PRIMARY NURSING CARE AND TEAM NURSING CARE: PATIENTS' AND NURSES' PERCEPTIONS AND ATTITUDES

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The Desert will lead you to your heart where I will speak. Hosea 2:16

This thesis is dedicated to my family and friends whose love and presence has brought richness to my life.

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ABSTRACT

In order to compare two nursing care modalities, primary nursing care and team nursing care, a comparative-descriptive design was used. The study sought to determine the perceptions of patients about the care they had received and the perceptions of nursing staff about job satisfaction and professional attitudes.

Forty-one patients and fifty nursing staff participated in the study by completion of questionnaires. The hypothesis that there would be a difference in perceptions and satisfaction of patients receiving care on a primary nursing unit when compared to a team nursing unit was not upheld. Additionally, the hypotheses that there would be a difference in job satisfaction and professional attitude among the nursing staff when comparing a primary nursing unit and a team nursing unit was not supported. The t test reveals no significant differences at the 0.05 level between the two groups of patients nor between the two groups of nursing staff.

CHAPTER 1

INTRODUCTION

The patient is the consumer of our health care system, yet he is often the last to be asked to contribute to the improvement of that system through his evaluation of the care he has received. The growing demand and increasing expectations for quality health care necessitates that the patient be considered, not as an end product of that care, but as one of the central appraisers in evaluating health care delivery. Specifically, his satisfaction and perception are vital in the effort to evaluate the effectiveness of a new nursing care modality: primary care nursing. The contributions of the patient can help in providing a data base from which comparisons can be made.

The concept of primary nursing is rapidly spreading throughout this country as a method of organizing the delivery of nursing care to assure that each patient receives comprehensive, continuous, and individualized care. A widespread and growing belief is that this modality of care increases individualization of care, decreases fragmentation and supports the ideals and goals of professional nursing practice. If this is true, then primary nursing care should be more satisfying to both patients and nurses.

Team nursing is another modality that has received recognition and popularity over the past twenty years. With the passage of time,

team nursing has received much criticism as to its method and outcome. Nevertheless, many of the ways team nursing have been practiced have not been in keeping with the principles intended by its developers. Furthermore, team nursing, too, evolved in an attempt to meet the growing demands for service, recognizing that the role of professionals was changing and the number of non-professional nursing personnel was growing.

Quality of care is an end product of any modality of nursing. Realistically, either primary nursing or team nursing may be capable of achieving this quality; however, quality care depends on the levels at which nurses practice within the setting. Even so, nurses' satisfaction with the way their work is organized and the extent to which they feel respected and valuable members of the health team is vital. Currently, primary nursing care is postulated as a means of providing this satisfaction to the nurse. Since caregivers' attitudes can influence the care given, it is believed that their attitudes also influence the patients' evaluation and perception of care received.

Thus, it is often difficult to separate nurses' satisfaction from patients' satisfaction. The one might easily be a reflection of the other. Consequently, when giving key consideration to evaluating a new or improving an existing nursing care modality, the nurse as the giver of care and the patient as consumer of that nursing care are valuable sources of information. The patients' contribution can add a powerful objective dimension to the hospital and nursing

service seeking to develop and/or improve an efficient system that achieves the highest quality nursing care.

Statement of the Problem

Is there a difference in the perceptions and satisfaction of the patient on a primary nursing unit contrasted with the perceptions and satisfaction of the patient on a team nursing unit? Additionally, are there differences between the professional attitudes and job satisfaction among nurses on a primary nursing unit contrasted with the professional attitudes and job satisfaction of nurses on a team nursing unit?

Purpose of the Study

The purpose of this study is to compare patient perceptions and satisfaction of their care under two nursing care modalities: primary nursing and team nursing. Likewise, a comparison of nurses' professional attitudes as well as their job satisfaction under the two modalities was made. This is to be done to determine if the modality of care, primary nursing, positively increases satisfaction for the patient as well as the nurse.

Significance of the Problem

The literature revealed a growing concern for improving the quality of care that is rendered. Over the years, many new ideas have evolved in an attempt to achieve this goal. Nursing leaders have looked at the various components that nursing can offer. One of the

more recent ideas to be proposed is that of primary nursing care as a modality that increases quality care.

