a feeling of what you might be expected to do and gives you hopefully a broad range of preparation.

Personality Trait

Four of the participants characterized flexibility as a personality trait. They perceived flexibility to be an individual characteristic. Two of the participants provided rich descriptions, while the other two participants affirmed this perception. NP #4 provided an illustration of flexibility as a personality trait in the following example:

I think that it's a personality trait and I think that's probably the most important thing. I think some people are naturally...it's easier for some people to be flexible than other people. It's like some people are introverted and some people are extroverted. I think some people are naturally flexible and for some people that's harder. I don't think that means that you can't develop flexibility, but I think that it comes more easily for some people.

NP#2 explained this perception through an example about fellow nurse practitioner students she encountered in her graduate education. She stated, "I think that flexibility is more of a personality thing...a trait, a characteristic type personality...I had students in my class that were very rigid and inflexible."

Adaptability

According to one participant, adaptability was an essential characteristic of flexibility. NP #2 commented on having a "commitment to excellent care for the patient and family- physically, socially, and emotionally." She further clarified this response of commitment to care as one "needs to have some organizational skills, but enough intuition or confidence to adjust or modify" the care plan.

Table 7. Question 7.

What makes nurses view themselves as flexible?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. People who figure out a way to get the job done.		X			X		2
2. Experience in education: Novice to expert.			X				1
3. Good mentors who focus on seeing the whole patient.			X				1

This question explored the participants' perceptions on what formulated nurses self-perception of being flexible. Three out of six participants were asked this question. Responses were mixed from having mentors, experience, and nurse's self-image as creating a perception of flexibility.

Figure Out a Way to Get the Job Done

The ability of nurses to create various solutions to problems was perceived as being flexible. Two participants shared this response. NP # 2 responded, "I think of it as doing what needs to be done to best meet the needs of the patient." In addition, problem solving required creative solutions and an optimistic outlook. In the following example, NP# 5 explained this perception of the connection between optimism and problem solving based on self-knowledge as well as connections with other nurses and nurse practitioners. She illustrated that nurses:

...tend to be can do people. At least the people that I have seen going into advanced practice are optimists and they find a way and believe that we as a group will find a way... and that may be part of what brings them to where they are. I can't say that's the way it is for all nurses, but the student's that I've worked with, that's for sure.

Mentoring

Mentoring emerged as important to flexibility. How a nurse practitioner was mentored in graduate school influenced how she/he self-perceived flexibility. In addition, nurse practitioner's flexibility increased as he/she received continued mentoring by other colleagues and specialists. According to one participant, mentoring provided the opportunity for fostering flexibility through teaching and integrating holistic health care. To demonstrate this point, NP #3 stated:

I think if you either have a good mentor or somebody that you really trust who can say to you...okay I realize that this person has a slight murmur, but lets talk about the fungus on their toenails or ...they have very severe dental caries. Let's look at the whole patient...get that nurse practitioner student to look at the whole patient and to think about teaching and prevention, that kind of stuff.

Experience

Varied experience is important to flexibility. According to one participant, the more experience a nurse practitioner encompassed increased his/her perception of being flexible. Benner's theory on novice to expert emerged as an important guideline to obtaining increased flexibility. NP#3 further clarified this connection in the following excerpt:

Benner's novice to expert...as nurses gain more experience. You know, you're kind of doing rule based...1,2,3,4 type things when you're a student and as you progress in your program you will move up the Benner ladder to more competent.

Table 8. Question 8.

What helped you develop flexibility?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Continuing Education	X	X	X		X	X	5
2. Experience	X	X	X	X	X	X	6
3. Role Expansion	X	X			X		3
4. Requirement of the situation		X		X	X		3
5. Collaborate with other nurse practitioners with similar practices	X		X				2
6. Nursing Education	X		X				2
7. Self-confidence	X	X					2
8. Multiskilled	X						1
9. Uncertainty of roles			X				1
10. Women are generally flexible because we fill many roles					X		1
11. Personal work ethic					X		1
12. I don't think of myself and flexible or inflexible						X	1
13. Less ego at stake. If I don't know, I refer	X						1
14. Knowing what to expect		X					1
15. Good support system		X					1

The eighth question investigated the participants' view on what helped them develop flexibility. There were various responses. More than one participant stated seven of the response themes. The remaining eight responses were exclusive to one participant.

Continuing Education

Five out of six study participants reported continuing education as important to the development and enhancement of flexibility. Many of the participants obtained continuing education through reading studies and clinical facts in advanced practice journals, drug reviews, or on healthcare Internet sites. Others attended continuing

education classes either in person or via telnet. Attending continuing education conferences not only provided essential information, but also allowed vital dialoguing with other nurse practitioners. NP #3 highlighted the importance of continuing education (ED) in the following excerpt:

I do a lot of continuing ED...probably 80 hours of continuing ED a year. It is always a struggle to keep up with the drugs. There is always new drugs, new things....There are such a variety of medications for hypertension and congestive heart failure and juggling those around...this one is kind of interchangeable with that one, or if this one isn't working go to this class. That's really difficult...also diabetes makes me crazy. You know, how you can adjust insulin. The patients, they certainly expect you to do it.

Although attending onsite continuing education was important, sometimes it was difficult for these rural nurse practitioners to attend the onsite conferences. Difficulty attending onsite education seminars was due to classes being held at distant sites, as well as the rural nurse practitioner having to close down a practice to attend the class if there was not another practitioner to operate the clinic. In these instances, these participants reported flexibility in identifying various ways to obtain continuing education. NP#2 reported the ability to obtain continuing education via telemedicine as being flexible to overcome the access barrier, as well as providing necessary information to further enhance her role flexibility. She commented, "every Monday at noon we watch the presentations out of [hospital]...there's always a big variety...migraines, EEG monitoring, oral anticoagulation..." Other participants were flexible in obtaining continuing education through telephone conferences, websites, and journals.

Participants viewed continuing education as important to maintain certification in areas that rural nurse practitioners were required to obtain in order to be flexible. NP#1

highlighted the importance of certification in various areas to function in her role. She was certified in advanced cardiac life support, advanced trauma life support, prehospital trauma life support, neonatal advanced cardiac life support, and pediatric advanced life support. NP #1 was also a certified paramedic. She viewed this training as key to her ability to be flexible.

Cumulative Experience

As reported by all six participants, cumulative experience was fundamental to development of flexibility. A wide knowledge background and varied clinical skills accumulated with experience. The more experience a nurse practitioner encompassed resulted in an increased self-perception of flexibility. This perception is clearly illustrated through NP #1's response:

...27 years of nursing. I don't know what kind of background a lot of NPs come from, but I get a little disturbed, because... you know...if an NP is a fresh new nurse, they don't have that resource. I've taught ACLS, I've done emergency nursing, and trauma nursing. Actually I don't like ICU that much...that's not flexible enough. ER is chaos... I love it because it is flexible. I'm a paramedic....they have to be so flexible. Paramedics can be some of the most flexible people. How do you intubate this patient? There is only one way in the ER, but out in the field there's 10 thousand ways and you can't follow the protocols. You have to come up with creative ways to manage airways that's not in the books. So I guess my paramedic training is a big part of my flexibility. But all of it has contributed to this point in my life now, to not be afraid to go out and do it.

NP #6 further emphasized the importance of flexibility, as cultivated from cumulative experience, in providing her with the capability required to practice in a rural setting. She stated:

I think that I developed it [flexibility] over the last 23 years as a nurse. I know I could not have done this rural job without experience. Had I not had...18 months of a busy, busy Internal Med practice, I would not have been able to do this job. I also have a lot of trauma experience in [town] at the trauma center as a trauma nurse. So that was very helpful. You know, I'm not uncomfortable with emergencies, but I'm uncomfortable that I don't have a well-tuned group of people to work with. When you work in a trauma center, the people you work with... you don't have to talk to each other, because you all know what to do. But there you have something coming in every week or every two days or twice a week or two times a day. You know, you have volumes so that you learn and there's no real volume here. A different nurse every night... and a different patient.

NP #5 viewed cumulative experience as encompassing both skills and knowledge. This all-inclusive view of experience led to being an expert. She acknowledged this response in the following passage:

It becomes innate to almost break it down to where this is a skill, and this is knowledge, and this is whatever. It is almost more complex than that. Benner's novice to expert work...that whole concept of expert is sort of what we all evolve to eventually. It is no longer little pieces and incorporating them into the bag. It becomes part of the whole of who we are.

