

The primary aim of this study is to identify barriers to Nurse Practitioner practice in rural Northeastern Pennsylvania, to increase access to rural underserved disparate populations, and to describe how these barriers impact practice. This is a mixed method descriptive study originally initiated by Lindeke, Bly and Wilcox (2001), consisting of eight demographic questions, twenty-eight barriers to practice, and one open-ended question requesting participants to describe how perceived barriers affect their practice. The final question requests that the participant indicates the degree of restrictions they perceive in their current practice using a Likert scale. The mean ranking was calculated for all those who answered affirmatively to the barriers. Responses on the Likert scale ranged between 2.76 and 3.19, indicating a mild to moderate degree of restriction. The most frequent barriers identified in the current study were: 1. Lack of public knowledge of NP practice (52%); 2. Lack of understanding of advanced practice roles (48%); and 3. Salary lower than other nursing positions (46.5%); 4. Resistance from physicians and psychologists, (36.1%); and 5. Limitations of space and facilities (31.7%). Chi-Squared analysis was used to determine if there was a statistically significant difference in the top five barriers from the 2001 to the 2008 study. Conclusion: The top five barriers identified in the Lindeke study (2001) remained among the top ten in the 2008 study. Specifically, there are three barriers that have remained unchanged since 2001: 1. Resistance from physicians ; 2. Lack of understanding of advanced practice roles; and 3. Lack of public knowledge of Nurse practitioner practice. Despite over 40 years of Nurse practitioner practice, we have a tremendous amount of education to do. The DNP will provide the impetus for systems change through clinical scholarship, research, and leadership to move the profession forward into the twenty- first century.