Theoretically, primary nursing is postulated as being a possible answer to many of the questions and dilemmas nursing has faced concerning the nurse-patient relationship. However, it is only through concrete evaluation and study that this model can be supported. Both the manner in which health care services are being delivered and the quality of the services must be carefully scrutinized. The consumer's involvement in evaluating the quality of services delivered is of particular significance. Through soliciting the patients' contributions and suggestions nursing can determine the effectiveness of a new system or the continued efficiency of an established system. Of equal importance is the evaluation from the staff nurses. Whether or not a system succeeds or fails can rest largely with those who implement it.

Conceptual Framework

Perception is a key concept of human behavior and is the link between the stimulus and environment and a person's response to the stimulus and environment (King, 1962). As various authorities have pointed out, the patient and the provider of the health care services may differ significantly in their perceptions of what quality care is, and to what extent it is present. Only when evaluation of a health care service includes patients' perceptions as well as nurses' perceptions, will a more realistic picture be obtained (Risser, 1975).

Hospitals employ the majority of practicing nurses in the United States even though it is often the most difficult place in which to practice nursing (Harrington and Theis, 1968; Kramer, 1974; Ciske, 1974a). In recent years, there has been increasing emphasis on the psychosocial aspects of patient care; yet, there is evidence of a growing gap between professional nurses and patients (Daeffler, 1975). In many hospitals, bedside nursing is practiced by the nursing assistant while the registered nurse performs the skilled techniques and coordinates the administration of nursing care.

Growing dissatisfaction has been expressed by nurses and patients about the nurses' decreasing involvement in direct patient care (Manthey et al., 1970; Ciske, 1974a; Daeffler, 1975). Conceivably, this attitude of dissatisfaction on the part of the nurse stems from her feelings of low self-esteem (Saleh, Lee, and Prien, 1965). Various studies have indicated that the rewards and incentives which hospital staff nurses desire most are at the hierarchical level of ego needs, specifically, self-esteem. Turnover of hospital staff nurses can possibly be decreased by making available rewards and incentives which meet the nurse's need to maintain self-esteem (McCloskey, 1974).

Perhaps, the problem of attitudes lies in the professional struggle within the hospital's bureaucracy. Nurses in this setting may have adopted other attitudes or values which they perceive are more acceptable in the bureaucratic setting and as a result, have lost sight of the accountability and responsibility that is theirs (Kramer, 1974). The terms "value" or "attitude" are quite possibly

the most important and yet, are also the least understood components of an employee's performance on the job. These are abstract terms and in the adult, attitudes and values represent a highly complex matrix of human behavior. Of importance is the fact that attitudes and values are not just habits but have motives and reasons behind them. Thus, any attitude or value has the potential of being better understood if the reasons behind its initial formation can be discovered. Attitudes are formed in order to bolster self-concept and therefore, are integral to maintaining mental health (Bunning, 1976; Tetreault, 1976). In order for the nurse to maintain a healthy self-concept, her attitudes may change once she is in the work setting. Accountability and responsibility may take second place to other needs. Contributing factors to attitude changes are the physician-nurse relationships, the nurse as viewed within the organization by other departments, the type of feedback the nurse receives from peers, and of even greater importance, the expectations of authority figures such as administration (Harrington and Theis, 1968).

Some researchers, including this investigator, do not believe that the modality of nursing care employed within an institution is entirely the cause of, nor necessarily the solution to, the problem of professional attitudes and satisfaction. Increasing creativity must be encouraged and fostered within the hospital setting in order that nurses may come to new and improved ways of dealing with the problems they face and be innovative in finding solutions.

The encouragement that nurses need and a proposed positive effect on the patient and his perception of care may be offered by a

new nursing care modality: primary nursing care (Manthey et al., 1970; Ciske, 1974a, 1974b; Marram, Schlegel, and Bevis, 1974; Daeffler, 1975). Professional practice has traditionally been characterized by the one-to-one client-professional relationship and primary nursing is postulated to lead to this relationship in the complex care setting (Manthey et al., 1970). The primary nurse concept is foreseen as facilitating increasing involvement of nurses with patients, and thus, improving the delivery of nursing care. The new organizational pattern challenges the nurses in the acute care setting to assume a new role with strong emphasis on responsibility and accountability (Harrington and Theis, 1968; Manthey et al., 1970; Ciske, 1974a).