Role Expansion

Three out of the six study participants viewed that their role flexibility expanded with expansion of their professional roles. With the expansion of the nursing role to the advanced nursing role, there was a requirement to expand the advanced skills, certifications, and duties. NP# 5 explained this perception in the following excerpt:

I would say it [flexibility] certainly expanded because my role expanded. You know, because I became a new person in a new role. I think it just then came with me from nursing to advanced practice. As nurses, we learn every day and we do different things every day and every little experience we get helps us to modify, hopefully in a positive way, what we do in the future. So, okay I do more education than I probably did in the beginning, because I have refined that skill. It is a dynamic profession and we bring everything we came with to this advanced role.

NP#1 viewed this as an extension of her nursing role. She further commented:

It's so nurse-y to me and I am just doing one step further with the advanced practice with my assessment and diagnosis. So it is essentially nursing. I don't think that a doctor would ever function in this scene. They don't know how to give shots or start IV's or draw blood or ...do heights and weights or growth charts, or discuss breast-feeding techniques.

Situational Requirement

Three out of the six participants believed certain situations required them to be flexible. Managing situations required flexibility in functioning in a variety of roles and creatively problem solving. NP #2 placed emphasis on this response in the following excerpt on taking emergency call.

To me in a way being able to take call, as scary as it is, is such an opportunity, because if you have that in your background, you can go anywhere and you are a lot more marketable.

Collaborate with other Nurse Practitioners in Similar Practices

Two of the participants stated being able to collaborate with other nurse practitioners in similar practices was important to developing flexibility. This response offered insight to how dialoguing about unique situations specific to independent as well as collaborative rural practice was essential to practice survival. NP #3 reported:

I try to talk to other people that are doing what I am doing, although there aren't very many of them in the state. Most NPs, at least in this area, work for docs or work in a clinic. There's just a couple of us that are working on our own. So talking with other nurses.

Education

Education provided the foundation for developing flexibility. According to two participants, generalist education was essential to flexibility in the rural setting. NP #2 viewed education as providing the framework and then each nurse practitioner student was proactive in tailoring education to his/her needs. NP #2 commented, "schooling is more of a guide and you've gotta develop those skills and everything on your own...you get out of it what you want to learn."

Self-confidence

Two of the nurse practitioners reported possessing self-confidence was essential to flexibility. This included being willing to trust your instincts and being competent in various health care areas. NP#2 stated the importance in the following passage:

Not be afraid to trust your instincts. I think that's the hardest part. When I first started out, I was second-guessing everything. I would say...oh that's this, but what if it's not, what if it's not? You second-guess yourself and that is kind of hard.

NP#1 further commented on this perspective, but added in the importance of being competent in various clinical settings.

If you can handle emergency care, you can handle anything else. There's not anything to be afraid of, because your triage skills are intact and that, I think, has been one of my lucky experiences in the past to help me do what I am doing now.

Multiskilled

One participant viewed being multiskilled as key to being flexible. Maintaining a wide knowledge base in health care to stay current included being competent in the skills in those areas. This participant viewed practicing in a rural area required multifaceted skills. NP #1 stated, "I'm like a jack-of-all-trades and not an expert in any of it."

Uncertainty of Role Expectations

Uncertainty of role expectations required flexibility to carry out different roles competently. One study participant responded that roles were not explicitly stated and it was difficult to know exactly what roles were required and thus difficult to prepare for every situation. NP#3 further explained this response in the following excerpt:

Sometimes you don't know what roles you need to do until you get there. I certainly didn't know that I needed to be able to do a lot of business kinds of things when I was in my nurse practitioner program, because I really hadn't planned to practice solo.

Women are Generally More Flexible

One study participant responded that flexibility may be inherent to women nurses given that, in life in general, women assume a multiplicity of roles women. NP #5 further explained this perception as follows:

I think the fact we are generally women, I am a woman, women are generally more flexible because we fill many roles. So that may be inherent. It may be a learned thing from early on. You know that we juggle it all and because nursing is generally a female profession, we bring that with us.

Personal Work Ethic

One participant viewed her personal work ethic as the essential basis for developing flexibility. NP#5 stated:

I think also for me it was part of the work ethic that whatever I do, I need to do it thoroughly and to the best of my ability. Where people are concerned and it's people you serve, you can't let things slip through the cracks. So if I'm the only one there to do it, then that's what I'll do. So it's part of the ethic there.

Support System

According to one participant, a support system was essential to developing flexibility. NP #2 highlighted this response with commenting on having a positive support system with a knowledgeable and experienced physician who also was a pharmacist.

Knowing What to Expect

One study participant provided the response of knowing what to expect in rural areas was important to flexibility. This response was based on the perception of knowing what rural life and rural health care clients' needs might be, as well as having the personality to provide rural care. NP #2 commented, "I grew up in a rural area so I know what to expect from a lot of different types of people that live in the rural area."

Less Ego at Stake

One participant stated ego as an important characteristic to a nurse practitioner's flexibility. This response focused on the fact that if the participant did not know what was happening with the patient or felt uncomfortable, she referred the patient to an appropriate specialist. Patient safety was the key element to flexibility and necessity for referral. In a response to other health care providers in her town, she viewed herself as referring more. To further explain this response NP # 1 stated:

I think as a nurse practitioner, I have less ego at stake. If I don't know [the appropriate answer], to make a phone call or let's refer. If I can't sleep good at night, I didn't make the right decision and my goal is to sleep good at night. So I'm seeing you right now and you've got a belly pain...you're going to [town] [referring] there's no question about it. You need an ultrasound. I don't know if you have an ectopic or not. So I'm going to sleep tonight and I'm going to send you. There are some things that I am rigid. I think as a rule of practice...there's a golden hour we're talking about... so there's no waiting and seeing. You turf it.

Self-perception of Flexible or Inflexible

There were instances where nurse practitioners perceived themselves as neither flexible nor inflexible. This response was the final response listed to this question. One nurse practitioner held this view. To explain this response NP #6 recounted:

I don't think of myself as flexible or inflexible. I just don't. I just do what I have to do. I don't think, oh gosh I'm a nice flexible person. You know, I just don't or I've not had to think about it. I've just had to do it.

Table 9. Question 9.

Tell me about being too flexible; are there any limitations to being flexible?

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Knowing what you can do as well as knowing your limits			X	X		X	3
2. Limited by bureaucracy	X				X		2
3. Extra work with an already full schedule					X		1
4. The way that you are viewed by hospital staff		X					1
5. Limited experience of staff		X					1
6. Limited with obtaining an expert status due to having multiple responsibilities						X	1
7. Difficulty connecting with patients	X						1
8. Limited education in self-marketing			X				1
9. Limited in small town for resources	X						1
10. Conditional hospital privileges	X						1

The ninth question addressed limitations to role flexibility. Participants disclosed thoughts on particular situations where one can be too flexible. In addition, two participants' responses indicated outside factors limiting their flexibility. Only two of the response categories were similar and stated by more than one participant. The remaining responses were exclusive.

Know What You Can

Do as well as Your Limits

Three out of the six participants viewed knowing what their practice boundaries encompassed was important to flexibility. A nurse practitioner's boundary encompassed those roles and skills in which one was competent to perform. The limitation of being too flexible was practicing outside of those competent roles and skills. NP #4 provided insight to this

response in the following excerpt:

...a nurse practitioner, well any primary care provider, always has to think about what they really feel capable of handling and what do you really need to seek help with or refer. So if you are trying to be flexible and adjust your skills so that you can do...you know, sometimes in a rural area people say: ah I don't want to go into [town], can't you just take care of this here? Well, to me, it seems like sort of being flexible...okay we'll give it a try...but on the other hand, you have to be aware of your limits and what is going to be best for a patient.

NP #3 further reported the importance of knowing what a nurse practitioner can do and what ones limitations were in the following excerpt:

It's really important to know what you can't do. I mean you shouldn't be covering an ER if you never have worked in an ER. It's not that you can't get trained to do that, but you shouldn't let them dump that on you before you're ready. So many NPs are afraid to say...oh I can't do that. Like with the pale baby saying to the pediatrician...she needs a pediatrician, she does not need the nurse practitioner... there's something very seriously wrong with this child. Knowing when to say to the specialist...no I can't do that...no this is something you need to do. Knowing when you need to say no. I found out when I was teaching undergraduate students. The students that scared me the most in clinical were the ones who thought they could do everything. I think knowing your limits are important and realizing there's a lot you can do.

