Prescriptive Authority for Nurse Practitioners: A Comparative Study of Professional Attitudes

JERI L. BIGBEE, RN, MN, SHARON LUNDIN, PHARM.D, MPH, JOHN CORBETT, MD, AND JAMES COLLINS, PH.D

Abstract: We assessed the attitudes of Wyoming physicians, pharmacists, nurses, and nurse practitioners about granting prescriptive authority to nurse practitioners. Support for the issue was mixed, with physicians expressing the strongest disagreement. All groups supported limitation of authority to a specific drug formula, collaborative regulation, and mandatory certification and continuing education if prescriptive authority is granted to nurse practitioners. (Am J Public Health 1984; 74:162–163.)

Introduction

Presently 14 states grant limited prescriptive authority to nurse practitioners (NPs) on an experimental or permanent basis. Several studies have demonstrated the restrictions that lack of prescriptive authority place on non-physician primary care providers especially in rural areas. Nevertheless, there is considerable controversy within and among the professions of nursing, pharmacy, and medicine concerning this issue. The purpose of this study was to explore the professional attitudes of pharmacists, physicians, and selected nurse groups regarding the issue in the state of Wyoming, which grants no prescriptive authority to nurse practitioners.

Methodology

An opinion survey was sent to all Wyoming pharmacists, physicians, and nurse practitioners listed as currently licensed by the respective state boards, and a selected group of other nurses. The survey consisted of 11 open and closed questions. Respondents who expressed strong disagreement with the basic issue of granting nurse practitioners some degree of prescriptive authority were instructed to delete subsequent questions that dealt with the specifics of the limitation (allowable drug categories, physician collaboration, regulation, continuing education, certification and potential benefits). All respondents were instructed to answer the final two questions that addressed potential problems associated with nurse practitioner prescribing and previous professional contact with nurse practitioners. A single mailing was sent to a total of 1,219 professionals. No assessment of non-respondents was performed.

Results

The final sample consisted of 510 respondents, an overall response rate of 41.8 per cent (Table 1). On the basic question of nurse practitioners having prescriptive authority, the various groups differed significantly, with physicians disagreeing for the most part, nurses being supportive, and pharmacists straddling the fence. Of the total sample, 39 per cent indicated strong disagreement on the initial question of nurse practitioners prescribing and therefore did not answer subsequent questions addressing specific issues. All groups supporting nurse practitioners prescribing supported strict to moderate limitation (Table 3). When respondents were asked to review the appropriateness of a list of drug categories for nurse practitioner prescribing, the groups were in general agreement. The majority of the four respondent groups agreed that over-the-counter medications, immunizations, contraceptive devices and pills, nonscheduled analgesics and antihistamines/decongestants would be appropriate and that oral hypoglycemics/insulin, antianginals/antiarrhythmics, psychotropic agents and Schedule II–IV drugs would be inappropriate. There was mixed response by groups in relation to antibiotics, anti-inflammatory agents, antihypertensives/diuretics, and Schedule V drugs (e.g., codeine cough syrup) with nurse practitioners expressing the most inclusive view and physicians the most exclusive. A structured question regarding regulation of nurse practitioner prescribing also produced overall agreement among the four occupational groups in support of shared control by the State Boards of Pharmacy, Medicine, and Nursing.

In response to a structured question regarding type of physician collaboration, the predominant response in all four groups was that physician-approved protocols should be on file with the regulating body(ies). The majority of all groups also supported mandatory continuing pharmacological education and certification by examination for nurse practitioners with prescriptive authority.

In response to an open-ended question concerning the potential benefits of granting nurse practitioners prescriptive authority, all groups mentioned improved services to rural areas, increased accessibility and availability of health care, decreased physician loads, improved services to physician shortage and underserved areas, better or more comprehen-

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<th>TABLE 1—Composition of Sample and Response Rates</th>
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<tbody>
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<td>-----------------------------------------------</td>
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<td>Pharmacists</td>
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<td>Nurse Practitioners</td>
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*Further details available on request to authors.

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sive care, improved efficiency of care, and decreased health care costs.

In response to a similar open-ended question addressing the potential problems associated with nurse practitioners having prescriptive authority, the focus was on professional power struggles, nurse practitioners overstepping their authority/limits, legal/liability uncertainties or problems, inappropriate drug use, and inadequate preparation/education of nurse practitioners, particularly in pharmacology.

**Discussion**

Based on the findings from this limited, nonrandom sample, there appears to be mixed support for the concept of nurse practitioner prescribing on a limited basis. The limitations of this study in terms of sampling design, low response rate, and geographic locale, however, restrict the generalizability of the findings to other populations.

The following general recommendations may be suggested in relation to nurse practitioner prescribing:

- Physician-approved protocols to be on file with regulating agencies;
- Prescriptive rights limited to a drug formulary consisting of over-the-counter products, immunizations, oral contraceptives and contraceptive devices, antihistamines/decongestants, non-scheduled analgesics, and selected antibiotics and Schedule V drugs;
- Mandatory continuing education in pharmacy and pharmacology;
- Mandatory continuing education in pharmacy and pharmacology;
- Collaborative control and regulation through the State Boards of Pharmacy, Medicine, and Nursing.

Further research is necessary in the areas of consumer acceptance, cost effectiveness, safety, and feasibility of nurse practitioner prescribing.

**REFERENCES**


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