Thus, two prerequisites are seen as necessary for primary nursing care to function, and could be generalized to any nursing care modality: a working environment which allows the nurse to exercise her own judgment in planning and delivering care; and the nurse's acceptance of personal responsibility (Manthey et al., 1970). The belief of the advocates of primary nursing is that team nursing dilutes individual responsibility because it is based on the concept of the team sharing in, and contributing to, the planning and implementation process (Manthey et al., 1970). Many times, this sharing does not occur. Many authors believe that patients' responses about their perception of care will improve if the nurse's attitude about the type of care she is giving improves (Felton, 1975; Daeffler, 1975; Ciske, 1974a, Marram et al., 1974).

No studies have been found which link nurses' professional attitudes and their job satisfaction or dissatisfaction with the patient's perception of his care. Any modality has as a part of its design to recognize the needs of the patient and to keep those needs paramount. Only through soliciting the perceptions of the patients about their care as well as measuring satisfaction of the nurses with a modality of care can the hospital seek to deliver higher quality, patient-centered nursing care.

Hypotheses

1. The difference in perceptions and satisfaction of patients receiving care on a primary nursing unit will be statistically different when compared to patients receiving care on a team nursing unit when measured by the Risser instrument.
2. Job satisfaction will be statistically different for nursing staff members on a primary nursing unit as compared to staff members on a team nursing unit when measured by the Brayfield and Rothe instrument.
3. Professional attitudes among staff nurses which include nursing involvement with patients will be statistically different when a comparison is made of a unit implementing team nursing when measured by the Marram instrument.

Definition of Terms

1. Perception: direct acquaintance with anything through the senses. The link between the stimulus and environment and a person's response to the stimulus and environment.

2. Evaluation: ascertaining the value of something.

3. Professional attitude: posture, position assumed with regard to the nurse's occupation.

4. Satisfaction: the state of being content and serene.

5. Primary nursing: nursing care provided to the patient by one nurse who plans with the patient the care that the patient and the nurse decide is needed--care that results from coordination with other disciplines and collaboration with the primary physician. The basic aspects of primary nursing care are:

   a. Assignment of each patient to a nurse who assumes primary responsibility for assessing and planning care throughout the patient's hospitalization and who provides direct service to the patient/family when on duty.

   b. Acceptance by the primary nurse of 24-hour responsibility for nursing care, planning and evaluation of the care of patients in her caseload through written directives and verbal communications within and across disciplines.

   c. Ordering of information processes, including discharge planning, as a possible solution to the discontinuities, fragmentation, and associated dissatisfactions with nursing care subsystem.

6. Team nursing: nursing care provided by a group of nursing personnel joined to achieve a common goal to a designated group of patients during an 8-hour period under the guidance

of a registered nurse. The basic aspects of team nursing care are:

a. Team is led by a qualified nurse.

b. Team provides for the health needs of an individual or a group of people through collaborative and cooperative effort.

c. Team leader participates in, coordinates, interprets, supervises, and evaluates the care that is given.

d. Team conferences make consistent quality care possible by use of written nursing plans.

7. Primary nurse: a registered nurse who has total responsibility for quality nursing care for a designated number of patients from day of admission until day of discharge, and on subsequent readmission when feasible. (Patients admitted to one area and transferred to another during the period of the patient's hospitalization are excluded.)

8. Associate nurse: a registered nurse who is responsible, in the absence of the primary nurse, to provide care based on the written care plans, to document care and to cooperate in constant evaluation of care.

9. Quality of care: the degree of excellence that is rendered in the actual service or care given to patients.

10. Self-esteem: self-respect.

11. Patient: any adult over the age of 18 who is hospitalized on one of the two units (primary nursing or team nursing units) during the course of this study.

12. Nurse-patient relationship: the social situation in which the nurses and patients find themselves during the course of the patients' confinement.

Assumptions

1. Patients have a right to evaluate their health care.
2. Patients' evaluation will aid in attaining higher quality of nursing care.
3. Attitudes of patients and nursing staffs are measurable.
4. Nurses practicing team nursing are willing to practice under this modality of care.
5. Nurses practicing primary nursing care are willing to practice under this modality of care.
6. Caregivers' attitudes affect the care that is given.
7. Patients' and nursing staffs' perceptions are measurable.