In addition, NP#6 expressed the limitation of being too flexible in relation to causing harm to oneself or the health care client. She commented, "If you're hurting yourself or the patient, I would imagine there is a limit." NP#6 further expressed that boundary lines were sometimes blurry in relation to knowing what one can appropriately care for. NP#6 further explained this perception in the following passage regarding caring for someone who was ill in the local hospital.

Well say perhaps transferring somebody or not transferring somebody. Sometimes I would really like to get them out of here and then I realize...okay I really can take care of them. I just have to think a little harder. I need to talk to somebody on

the telephone and I can do this. Then sometimes I think that I'm supposed to keep people above my ability and I have to transfer them. You could get into trouble either way if you didn't transfer when you were supposed to.

Limited by Bureaucracy

Two participants viewed working for the bureaucracy as either limiting flexibility or expecting nurse practitioners to be too flexible in the care they provide. NP # 1 illustrated the perception of flexibility being limited by bureaucracy in the following excerpt:

I worked at an STD clinic. That's all federal funding and they have no flexibility at all. Your productivity was really rigid and you had to follow the rules and you couldn't detour. You know, gosh I think she's got a thyroid problem, but you can't do it. You have to refer her. It was really narrow. Because you are being trained as primary care [provider], but you're not really a primary care provider. You have these strict protocols that's like narrow reproductive health care and refer anything else. Even the way the labs would be ordered, it's frustrating.

In contrast, NP #5 reported how one is expected to be too flexible in different types of bureaucracies. NP #5 explained this as the "politics of flexibility."

I think one thing in terms of the politics of flexibility...we can tend to be abused. No one has ever come over and covered my clinic for me until the week of Christmas when they sent a nurse practitioner from the [main hospital] to here. I sort of felt bad for her. You know she was dropped in a clinic where she had never been in her life. She was given patients, which may not be a big deal to her, but I'm very close to my patients...but, she didn't know these patients. She may not know their history. Anyway she was dropped here and the nurse had the day off and they didn't give her another nurse. So not only is she going to come to a place she has never been without an orientation...and now they're going to put her here and not even give her a support system. It struck me, would they do that to a doctor? Would a doctor allow that to happen? So in terms of politics, I think we have to be very careful about being at risk for abuse. For being so flexible that it may be dangerous to ourselves or to those we serve.

Extra Work with an Already Full Schedule

One participant viewed being too flexible as assuming more work than she could handle to help someone else out. NP #5 illustrated this point in the following section:

Sometimes, my flexibility, I will take on work that someone else could and should do because they're in a tight spot. I will take on the work, even though, if I look behind me I am just as busy. In that way it is a problem, but maybe that's the nurse in me. You know, that I'm always running around trying to help everyone else be comfortable.

Viewed by Hospital Staff

According to one study participant, how hospital personnel viewed nurse practitioners affected flexibility. In one hospital setting, how hospital staff viewed the nurse practitioner as both a nurse and an advanced practitioner required the nurse practitioner to assume additional roles. Thus, the nurse practitioner felt as if she was being too flexible with assuming additional roles. NP#2 provided insight to this thought in the following passage. She commented, "sometimes the way you are viewed by hospital staff... you're not really...I mean they see you more as a nurse...they say well you can do this and you can do this..."

Limited Experience of Staff

One participant viewed being too flexible as a result of limited experience of hospital staff requiring the nurse practitioner to assume additional roles to maintain safety. NP#2 perceived assuming additional roles as a possible limitation through fostering inexperience of hospital staff in the long-range plan. NP #2 commented:

...they [support staff] really aren't able to do a lot of things and are missing a lot of skills. So you really have to be able to just take over and you just can't give orders and say do this and this. You've just got to go ahead and do it yourself and sometimes I think maybe that is being too flexible.

Limited in Obtaining Expert Status due to having Multiple Responsibilities

While some participants viewed working in a narrowly focused health care setting as limiting flexibility, one participant viewed working in a setting with limited areas of health care as an advantage. According to NP #6, being in a place where one has to do various health care roles limited how flexible one could be in relation to being an expert practitioner. NP #6 clarified this perception in the following excerpt:

There is an advantage of that [working in a specialty] because then you can do something very, very well and you have all the knowledge about one system or thing. The problem here is that you do so many different things that you can't be an expert in everything. That is a problem.

Difficulty Connecting with Patients

One participant's response to this question was not recognizing her patients needs for direct limited information on their disease process and management options. NP#1 viewed that she could be too flexible with providing all of the different types of alternative care and not fully recognizing if that is what the patient desired. NP #3 related:

I think I have patients that I don't read well sometimes and they want to just be patted on the head and said don't worry just do this. I refuse to do that. I say well on one hand you can do this and the other hand you can do this. I am so caught up in making them make their own choice. There are people who don't want to make a choice. I think they are demanding from me to be decisive and rigid and

sometimes I don't connect with that and I realize, oh they must think I'm wishy washy...okay what I would do. I need to be more physician like or patriarch towards them... that's a hard one for me. I don't like that.

Limited Education in Self-Marketing

One participant viewed a limitation of being too flexible as not marketing oneself effectively and valuing one's worth as a nurse practitioner. NP #3 explained this perception in the following response:

I think it's important for a nurse to know what they need and not....I mean administrators are always going to try to tell you, well you're only worth 50 thousand a year and if they would sit and think about what an RN makes...I mean an RN in the ER makes more than that and we have 8 years of school and this may be a diploma or an AD nurse. So I think valuing what you're worth and trying to communicate that to others is always a challenge. I have 8 years of college, I have prescriptive authority, I have to carry my own malpractice insurance, I have a DEA number and all of the licensures, and the tremendous amount of continuing ED. I mean you really have to sell yourself and I think what nurses tend to do is say-oh yeah I guess you're right...I'm really only worth 50 thousand, because I don't know how to do this and I don't know how to do that... instead of looking at everything you can do.

Limits to Flexibility

Two of the responses to this question focused on what one participant viewed as limiting a nurse practitioner's role flexibility. These responses included limited resources and conditional hospital admitting practices.

Limited Resources. One participant viewed having a limited amount of resources limited flexibility by determining what kind of diagnostic work ups could be accomplished in a small rural setting. NP#1 stated:

We don't have ultrasound and we don't CAT scan. We have an ancient, ancient x-ray machine with x-rays being taken by people who have had the 4-day class down in [town], which I have.

Conditional Hospital Privileges. One participant viewed conditional hospital privileges as limiting a nurse practitioner's flexibility. NP#1 made this point through a discussion regarding a nurse practitioner who retained hospital privileges. NP #1 recounted:

She doesn't really have hospital admitting privileges. It's through the doc that she's with and that's where we are limited as nurse practitioners. You know that she has hospital privileges, but they're pretty conditional. It's not her own free right. It's on the coat tails of someone else and that's frustrating. But do I really want hospital privileges, I don't know.

Table 10. Question 10.

Additional Findings

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Courage				X			1
2. Flexibility Perspective	X						1
3. Change and Flexibility					X		1
4. Flexible in one's personal style in working with others				X			1

Question ten presented an opportunity for study participants to address additional information they perceived as important to the concept of flexibility that was not touched upon by the preceding interview questions. The additional findings included flexibility in relation to courage, perspective, change, and flexibility required to work with other colleagues.

Courage

One study participant viewed courage as an important aspect of flexibility. In this context, nurses required flexibility intertwined with courage and fortitude to expand into the nurse practitioner role. NP#4 further explained this connection in the following excerpt:

Another aspect of flexibility is courage. That is flexibility to try to move into nurse practitioner roles, because it is a relatively new role. I think that it does take some mental and emotional flexibility to find our way in the health care system that doesn't have a really clear path for nurse practitioners.

Flexibility Perspective

One family nurse practitioner reported the importance of realizing the different perspectives individual practitioners had regarding the concept of flexibility. NP#1 specifically addressed the importance of recognizing what one practitioner described as flexibility was not always consistent with perspectives of practitioners in the same health care field. NP#1 clarified this response as follows:

What's acceptable to you might not be what's acceptable to somebody else and realizing that. Somebody else would think she's a nut, she's gambling or she's risk taking and maybe I'm calling it flexibility. My flexibility is okay, I'll do it my way and the best way I could figure it out... be willing to take the risk... I guess the risk of failing.

Change and Flexibility

One participant clearly identified the need for flexibility in relation to change. According to NP#5, flexibility was essential to accomplish any type of change. NP#5 illustrated this perception in the subsequent passage:

You better be flexible. If you are not flexible, you cannot change and then you cannot function in not only this role, but in society. I don't think that you would even get here if you were not flexible.

