

Becoming a Nurse Practitioner: An Oral History

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Abstract

University nursing programs developed Nurse Practitioner (NP) certification in the 1970s to provide primary care to underserved communities. By the 1980s-1990s, however, the NP role had become more specialized. We were interested in what motivated the second wave of nurses to pursue a NP certification. Using Oral History Interviews, we focused primarily on Nursing faculty members and NP staff at College Health Centers in the Rochester region.

Research Question

What were the motivations and contexts of nurses who chose to pursue advanced practice degrees, specifically Nurse Practitioner Certification (with an MSN) in the 1980s and 1990s?

Categories of Investigation

- 1) Motivations for going into nursing and the MSN/NP
- 2) Goals for their career at different points
- 3) Professional and Personal networks and support systems
- 4) Professional and personal challenges
- 5) Relationships with other medical staff
- 6) Perspective on NP education then and now
- 6) Evolution of the role of the NP

Method

Following literature review, 14 current or retired Nurse Practitioners were interviewed one-on-one. Interviews lasted approximately one hour. We then used ai software (Otter) to transcribe the digital tape and shared corrected transcripts with the subjects.



Tascam Audio Recorder



Otter.ai Transcription Software Logo

What is Oral History?

- The study and interpretation of an individual's personal stories as told in an interview setting
- Historians form a research question and contact participants to interview in a formal sit-down setting
- Interviewees' responses are analyzed and compared to other oral, primary, and secondary sources

Oral history has the potential to shift the focus from the well-known history of the elites to the life of the everyday person, giving a voice and recognition to those whose story is seldom told.

Brockport Interviewees



Dr. Kathy Peterson
Department of Nursing Chair and Professor
Degrees: BSN Albany
MSN 1983, PhD U of R

"[You need] probably a good five years of clinical work if you want to be as independent as your licensure allows you to be... I think that you do need some experience in there beforehand...this is going to help you build in your schoolwork, and your career will be easier if you have that foundation... because you don't know what you don't know. When you're brand new you've really got to get burned a couple of times." – Elizabeth Caruso, Retired Director of Hazen Center for Integrated Care

"I've noticed more and more over the years, the students who are graduating, they immediately want to go on... From my perspective now, I struggle with what to tell them when they [tell] me that they're going right into NP school and have no experience.... To be a nurse practitioner, you need to have a foundation, you need to have seen things, you need to have somewhere to draw from... for clinical decision making. I think sometimes that's a conflict for me." – Dr. Paula Barbel

"Another thing that's changed a lot in nurse practitioner education, like when I started I had well over five years of experience as a registered nurse... now some people have one year, some programs accept people right out of their BSN program... it's not that they're not safe. But I just felt like the more experience you have working with people, the better... it is a learning curve. I would feel better if people had at least two years of experience." – Dr. Linda Snell



Dr. Paula Barbel
Department of Nursing Associate Professor
Degrees: BSN U of R
MSN 2004, PhD U of R



Professor Nancy Iafrazi
Department of Nursing Assistant Professor Emeriti
Degrees: BSN Brockport, MSN University of Rochester, FNP 1997 St. John Fisher

"I was doing my master's thesis on perception of pain... I went through all the channels that I was supposed to. One day, I got a letter in my mailbox, it was from 'Dr. X', and he said, stop immediately what you're doing, you can't do this... That was back in the early 1980s. If I look back on my nursing career, the only thing I regret is never having spoken up more." -Professor Nancy Iafrazi

"But sometimes when people are in a higher position, they have an ego that goes with it, and whether they think they're better, they act that way... you're kind of somehow subservient, and you're there for them... there's a lot of that that goes on in hospital settings. That hierarchy can be really tough." –Cheryl Van Lare

"Nurses were considered the physician's handma and followed doctors' orders. So we weren't seen as professionals... Doctors that grew up with nurse practitioners did respect us, for the most part." – Dr. Linda Snell



Dr. Linda Snell
Department of Nursing Associate Professor
Degrees: BSN Roberts Wesleyan College
WHNP 1975, DNS U of Buffalo



Cheryl Van Lare
Hazen Center for Integrated Care Director
Degrees: BSN U of R
MSN, FNP 1993 U of R

Conclusions and Common Themes

Practice vs Theory Issue

In the early years of NP education, students entering NP programs had multiple years of experience in nursing. Today, most students have very few years of experience as RNs. Interviewees believed that this was insufficient for the demands of the NP job. Some stated that NP programs should mandate experience requirements for incoming graduate students.

Gender Issues

Most interviewees shared stories of unequal treatment based on gender. Nursing was viewed as a woman's job, and older male physicians were slow to accept women in the NP role, a role which had more authority and held a higher position in the medical hierarchy.

Fast Facts

- 43% of interviewees work at the College at Brockport
- 14% of interviewees are full time NPs at college health centers
- 79% of interviewees are or were college professors
- 100% of interviewees are from the Greater Rochester Area