CHAPTER 2

REVIEW OF THE LITERATURE

A comparatively small number of studies have been reported while there have been many contributions from a theoretical point of view pertaining to nurses' professionalism and in particular, their attitudes concerning their work. Likewise, the patient and his perception of his care have been discussed theoretically as to which modality of care will provide the best means of delivery, and what affects the patient's perception of his care. Nevertheless, there is even a greater dearth of actual studies that have been conducted, examining the patient and his perceptions as a guide to ascertaining quality of care.

Little has been done to examine what effect nurses' attitudes about their job and their profession have on the patient's perception of his care. Currently, further investigation is being undertaken to determine what effects primary nursing has on the patient's perception of his care as well as on job and professional satisfaction for the nurse.

Nurses' Professional Attitudes

Kramer (1974) reported the various studies with different groups of new graduates concerning their initial work experiences and feelings about nursing. One such study consisting of 79 subjects involved a follow-up of the original graduates two years later to find

whether their feelings and satisfaction with nursing had changed and what their work experiences and patterns had been. Most of the findings indicated that many of these young graduates felt unable to overcome the bureaucracy and had settled for less than they had aspired to concerning the kind of nursing they planned to render upon graduation.

In one of her studies, Kramer (1969) examined the attitudes of 79 graduates of college programs six months after employment and again two years later. The data showed that as time increased their responses remained emotionally charged, but indicated personal adaptation to nursing and their work situations, combined with a significant decrease in professional role conception. The study began in June 1966 to measure the effects of employing organizations on the role conception and role deprivation of generic baccalaureate graduates. The subjects were interviewed and tested shortly before graduation, three months following employment, and again after six months of employment. Two years later, questionnaires were given to all 79 of the original participants. Results of the initial study indicated that there is a significant increase in bureaucratic role conception after exposure to the employing institution. Concurrently there was a continual drop in the professional role-conception scale scores during the first six months. The role deprivation appeared to be related to the value placed on their role.

Analysis of the significances of differences in mean role deprivation scores among nurses holding different role configurations indicated: (1) a high commitment to professional values is associated

with greater role deprivation than is a low degree of loyalty; (2) high bureaucratic orientation decreases the probability of high role deprivation; and (3) when a high bureaucratic orientation is combined with a high professional orientation, there is a greater degree of role deprivation than when both are low.

The follow-up study two years later yielded 63 responses or 79.7 per cent of the original sample. The author's hypotheses proved tenable. There was a slight decrease in the mean bureaucratic scale score, but it was not statistically significant. There was a highly significant decrease in professional role conception scores. An increase in role deprivation was noted among the subjects from six months to two years, but it was not significant.

The results of the study posed some disturbing questions. How long will professional role conception continue to drop? What can be done to change this trend? Are there factors within the organization which would permit a retention of professional ideals? The results of the study are alarming in that they suggest that professionalism decreases with continued employment. The study also suggested that success and perceived satisfaction in the work experience had something to do with longevity in nursing and commitment to professional goals.

In the book, Reality Shock, Kramer (1974) suggests the effect the situation discussed in the above paragraph will have on patient care. Ultimately, all activity must be measured against the criterion of improved patient care and "most assuredly the care will be different and also less effective if it is agreed that the climate and

milieu that surrounds the patient (the nurse being part of that climate), is instrumental to his health maintenance and recovery process. The affect of nurses is easily perceived by patients" (Kramer, 1974, p. 219).

Harrington and Theis (1968) studied the differences in perceptions of nurses who were employed at Loeb Center for Nursing as compared with nurses who were employed in two typical hospitals, regarding the institutional conditions and requirements that help or hinder them in carrying out the functions of professional nursing. The sample consisted of all full-time staff nurses employed at the three hospitals who were: (1) graduated within the past 15 months; (2) graduated from baccalaureate programs; and (3) employed at the institutions for at least two months in a position of staff nurse. The total sample included 46 nurses. Personal interviews were used to obtain the data. Three aspects of the professional nursing functions which were explored include: (1) the nurse's perceived ability to carry out the function; (2) the institutional conditions and requirements that the nurse perceived as helping or hindering her in the performance of the function; and (3) any action the nurse might have taken to improve her ability to carry out the function.