Flexible in One's Personal Style in Working with Others

Working with other individuals required flexibility. One participant identified the importance of flexibility with the ability to work with different personalities. NP#4 provided insight to this response:

There is flexibility in dealing with different personalities in your work setting, which is part of any job. I think being somewhat flexible in your style or how you relate to people can be helpful. It is kind of the ability to work with different personalities...I mean if you say...I want everything in the exam room to be set up a certain way. You could train your staff to do it that way; but you could also say: okay well you put it there. I can deal with that. I mean that it is that kind of flexibility. Sometimes it is important to have certain things...for a pap or pelvic exam, you want this tray set up or for suturing, you want this because that will increase your efficiency. But on the other hand, if somebody is busy or they can't do it that way... being flexible in doing or filling the gaps when somebody is not able to do it for whatever reason. I think that is an important kind of flexibility.

Integrative Phase of the Eclectic Approach of Data Analysis

The integrative phase was the final phase of the eclectic approach of qualitative data analysis. This phase of data analysis searched for relationships between themes and variations within themes according to each research question (subproblem) as well as across all research questions (Norwood, 2000). These identified relationships were then merged together into an integrated whole to create a meaningful conceptual pattern (Norwood, 2000).

All research questions explored the concept of flexibility. Deductive and inductive analysis of the eclectic approach identified universal themes among questions. During the integrative phase of data analysis, distinct recurrent themes emerged as well as identifiable linkages between them. These themes were labeled as primary and secondary characteristics of the concept of flexibility. Primary characteristics included universal responses stated by all six-study participants throughout the interview. Secondary characteristics included themes identified by two to five study participant responses. To further demonstrate their significance, the primary and secondary themes are shown in tables eleven and twelve.

Table 11. I. Integrative Analysis

Primary Characteristics

Integrated Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Function in a variety of roles	X	X	X	X	X	X	6
2. Versatile	X	X	X	X	X	X	6
3. Environment	X	X	X	X	X	X	6
4. Cumulative Experience	X	X	X	X	X	X	6
5. Continuing Education	X	X	X	X	X	X	6
6. Prioritize according to patient care issues	X	X	X	X	X	X	6
7. Adaptability and adjustments	X	X	X	X	X	X	6

There were seven primary characteristics of the concept of flexibility identified. These primary characteristics were closely connected and often intertwined. Each primary characteristic provided insight to the study participant's perception of the meaning of flexibility, development of flexibility, and priorities in relation to flexibility.

Function in a Variety of Roles

The ability to function in a variety of roles competently emerged as the fundamental theme of flexibility in this study. As a response to the majority of research questions, all six study participants consistently expressed the multiplicity of roles they employed. Many of the roles employed were situation dependent according to client, employers and community needs. The roles ranged from advanced practitioner to housekeeper. The majority of the roles performed included nurse, advanced practitioner, educator to clients, educator to other health care professionals, scholar, client liaison, educator to community, patient consultant, community resource liaison and manager. The ability of the nurse practitioner to perform various roles simultaneously as well as consecutively exemplified their perception of flexibility. In contrast, one could be too flexible if he/she took on more roles than one could competently perform.

Versatile

Versatility was an essential primary characteristic of flexibility. Each study participant referred to various descriptions of being versatile throughout their responses to the interview questions. These participants viewed being versatile as the ability to turn or switch to a new "focus", "problem" or "role" smoothly and easily. Some of the participants described themselves as being "jack-of-all-trades" with the ability to competently perform the majority of tasks or roles they were confronted with. Other participants perceived being versatile as the ability to switch focus and key in on pertinent factors in a holistic assessment to distinguish benign follow-up checkups from life threatening illness. In regard to flexibility, versatile was considered the nature of

nursing with the ability of nurses to immediately stop what they were doing and switch to a new focus or problem depending on client needs and situations.

Environment

According to all six family nurse practitioners, the environment (setting) was an important characteristic to flexibility. The practice environment of each family nurse practitioner determined their flexibility. The place of employment enhanced, required, or limited flexibility.

Having control over ones environment enhanced flexibility. Control over the environment included being able to determine office hours, decide on how many clients were scheduled as well as what settings clients were seen in. Control over the environment fostered independence, which was perceived by the study participants as the ability to make their own decisions and not deciding according to the government of a larger entity.

Each setting where participants practiced required flexibility with problem solving to meet client's needs due to limited access to specialized health care in addition to not having professional as well as diagnostic resources. There were some practice environments where study participants viewed that they must be flexible or they would not have survived as a health care provider in that arena.

Working for a bureaucracy had an effect on flexibility. The mentioned bureaucracies in this study either expected nurse practitioners to be too flexible in the care they provided with overloading responsibilities, or limited their flexibility with projecting a narrow focus and rigid protocols.

Cumulative Experience

The study participants unanimously cited cumulative experience as a key factor in developing flexibility. The participants perceived the more experience they encompassed ultimately increased their self-perception of flexibility. A wide knowledge background and varied clinical skills accumulated with experience. It was important to realize that not all nurse practitioners were alike according to skills and experience. The present and past employment of each family nurse practitioner, variety of roles and clinical skills required, as well as resources available in those settings influenced and determined the necessity of flexibility. According to various participants, flexibility was cultivated from cumulative experience and they would not have been able to function in a rural position without it.

Cumulative experience was fundamental to the development of flexibility as well as its continued expansion. Various participants referred to this recurring theme according to Patricia Benner's novice to expert theory, in which, the only way to get from novice to expert was with experience. One participant viewed that all nurses evolved to being an expert eventually and it was important to have an "all-inclusive view" of expert and experience. According to this view, being an expert was complex and required the combination of skills and knowledge gained with experience.

Continuing Education

Study participants perceived continuing education as important to flexibility. Continuing education was essential to the development and enhancement of flexibility, which in turn was viewed as essential to the nurse practitioner's role. Although rural family nurse practitioners encompassed fundamental knowledge in a variety of practice

areas, there were certain client situations, practice environments, and changes in access to healthcare that required additional advanced knowledge and skills. These circumstances established the ongoing need for continuing education. Continuing education courses provided opportunities for the development of the required advanced skills and knowledge by providing options for participation in onsite, as well as distant continuing education activities. Continuing education was also essential to maintaining various certifications required by the practice setting. The study participants reported increased flexibility with the advancement of knowledge and skill. However, they also viewed themselves as being flexible in obtaining the necessary continuing education. Study participants obtained continuing education through conferences, advanced practice journals, websites, and telnet.

Adaptable

Adaptability was an essential characteristic of flexibility. All study participants perceived flexibility as the ability to adjust or adapt to meeting client needs, filling different roles, or rearranging schedules. In general; any change required adaptation. The largest portion of responses describing this characteristic referred to adapting care and roles according to patient needs and situations. Examples provided include adapting the setting, consulting, or caring for complex patient needs. In addition, health care needs of clients frequently were multifaceted and required adjustment of care accordingly. Therefore, participants were required to use a flexible, comprehensive, and holistic approach to care. Another aspect to the importance of flexibility was the ability of the practitioner to adapt to various patients' needs simultaneously.

Prioritize according to patient care issues

The study participants perceived flexibility to be important to functioning in their advanced practice role as well as transitioning between various other roles and the responsibilities that accompanied them. In terms of being flexible with multiple responsibilities and managing situations, patient care issues always took precedence. Patient care issues comprised the largest portion of responsibilities of nurse practitioners. These issues included stabilizing and treating patient ailments, scheduling patient appointments, returning phone calls, consulting and reviewing labs, as well as diagnostic studies. Flexibility was required because each patient situation was considered unique.

Table 12. II. Integrative Analysis

Secondary Characteristics

Integrated Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Different situations require different skills	X		X	X	X	X	5
2. Requirement of managing situations	X	X		X	X	X	5
3. Personality trait	X	X		X		X	4
4. Scope of practice	X		X	X		X	4
5. Time	X	X	X		X		4
6. Finalizing Documentation	X		X	X	X		4
7. Nursing education	X		X	X			3
8. Define ourselves as having a holistic view		X	X		X		3
9. Role Expansion	X	X			X		3
10. Willingness and Resilience	X			X			2
11. Extent of bendability without breaking	X					X	2
12. Nurse practitioner collaboration	X		X				2
13. Self-confidence	X	X					2
14. Healthcare worker resources		X				X	2

Fourteen secondary characteristics of the concept of flexibility emerged from the integrative phase of data analysis. These secondary characteristics expressed the

multifaceted nature of flexibility. The study participants conveyed distinct features of each characteristic as well as the interconnectedness between them.

