Barriers to Nurse Practitioner Practice in Rural Areas
Theresa M. Sander, MSN, FNP-C
Robert Morris University, Pittsburgh, Pennsylvania

Introduction
The primary aim of this study is to identify barriers to nurse practitioner practice in rural Northeastern Pennsylvania, to explore how to increase access to rural underserved disparate populations, and to describe how these barriers impact practice.

Methods and Instrument
This is a mixed method, descriptive study originally initiated by Lindeke, Bly, and Wilcox in 2001. The survey consisted of eight demographic questions, a twenty-eight question checklist, one open-ended question, and one ranking question using a Likert scale of 1-5, requesting participants to provide their impression of how restrictive these barriers are in their own practice. Chi-squared analysis was used to determine if there was a statistically significant difference between both studies in percentages for each of the top five barriers. The top five barriers identified in the Lindeke 2001 study, remained among the top ten in the current study. Data collection was compiled by making surveys to a convenience sample of 150 Nurse Practitioners who were members of NP groups practicing in Northeastern Pennsylvania. There were 101 responses to the survey. Descriptive analysis was completed using measures of central tendency and frequencies.

Discussion
The results of this study indicate that there has been a persistence of the same barriers to nurse practitioner practice within the past decade, despite extensive practice changes, allowing practitioners to be listed as Primary Care Providers (PCPs), and recently permitting practitioners to bill independently. There is evidence by the exceptional representation of data to this study (101/150), and the multitude of well-articulated comments, that nurse practitioners are interested in altering barriers to practice.

Results
The most frequent barriers identified were: lack of public knowledge, 52%, lack of understanding of advanced practice roles, 49%, inadequacy of salaries, 46.5%, resistance from physicians and psychologists, 96%, and inadequate physical space and facilities, 31.7%. Three barriers have remained in the top five since 2001: resistance from physicians, lack of understanding of advanced practice roles, and lack of public knowledge of nurse practitioners. One open-ended question was asked the participants: For each barrier you experienced from this previous twenty-eight question checklist, describe how it affects your practice. This question was answered by 92 of 101 Nurse practitioners. Four categories of data emerged and were ranked in order of importance: lack of role recognition and acceptance, professional role issues, system problems, and professional preparation. The means for the rankings on the Likert scale ranged between 2.78 and 3.19, indicating perceptions of minimal to moderate restrictions of practice.

Recommendations for Practice and Future Research
New nurse practitioners must understand there are many barriers to practice and will need information on how to address them. This will require mentorship and direction from experienced practitioners. Students must be educated in public policy. It is essential that all NP’s belong to local and national NP organizations to move barriers in positive directions. Attendance at public hearings, joining local NP groups, meeting state representatives, writing letters to Congress and the President describing how NPs can fill the gap in health care is imperative. As more NPs receive their DNP degrees, conduct evidence based research to improve practice, and become actively involved in the health care arena, we should see a shift toward current barriers to practice and increased collaboration among professionals. Barriers to practice may be received as NPs move toward the Doctorate of Nursing Practice, receive education in research methodology, and collaborate with PhD researchers to promote nursing research and education.

Aspects of future research may include: surveying public knowledge of NP practice, surveying physicians and health care provider’s knowledge of NP practice, studies demonstrating NPs ability to provide care independently, studies including NPs assisting to improve health policy, and studies encouraging NPs to assist with health care reform. Additionally, investigatory research must be done regarding patient acceptance of NP practice and standardizing the educational preparation in order to acknowledge the NP as an independent provider of health care.

References