The analysis was descriptive and comparative. Analysis of data revealed that the subjects at the two "typical" hospitals did not differ significantly in their responses. Therefore, their responses were combined and compared to those responses obtained from the subjects at Loeb Center. Institutional factors mentioned by nurses in both groups were: (1) attitude and expectations of professional

and non-professional personnel; (2) work assignments; and (3) communications. However, while nurses in the typical setting identified the majority of factors within their working environment as deterrents (59.2 per cent), nurses at Loeb Center identified the majority of the factors in their work environment as helpful to them in carrying out the professional nursing functions (85.1 per cent). The Loeb nurses felt that the attitudes and expectations of administrative personnel created a climate that permitted and encouraged the nurse to perform the functions of professional nursing. These nurses also felt that the enthusiasm of their peers at Loeb stimulated them to perform at a high professional level.

The data indicated that the prevailing attitudes and expectations of administrative and supervisory personnel, the nature of work assignments, and the quality and amount of work-related communications are major factors influencing the new nurse's ability to perform. These factors were found to be largely deterrent in the "typical" hospitals but just the opposite at Loeb Center.

It was of interest to note that Loeb was a forerunner of primary nursing whereas the two "typical" hospitals were utilizing team nursing. However, more often than not, the team concept was, in practice, reduced to a functional modality of care which decreased satisfaction for these nurses.

McCloskey (1974) studied the influences of rewards and incentives on staff nurse turnover rates. The population was limited to full-time registered nurses in staff positions who had left jobs during the previous four months. A three-part questionnaire was

mailed to 152 nurses from randomly selected hospitals in Chicago and San Francisco. One hundred questionnaires were returned (67 per cent). The questionnaire, developed by the author, satisfied the criteria for face validity and reliability, determined by the test-retest method. Chi-square was used to test the seven hypotheses of the study which included: (1) younger nurses leave jobs sooner than older nurses; (2) single nurses stay on the job longer than married nurses; (3) married nurses whose spouses make under $10,000 annually leave jobs sooner than nurses whose spouses make over $10,000 per year; (4) diploma nurses stay on the job longer than baccalaureate nurses; (5) nurses who were highest paid in their last nursing job stayed on the job longer than those who were lower paid; (6) among nurses, new graduates leave jobs sooner; and (7) a nurse's specialty area influences the length of time she stays on the job. To determine if there was a significant difference between the three groups of reward scores and the two groups of self-esteem scores, t- and F-ratio tests were used, and the level of significance set at 0.05.

The results revealed that psychological rewards were more important than safety or social rewards in keeping nurses on the job. Younger nurses and new graduates had the greatest turnover. Single nurses stayed no longer than married nurses and the amount of the spouses' income did not affect turnover. There was no difference between diploma and baccalaureate nurses. Higher pay did not keep a nurse, nor was she influenced by a specialty area. Most nurses wanted opportunities to attend educational programs, continue course work

for credit and career advancement other than promotion to the head nurse position, and recognition of work from peers and supervisors.

Self-esteem was found to be the core psychological need and if that need was not satisfied, high turnover resulted. To maintain this self-esteem required the support from the nurse's professional co-workers and supervisors. The unanimous choice of psychological rewards over safety and social rewards, strongly indicates that nurses left jobs for lack of internal rewards and that the decision to leave would have been different had these psychological rewards been present. Conversely, these same nurses listed salary, hours, and fringe benefits as most important attractions when they considered a new job. External rewards may draw a person to a job, but internal rewards keep him there and stimulate him to do good work. The implications for nursing included by the author suggest that nursing administrators, attempting new forms of nursing care in order to provide a more positive work atmosphere, should allow nurses to have more decision-making power, especially in primary care. Insistence on problem-oriented charting for nurses and training supervisors and head nurses in leadership skills is also necessary.

Many other authors have written variations of this same topic. Vroom (1964) showed that turnover often resulted from inadequate rewards and incentives. Also, a study by Katz (1964) demonstrated that if an individual desires the rewards offered by an organization, he will be motivated to work for that organization. Herzberg, Mausner, and Snyderman (1959) and Maslow (1954) revealed the rewards desired by an individual are based on his hierarchy of needs. Once the

physiological needs are satisfied, then he ascends the hierarchy of safety, social, ego, and self-fulfillment (Maslow, 1954).

Strength of professional attitudes has concerned many in nursing, among these are nursing educators. Many studies found that professional attitude increased with length of stay in a baccalaureate program. These studies included those by Brown, Swift, and Oberman (1974), Davis (1972), Knox (1971), and Siegel (1968). However, studies by Corwin and Taves (1962) and Hogan (1972), as well as the study by Kramer, cited elsewhere, revealed a decrease in professional attitude during the first few years following graduation. There is a large discrepancy between the behavior desired and the behavior possible.