Different Situations Required Different Skills

Varying skills were important to flexibility. The diverse client situations that the study participants encountered in their practice setting required different skills. Five out of six study participants consistently reported this theme, deeming it a secondary characteristic. Many of the participants described themselves as multiskilled. The requirement of various skills was dependent upon the current role and setting a nurse practitioner was in. Skill requirements in rural area practice were multifaceted. As one participant clearly stated, “priorities change in rural settings because you have different tools in your bag of tricks.”

Managing Situations

According to five participants, the management of various acute and chronic client conditions required the nurse practitioner to be flexible. These participants viewed flexibility as using creative thinking to devise strategies to manage the situation and complete the job safely. A few participants established flexibility as a condition of the job. In this instance, nurses accepted that different situations occurred as part of the job and they had the responsibility to create various solutions. This secondary characteristic surfaced as the ability to “trouble shoot problems, being innovative, creative thinking, triaging and managing the situation the best way available.”

Personality Trait

Various recurring responses by five participants described flexibility as a personality trait. According to this perception, some nurses were naturally flexible, while others were considered rigid and inflexible. However, these participants further asserted that even if a nurse was not naturally flexible, one could and sometimes had to develop flexibility to function in various nursing roles to meet the needs of patients.

Scope of Practice

The study participants' considered their scope of practice as an important secondary characteristic of flexibility. Each participant's scope of practice influenced flexibility through defining the boundaries in which the participants practiced. A nurse practitioner's boundary encompassed those roles and skills in which one was competent performing. Elastic boundaries of roles and protocols enhanced flexibility. Participants perceived their flexibility as limited if roles were rigidly set in place and they had to follow rigid protocols. On the other hand, participants perceived going beyond the boundaries of their scope of practice as being too flexible. A few participants, however, perceived the boundary lines to sometimes be blurred and indistinct.

Time

Time frequently surfaced as a response to interview questions as essential to flexibility. Several references of time emerged, such as allowing enough time with scheduling to accommodate client needs; necessity of working long hours to accomplish multiple responsibilities required of advanced practice; and as the relationship between productivity and time. Adequate time allowed the practitioner flexibility to manage

situations with each client as they arose. In contrast, providing adequate time to manage client needs appropriately often impeded other factors such as productivity.

Nursing Education

Nursing education emerged as a secondary characteristic of flexibility. Nursing education provided neophyte nurses with an outlook of basic requirements to function in the health care world as well as the need for flexibility. Generalist education was essential to flexibility in the rural setting. In addition to generalist education, mentoring of each nurse practitioner was important to fostering flexibility through teaching and integrating holistic healthcare. Mentoring guided the nurse practitioner to assess the patient holistically focusing on physical, spiritual, social, and psychological needs. In turn, the ability of the nurse practitioner to function holistically was important to how she/he self-perceived flexibility.

Define Ourselves as Having A Holistic View

Participants associated flexibility as a subtle characteristic embedded in how nurses defined themselves. Nurses often identified themselves as health care providers who “see the big picture” and “function in a variety of roles”. The multidisciplinary education nurses received, as well as multifaceted positions nurses embraced, influenced this perception.

Health Care Worker Resources

A professional support system was essential to flexibility. Having a positive support system with knowledgeable and experienced professionals provided participants

with essential resources necessary to function in the required roles and settings. In contrast, how hospital health care staff viewed the nurse practitioner led the nurse practitioner to being too flexible and taking on additional roles. In as much as having knowledgeable and experienced support staff, those with limited experience ultimately led the nurse practitioner to be too flexible through requiring the nurse practitioner to assume additional roles to maintain safety.

Willingness

Willingness emerged as a secondary characteristic of flexibility. Participants expressed resilience through statements of being willing to go with the flow; willing to do something one had not done before; and willingness to creatively problem solve.

Secondary Characteristics Within Each Subproblem

The remaining secondary characteristics portrayed in table 12 represent responses to only one of the questions exploring flexibility. Although these secondary characteristics emerged mainly as a response to one varying question, more than one participant shared the perception of finalizing documentation, role expansion, self-confidence, extent of bendability without breaking, and collaborating with other nurse practitioners. Therefore, these themes were deemed important to flexibility as secondary characteristics.

Finalizing Documentation. As these participants perceived flexibility as important to accomplishing many responsibilities, finalizing documentation last allowed these

practitioners a way to prioritize more pressing responsibilities. This secondary characteristic arose in question five.

Role Expansion. Role expansion surfaced as a secondary characteristic in question eight. The expansion of the nursing role to the nurse practitioner role reflected the growth in flexibility required to accomplish increased responsibilities utilizing advanced skills and knowledge.

Self-Confidence. Participants perceived having self-confidence meant trusting ones instincts as well as being competent in various clinical settings. Self-confidence appeared as a secondary characteristic of flexibility as a response to question eight.

Extent of Bendability Without Breaking. This secondary characteristic emerged in question one. Two study participants acknowledged this as an important concept of flexibility. They accredited how bendable (flexible) a nurse practitioner could be in relation to accomplishing many roles “without breaking.”

Collaboration With Other Nurse Practitioners. According to two participants, collaboration with other nurse practitioners in similar practices was essential for the development of flexibility. Dialoguing with one another about unique situations specific to independent as well as collaborative rural practice was essential to practice survival. This secondary characteristic arose as a response to question eight.

Single Response Themes Emerging From Integrative Analysis

Twelve single response themes remained after the integrative phase of data analysis. The single response themes are important for further exploration of the concept of flexibility. Those response themes stated by one participant, entitled single response themes, are depicted in table thirteen.

Table 13. III Integrative Analysis

Single Response Themes

Response Themes:	NP#1	NP#2	NP#3	NP#4	NP#5	NP#6	Frequency
1. Cannot Generalize						X	1
2. Crisis management with ordering supplies	X						1
3. Dictating to get information down					X		1
4. Tools for quick information	X						1
5. Organization			X				1
6. Women are generally more flexible					X		1
7. Limited certainty of roles			X				1
8. Personal work ethic					X		1
9. Not thinking of self as flexible or inflexible						X	1
10. Less ego at stake, readily refer	X						1
11. Knowing what to expect		X					1
12. Take on extra work with an already full schedule					X		1

Each response theme mentioned presents various aspects of flexibility. Some of these single themes loosely connect to one another as well as the primary and secondary characteristics.

Summary

In summary, many themes emerged from the interviews with the study participants. The themes illustrated the multifactorial, complex, and dynamic nature of the concept of flexibility. There were seven primary characteristics, fourteen secondary characteristics, and twelve single response themes identified. Interrelationships themes between themes emerged based on the defining attributes, development, requirements and limitations of the concept of flexibility. The interrelationship between themes was demonstrated by the multiple references to one another throughout the responses to the interview questions.

The identified primary and secondary characteristics describing flexibility were the ability to function in a variety of roles, versatility, adaptability, willingness to creatively problem solve, and holistic care integration. In addition, a nurse practitioner's personality trait may predispose him/her to be flexible. Flexibility, however, ultimately developed as a necessity of the nurse practitioner profession.

Many instances required flexibility. Flexibility was required as a result of role expansion, challenges in the practice environment, managing certain health care situations, prioritizing multiple responsibilities according to client needs, and professional as well as diagnostic resources available.

With the ever-increasing demand for flexibility, development of flexibility was essential. The development and continued expansion of flexibility was based on cumulative experience, multidisciplinary nursing education, continuing education, varying skills, self-confidence, scope of practice, collaboration, and independence.

As flexibility was generally perceived as a positive quality, there were instances in which flexibility was limited or where one was too flexible. It was established that narrowly focused roles and rigid protocols ultimately limited flexibility. In addition, the perception of being too flexible included exceeding role boundaries and assuming more work than one could manage competently.

CHAPTER 5

DISCUSSION

The purpose of this study was to define and clarify the concept of role flexibility and essential attributes relevant to nurse practitioners. The concept of flexibility, as perceived by six rural nurse practitioners in Montana, is multifactorial, complex and dynamic. The findings of this study conveyed seven primary and fourteen secondary characteristics of flexibility. The identified primary and secondary characteristics of flexibility reflect similarities in the research associated with flexibility. In addition, these characteristics represent expansion of the concept not previously discussed in the literature. These primary and secondary characteristics are portrayed in table 14.

Table 14. Role Flexibility

Primary and Secondary Characteristics

Primary Characteristics	Secondary Characteristics
1. Function in a variety of roles	1. Different situations require different skills
2. Versatile	2. Requirement of managing situations
3. Environment	3. Personality trait
4. Cumulative Experience	4. Scope of practice
5. Continuing Education	5. Time
6. Prioritize according to patient care issues	6. Finalizing Documentation
7. Adaptability and adjustments	7. Nursing education
	8. Define ourselves as having a holistic view
	9. Role Expansion
	10. Willingness and Resilience
	11. Extent of bendability without breaking
	12. Collaborate with other nurse practitioners
	13. Self-confidence
	14. Healthcare worker resources

This chapter provides a discussion of these defining primary and secondary characteristics of flexibility in relation to the conceptual framework, study assumptions, and associated literature.

Conceptual Framework

Role theory as presented by Hardy and Conway (1988) was utilized as the overall framework for this study. Specifically the concept of role behavior, a component of role theory, guided this research. According to Hardy and Conway (1988), role behavior is differentiated behavior or action relevant to a specific position based on societal expectations and modified by individual personality characteristics. Flexibility has been mentioned in role theory as the ability of persons to meet rapidly changing roles. Additionally, role theory describes flexibility as important to effective transitioning between roles. Role theory, however, does not explicitly mention flexibility as a concept, nor associate flexibility with role behavior.

The study findings confirmed the descriptions of role behavior and flexibility according to role theory as presented by Hardy and Conway (1988). In addition, findings from this research study identified flexibility as an important concept to role theory. Furthermore these study findings identified an association between role behavior and flexibility. Thus, this research expanded role theory.

Nurse practitioners perform a variety of roles in the health care arena. The study participants consistently reported the multiplicity of roles they employed. Functioning in a variety of roles was a primary characteristic describing the concept of flexibility. Role behavior was based on role flexibility. According to the participants, flexibility allowed

them to meet rapidly changing roles. Accordingly, each study participant's role behavior was dependent upon her ability to function competently in various roles and effectively transition between these roles as demanded by clients, employers, communities and colleagues.

In addition to the primary characteristic of "functioning in a variety of roles", all of the primary and secondary characteristics of the concept of flexibility identify with role behavior and ultimately role theory. Many of the roles employed by study participants were situation dependent and based on societal expectations as well as personal characteristics. Four participants viewed flexibility as a personality trait supporting the importance of personal characteristics to role behavior. However, these four participants further expounded that nurses could and must develop flexibility to function in certain environments. In addition, the primary characteristics of being versatile, adaptable, and resilient reinforced the importance of personal characteristics to flexibility and role behavior. Other primary and secondary characteristics identifying with personal characteristics and role theory include individual cumulative experience, nursing education and continuing education.

According to role theory, the environment influences roles that individuals assume. The environment, specific situations, time and limited resources available in the small rural communities required many of the roles performed by the study participants. As well, the study participants' scope of practice influenced the flexibility of each participant and ultimately their role behavior.

Prestudy Assumptions

The study findings affirmed the prestudy assumptions made by the researcher.

Prestudy assumptions included:

- (1) Essential characteristics of role flexibility as perceived by a rural nurse practitioner include adaptability and the ability of the nurse practitioner to modify his/her plans according to the needs of the client or health care facility.
- (2) The more skills and confidence a nurse practitioner possesses, the more flexible he/she will be in the nurse practitioner role.
- (3) The setting that a nurse practitioner works in will have an affect on flexibility.
- (4) Role flexibility is directly linked to role performance (behavior).

The primary characteristic of adaptability confirmed the first prestudy assumption. All study participants perceived flexibility as the ability to adjust or adapt care and roles according to patient needs, specific situations and work environments. Examples provided include adapting the setting, consulting, or caring for complex patient needs.

The second prestudy assumption was confirmed by various primary and secondary characteristics. The primary characteristics included cumulative experience and continuing education. The participants perceived the more experience they encompassed ultimately increased their self-perception of being flexible in their nurse practitioner role. A wide knowledge background and varied clinical skills accumulated with experience. As health care changed, additional advanced knowledge and skills were required for the nurse practitioners to continue to meet client needs. Continuing education

was essential to the development and enhancement of flexibility, which in turn was essential to the nurse practitioners role. The secondary characteristics entitled “self-confidence” and “different situations require different skills” demonstrated the validity to this prestudy assumption. Varying skills were important to flexibility. The current role and setting of the nurse practitioner outlines the requirement of various skills. Participants perceived having self-confidence meant trusting one’s instincts as well as being competent in various clinical settings.

The primary characteristic entitled “environment” confirmed the third prestudy assumption. According to all six-study participants, the practice environment where they worked determined their flexibility. The findings of this study emphasized the relationship between the practice environment and flexibility, where the practice environment enhanced, required or limited flexibility.

The primary and secondary characteristics of flexibility were associated with the conceptual framework of role behavior. Thereby, confirming the fourth assumption linking role flexibility and role performance.

Concurrent and Varying Literature Findings

The study findings, based on perceptions of study participants in Montana, coincided with many of the characteristics of flexibility found in the literature. However, some additional findings were also revealed.

Concept Analysis of Flexibility

August-Brady (2000) identified essential attributes indicating that flexibility is resilient, responsive, evolving and integrative. Although the study participants used different wording to describe flexibility, the study findings corresponded with these attributes. This study further delineated primary and secondary characteristics of the concept of flexibility. The identified primary and secondary characteristics describing flexibility were the ability to function in a variety of roles, versatility, adaptability, willingness to creatively problem solve, and holistic care integration. Personality trait was also established as important to flexibility. One's personality trait might predispose the nurse practitioner to be flexible. Flexibility, however, ultimately developed as a necessity of the nurse practitioner profession.

As well as identifying critical attributes, August-Brady (2000) identified antecedents to flexibility. These antecedents were described as the need for change, openness, human predisposition to change, vision, and uncertainty. The study findings identified many instances requiring flexibility. Flexibility was required as a result of role expansion, varying practice environments, managing situations, prioritizing multiple responsibilities according to client needs, and professional as well as diagnostic resources available.

August-Brady did not explore the development of flexibility. This study found that with the ever-increasing demand for flexibility to stay viable in the health care arena, development of flexibility was essential. The study findings concluded that the development and continued expansion of flexibility was based on cumulative experience,

multidisciplinary nursing education, continuing education, varying skills, self-confidence, scope of practice, collaboration, and independence.

According to August-Brady, flexibility resulted in positive consequences. The consequences include increased choices leading to outcomes, effectiveness, and efficiency, with the derived personal benefits of enhanced self-esteem, understanding, and thinking (2000). This research study did not specifically illustrate all of the consequences of flexibility. However, flexibility was generally perceived as a positive quality leading to beneficial outcomes. In contrast, this study illustrated instances in which flexibility was limited or instances in which a nurse practitioner was too flexible. Narrowly focused roles and rigid protocols ultimately limited flexibility. The perception of being too flexible included exceeding role boundaries and assuming more work than one could manage competently.

Nursing Education

The study findings concurred with Mezey (1993) and Clark's (1997) perception on the need for generalist preparation of the advanced practice nurse as well as the need for continuing education. Continuing education was essential to the development and enhancement of flexibility perceived as essential to the nurse practitioner's role. The rural family nurse practitioners encompassed fundamental knowledge in a variety of practice areas. The need for continuing education was established based on the need for advanced knowledge and skills as a result of complex client situations, practice environments and changes in access to health care. Continuing education courses provided opportunities for

the development of the required advanced skill and knowledge, as well as the opportunity to maintain certifications in various specialty practice areas.

Nursing education emerged as a secondary characteristic of flexibility confirming Clark (1997) and Mezey's (1993) research. Nursing education provided beginning nurse practitioners with an outlook of basic requirements to function in the health care world, as well as the need for flexibility. Generalist education was essential to flexibility in the rural setting. This confirmed research performed by Long, Scharff and Weinert (1998), as well as Bigbee (1993). Generalist education provided the nurse practitioner with a broad range of knowledge, multiple skills, and the ability to function competently in multiple health care and non health care roles.

Career Flexibility

The study findings concurred with Derstine's (1995) report on career flexibility found in the literature where nurses must be flexible and receptive to change in order to thrive in a dynamic health care system. In contrast, career flexibility, according to Derstine (1995), was necessary to thrive in a new health care environment whereas the study findings project the need for flexibility to thrive in the same environment according to various client needs, situations, and resources available. To stay viable in the health care system, the study participants proclaimed the variety of roles they must perform, as well as versatility, and the multiple skills they must encompass to adapt to client situations in various settings.

Clinical Skills

Clinical skills emerged both in the literature and in the study as important to flexibility. Both Makely (1998) and Riley (1990) noted that multiskilled nurses are flexible. According to the literature, flexibility was enhanced particularly from being able to perform many skills and functions competently in many areas of health care. The study findings concurred with the literature on multiskilling. Many of the primary characteristics implied the need for multiple skills to function in a variety of roles. As well, cumulative experience and continuing education regarded the necessity of multiple skills. The secondary characteristic entitled "different skills in different settings" emphasized the need for nurse practitioners to be multiskilled. The diverse client situations the study participants encountered in their practice setting required varying skills.

Roles

In accordance with stated roles in research performed by Pastorino (1998) and Berger et al (1996), the study findings confirmed the multiplicity of roles the nurse practitioners employed. The study participants listed a total of twenty roles. The study participants recounted all but one of the roles listed in the literature. The roles described in the literature included acute and chronic health care clinician, educator to clients and other health care professionals, counselor, advocate, community liaison, health care liaison and human resource and financial manager (Berger et al, 1996). The study participants did not convey the role of researcher as part of their every day practice. Additional roles not listed in the literature also emerged. These roles included nurse,

scholar, consultant, management, educator to community, phlebotomist, housekeeper, mechanic, respiratory therapist, and clerk.

Practice Environment

Research by Mezey (1993) and Torn and McNichol (1998) found the nurse practitioner's practice boundaries to be important to flexibility. The study participants confirmed the importance of autonomy, practice boundaries, and the practice setting as important to flexibility. The characteristics of flexibility entailed the ability to adapt to the changing demands of client needs associated with general practice and local circumstances. Autonomy (independence) of the study participant determined the amount of flexibility to meet these client needs. Both the literature and the study findings concurred with the synergistic effect of autonomy and flexibility.

Practice boundaries emerged in both the literature and the study as important to flexibility. Each study participant's scope of practice influenced flexibility through defining the boundaries in which the participants must practice. A nurse practitioner's boundary encompassed those roles and skills in which one is competent to perform. Study findings concurred that elastic boundaries of roles and protocols enhance flexibility. If roles were rigidly set in place as well as if the participants were to follow rigid protocols, they perceived their flexibility as being limited. Participants perceived going beyond the boundaries of their scope of practice as being too flexible. However, a few participants perceived the boundary lines to sometimes blur and become indistinct. Research by Torn and McNichol (1998) affirmed that the role performance of nurse practitioners would lose its fluidity and flexibility if boundaries were strict and rigid. In

addition, the study participants related adaptation within boundaries to meet the needs of the health care population. Mezey (1993) expressed this view in his research on nurse practitioner roles.

Flexibility as an Interpersonal Skill

Research by Bigbee affirms flexibility as a personal skill (1993). Long, Scharff, & Weinert referenced flexibility as an important characteristic to a nurse's interpersonal behavior (1998). The findings in this study affirmed these perceptions. Personality trait emerged as a secondary characteristic of the concept of flexibility. According to this perception, some nurses were naturally flexible, while others were viewed as rigid and inflexible. However, these participants further asserted that if a nurse was not naturally flexible, he/she must develop flexibility to function in various nursing roles. In addition, one study participant reported that working with others required flexibility. One participant identified the importance of flexibility with the ability to work with different personalities.

Flexibility vs. Codependency

In accordance with Davidhizar and Shearer (1994), the study findings confirmed instances where flexibility ventures too far, was limited, or not achieved resulting in maladaptation. One question in the study focused on this perception. Study participants disclosed thoughts on particular situations where one could be too flexible. In addition, two participants' responses indicated outside factors limiting flexibility of a nurse practitioner.

Specific limitations to flexibility included strict and rigid role boundaries and protocols. Three participants viewed being too flexible when role boundaries were overtly exceeded. In addition, being too flexible was viewed in relation to causing harm to oneself or the health care client. Sometimes bureaucracies expected nurse practitioners to be too flexible in the care they provide. One study participant termed this as the "politics of flexibility." In addition, one participant viewed being too flexible with taking on more work than she could manage competently to help someone else out.

It has been established that there were limitations to being too flexible; however, the term codependency was never used in this study. Davidhizar & Shearer (1994) described codependent characteristics as adjusting behavior when adaptation is unhealthy and nonproductive, honoring requests in the face of conflicting role obligations and experiencing personal pain to accomplish tasks and requests.

The study participants confirmed the definition of flexibility according to Davidhizar & Shearer. Although the findings were consistent with the definition, the findings did not reveal the descriptions of appropriate flexibility that Davidhizar and Shearer used. These descriptions identified the flexible person as not being threatened when his or her ideas differed from other's ideas, negotiating, sacrificing personal choices if the result was satisfying for all person's involved and maintaining positive relationships with others while focusing on outcome. The study findings concluded that the study participants focused on the outcome by doing whatever was necessary within their capacity to meet client's needs and manage situations.

Literature Summary

Many of the findings coincided with the literature; however, some new, additional findings were revealed. All of the primary characteristics corresponded with the literature as well as a majority of the secondary characteristics. The secondary characteristics portrayed the additional findings. These additional findings include time, prioritizing multiple responsibilities, collaboration with other nurse practitioners, self-confidence and health care worker resources.

Study Limitations

This study was comprised of a sample size of six rural nurse practitioners in Montana. Due to the small sample size and specific region of the participants, findings in this study might not be generalized to all nurse practitioners and nurses. The findings may be applicable to all rural nurse practitioners in similar environments and situations.

There was a limitation found within the interviewing process. The interviewer did not consistently ask all of the research question to all participants. Three particular questions were not asked consistently. In addition, the wording of certain questions seemed to confuse some study participants. Ambiguity of these questions led to uncertain responses. As a result, the researcher had to clarify the questions to stimulate responses. It would have been helpful to keep the questions to nurse practitioners in general and not generalized to nursing.

Nursing Implications

The findings of this study clearly indicated the concept of flexibility as essential for rural nurse practitioners to maintain currency with the dynamic and complex health care environment. Therefore, it is essential for rural nurse practitioners to recognize the concept of flexibility as an essential characteristic to their role. The implications to the practice of nursing are abundant. This study provided primary and secondary characteristics of the concept of flexibility as perceived by six rural nurse practitioners in Montana. Findings from this study provide insight to the development, expansion and limitations of the concept.

It has been established that nursing education provides the foundation for a nurse's outlook of the health care environment. As the health care environment continues to change and the need for role flexibility is constantly increasing, nursing education must teach beginning nurses broad based knowledge and skills required to function in this environment. This study provides insight to the various roles and skills nurse practitioners employ in rural settings. If the education program is rurally focused, nurse practitioners must be educated in a rural generalist curriculum.

Continuing education is important to the further development and enhancement of flexibility. Although rural family nurse practitioners have fundamental knowledge in a variety of practice areas, often there are certain client situations, practice settings and changes in the access of health care that require additional advanced knowledge and skills. This establishes the need for ongoing continuing education. However, continuing education is sometimes difficult to obtain in rural settings. Study participants obtained

continuing education through conferences, advanced practice journals, websites, and telnet. However, some of these continuing education options were expensive. With the requirement of a specific amount of continuing education for licensure and prescriptive authority to be obtained at an onsite location, more options are needed for rural nurse practitioners who have difficulty getting away from their employment setting. These options could be funding for telnet services, locum health care providers to manage clinics, or establishment of continuing education options that travel to the distant sites.

Cumulative experience was an important primary characteristic of flexibility. Flexibility is essential to the nurse practitioner role. This strongly supports the need for requirements regarding the amount of years a nurse must practice before going on to obtain a masters education with a nurse practitioner focus. As well, this presents the need for family nurse practitioners practicing in rural areas to have a Master's degree.

Recommendations for Future Research

The findings of this study indicated the importance of flexibility to these six rural nurse practitioners. There is a definite need for additional research in other rural and urban areas to determine if the findings are consistent with those demonstrated among the six rural nurse practitioners in Montana. Further exploration of the primary and secondary characteristics as well as those themes unique to single response is required for confirmation.

The findings of this study identified flexibility as an important concept in role theory. Replication studies are important to determine the scope of role flexibility in role

theory. Further exploration of role flexibility provides further insight to the association between role flexibility and role behavior.

A qualitative study to assess nurse educators' perception of flexibility would be helpful to determine if their perception of flexibility coincided with that of the rural nurse practitioners' perceptions. With information gained from both of these studies, a rural nurse practitioner program could be developed to foster flexibility.

Further descriptive qualitative research on the concept of flexibility provides the knowledge base for further quantitative research and theory testing. Tools also need to be developed to quantitatively research the concept of flexibility.

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APPENDICES

APPENDIX A

INFORMATIONAL LETTER

Appendix A: Pre-Inclusion Letter

Date: _____

Dear Colleagues:

Please consider this letter as a professional invitation to participate in a qualitative research study that focuses on the concept of flexibility. Specifically I will be investigating rural nurse practitioners perceptions of the concept of flexibility as it pertains to role characteristics. I am a graduate student at Montana State University, Bozeman, Montana pursuing a Master's Degree in Nursing/Family Nurse Practitioner Program. I will be conducting this research this fall. Findings for this research may also be used in published articles, books or presentations.

Participation in this study will involve a 60-minute interview to identify your professional view of flexibility as it pertains to rural nurse practitioners. Interview questions will investigate perceptions of the concept of flexibility and obtain basic demographic information. Participants are also encouraged to ask any questions at any time throughout the interview or contact the researcher after the interview for further comments, questions, or concerns. Interviews will be audio-taped for transcription. After transcription is complete, the data on the audiotape will be erased. A copy of the transcript will then be sent to you for verification of accuracy communicating your view of role flexibility. Interview dates and times will be mutually agreed upon between each potential participant and researcher. Participation includes signing a consent form and completing a demographic questionnaire that will be brought by the researcher at the time of the interview.

Participation in this study and participant contributions are completely voluntary. Participants may choose to withdraw from the study at any time without specifying a reason and without penalty for doing so. Please feel free to contact the researcher at any times for questions or concerns. You are free to request a copy of the completed research study.

The benefits to participating in this study include the opportunity to have a positive effect on the refinement of nursing knowledge through sharing perceptions of flexibility based on personal and professional experiences. This knowledge can have forceful influence on the nursing discipline and members of society. Each participant may gain an understanding into one's own thoughts and feelings of the concept of flexibility. Participants have the potential benefit to increase their understanding of the research process and an opportunity to know the findings from this qualitative research study.

The risks involved to participants in this study include 1) inconvenience related to the time needed for the interview process and 2) the potential of anxiety associated with revealing one's personal and professional thoughts and feelings pertaining to the concept of flexibility. Participants are not expected to make any comments that they feel uncomfortable to make. Should you feel any anxiety you are free to conclude the interview at any time.

If it is your choice to participate in this study, please sign the consent form attached to this letter to indicate that you have read and agree with the provisions of this study. Please mail the consent form to me in the enclosed, stamped, self-addressed envelope. In the next week, I will be telephoning you to set up a date, time and place to conduct this interview if you chose to participate. Finally, participants are recruited by "word-of-mouth." Therefore, if you know of rural nurse practitioners who would be interested in this study, please feel free to give them a copy of this letter or to notify me at the following address about them.

Thank you for considering participation in this research study. I look forward to meeting with you. Please do not hesitate to contact me if you have any questions.

Sincerely,

Carlin L. Brown, RNC
MSU Graduate Student Researcher
Montana State University
College of Nursing-Sherrick Hall
Bozeman, MT 59717
(406) 227-3393

Therese Sullivan, RN, Ph.D.
Project Advisor
(406) 994-2650

APPENDIX B
CONSENT FORM

Subject Consent Form
For
Participation in Human Research
Montana State University

Project: Perception of Role Flexibility in Rural Nurse Practitioners

Purpose: The purpose of this study is to investigate the concept of role flexibility as is perceived by advanced practice nurses. Role flexibility has been noted as an inherent role characteristic of the advanced practice nurse. However, there is a minute amount of literature that defines the concept of role flexibility. This research study will define and clarify the concept of role flexibility as it pertains to advanced nursing. You are invited to participate in this study because, as a rural nurse practitioner I believe your experience is varied, unique and comprised of a multitude of roles.

Participation: Participation in this research study is strictly voluntary. If you agree to participate in this research study, you will partake in approximately a 60-minute interview to identify your professional view of role flexibility as it pertains to rural nurse practitioners. Interview questions will investigate perceptions of the concept of role flexibility and obtain basic demographic information. You are free to ask questions, decline to answer any question, or withdraw from the interview at any time without penalty. Interviews will be audiotaped for transcription. After transcription, the data will be erased from the audiotape. A copy of the transcript will then be sent to you for verification of accuracy communicating your view of role flexibility. Interview dates and times will be mutually agreed upon between each potential participant and researcher. Participants are encouraged to make clarifications at any time.

Benefits: The benefits to participating in this study include the opportunity to have a positive effect on the refinement of nursing knowledge through sharing perceptions of flexibility based on personal and professional experiences. This knowledge can have forceful influence on the nursing discipline and members of society. Each participant may gain an understanding into one's own thoughts and feelings of the concept of role flexibility. Participants have the potential benefit to increase their understanding of the research process and an opportunity to know the findings from this qualitative research study.

Risks: The risks involved to participants in this study include 1) inconvenience related to the time needed for the interview process and 2) the potential of anxiety associated with revealing one's personal and professional thoughts and feelings pertaining to the concept of role flexibility. Participants are not expected to make any comments that they feel uncomfortable to make and may decline to answer any question. Should you feel any anxiety you are free to conclude the interview at any time.

Protection of Subjects: Those participating in the study will remain confidential. On the interview transcript, a number will identify you and the key to these numbers will be available only to the investigator and her committee chair. The interviews will be audiotaped and transcribed. The audiotapes will then be erased after transcription is

complete. The transcription, consent forms and demographic information will be coded and kept in separate locked files at Montana State University College of Nursing for 5 years. accessible only to the nurse researcher and her committee chair. Only your assigned number will be used for identification in any publication, report, or presentation resulting from this research. The College of Nursing Human Subject Review Committee has approved this research study. You may call the researcher, her committee chairperson, or the chairperson of the Human Subject Review Committee at any time with questions or concerns involving this research. You are free to request a copy of the completed study.

AUTHORIZATION: I have read the above statements and understand the benefits and risks associated with this study. I, _____, agree to participate in this research study. I understand that I may later refuse to participate, and that I may withdraw from the study at any time without penalty. I understand that the interview will be recorded for clarity. I have received a copy of this consent form for my own records.

Signature of Participant

Date

Carlin L. Brown, RNC
MSU Graduate Student Researcher
Montana State University
College of Nursing-Sherrick Hall
Bozeman, MT 59717
(406) 227-3393

Date

Therese Sullivan, Ph.D, RN
Committee Chair
(406) 994-2650

Charlene Winters, DNSc, RN, CS
Human Subjects Review Committee Chair
(406) 243-4608

APPENDIX C

DEMOGRAPHIC QUESTIONNAIRE

Demographic Data Questionnaire

How long have you been practicing as a rural nurse practitioner? _____.

What is your area of practice? _____.

How many years have you been practicing as a nurse practitioner? _____.

Do you practice alone or with another nurse practitioner or physician? _____.

Who do you collaborate with when you have questions or need a referral? _____.

What is your highest level of education? _____.

APPENDIX D
INTERVIEW GUIDE

Interview Guide

1. What does the term flexibility mean to you?
2. Tell me a story about being flexible.
3. Tell me about all of the roles you perform.
4. How do you view flexibility as a role characteristic in the nursing profession?
5. When you have multiple responsibilities to be accomplished, how do you get them all done?
6. What are the essential characteristics of flexibility in nursing?
7. What makes nurses view themselves as flexible?
8. What helped you develop flexibility?
9. Tell me about being too flexible, are there any limitations to being flexible?
10. Is there anything that we have not discussed that would be important for me to know?

Thank you for your patience and for sharing your thoughts and experiences with me.

APPENDIX E

DEMOGRAPHIC CHARACTERISTICS

Table 14. Family Nurse Practitioner Demographics

<u>Demographic Question:</u>	<u>NP #1</u>	<u>NP #2</u>	<u>NP #3</u>	<u>NP #4</u>	<u>NP #5</u>	<u>NP #6</u>
Years as a Rural Nurse Practitioner	5 years	3 months	3 years	10 years	4.5 years	11 months
Area of Practice	Family/ Emergency	Family	Family	Family	Family	Family
Years as a Nurse Practitioner	6 years	3 months	3 years	10 years	4.5 years	2.5 years
Practice Alone or Under a Physician	Solo	Physician	Alone	Alone	Alone	Alone
Source for Answers or Referrals	Physicians	Physicians	Physicians Nurse Practitioner Specialists	Physicians	Physicians Nurse Practitioner	Physicians
Highest Level of Education	Master's of Nursing	Master's of Nursing	Master's of Nursing & FNP Certificate	Master's of Nursing	Master's of Nursing	Master's of Science

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