Tetreault (1976) examined the association between professional attitudes and selected situations as well as demographic factors of baccalaureate nursing senior students. Professional attitude was found to be highest for students 24-26 years of age, who saw nursing as highly positive and highly active, had formal and informal nursing experiences, and perceived teachers as taking strong positions on their beliefs. Professional attitude was not associated significantly with prestige attributed to nursing, career choice, parents' level of education, or placement in sibling group.

Of interest is the age group, 24-26 years. The author believes that time may be crucial for internalizing values sufficient for persistence and professionalism. In this study, students in this age group tended to have the highest professional attitude. Yet, many students graduate from nursing programs before this age and, once

in the work setting, one wonders how well the organizational atmosphere affects this internalization process?

Patients and Their Perception of Care

Few studies have been found that speak directly to the issue of patients and their perception of care. The few studies that have been reported deal more directly with what type of modality will increase the quality of patient care and only indirectly with the patient as the recipient of that care. The literature that is currently in focus is that which deals with the concept of primary nursing care. This modality is held by many to be the best alternative to providing higher quality care, and at the same time, increasing the satisfaction of the nurse as well as the patient.

Felton (1975) conducted a study to determine if the quality of nursing care would improve with the introduction of primary nursing. To ascertain the extent and degree of skill with which nurses have carried out processes judged to represent good nursing care, two alternative approaches were tested: experimental and control. Nurses on the experimental unit were utilizing primary nursing care, that is, those nurses were assigned to six patients and responsible for the planning, implementation, evaluation, and coordination of the nursing care until the patient's discharge. The control unit consisted of nurses participating in delivery of group care. In this group, the care of each patient was assigned to various nurses. This demonstration was the result of the need to establish a care system which would

place the patient as the central focus of the collective effort of nursing personnel.

Nineteen staff members from the experimental unit and eighteen members from the control unit were selected. The instruments used to test the hypotheses were: Slater nursing competencies scale, the Quality Patient Care scale, and the Phaneuf Nursing Audit. Data analysis of mean scores were obtained and then subjected to the one-tailed t-test to determine the significance of difference between the scores of the two units. Mean scores from the three instruments were found to be significantly higher on the experimental unit. Although this study does not speak precisely to patient or nurse satisfaction, it is inferred that with primary nursing, the nurse performs for, with and on behalf of the client those actions based on a series of intellectual processes and attitudes which have become her values.

Daeffler's (1975) study is the only one found that investigates specifically patients' perception of care. The study was a comparison of perceived care by patients under team and primary nursing. The question under investigation was: Is there a difference in identified omissions in care as perceived by patients on medical-surgical units under two different patterns of care? The sample consisted of 52 patients from the team nursing unit and 30 patients from the primary nursing unit. The instrument for data collection was a checklist developed by the Division of Nursing Resources. The checklist was intended to measure inadequacies of nursing services. The differences in satisfaction between the two groups was not as impressive statistically as it was in the consistency of responses

and comments to the checklist and the spontaneous remarks by the patients. Consequently, the findings partially sustained the hypothesis.

Daeffler (1975) linked her implications for primary nursing with the study done by Johnson and Martin (1958) of the need of the nurse to perform expressive nursing activities. "In appreciation of the patients' needs for expressive nursing activities, implementation of primary care pattern is recommended" (Daeffler, 1975, p. 25). Nevertheless, the author is quick to point out that primary care by its name does not secure the practice of expressive functions and tension reduction for the patient. Twenty years ago, the implementation of team nursing was a promising adventure; now, however, the name has been linked with many violations of its principles. It is necessary to be alert that a similar development does not occur with primary nursing.

Risser (1975) developed an instrument to measure patients' satisfaction with nurses and nursing care in the primary care setting. The author believed that evaluation of health care services from the patient's point of view takes on additional significance when the implications of perception theory are considered. As Donabedian (1969) pointed out, the patient and the provider of health care services may differ significantly in their perception of what quality care is, and to what extent it is present. For these reasons, only when evaluation of health care services from the patient's perception is added to other methods, will a more realistic concept be obtained.

The tool that Risser (1975) developed consisted of twenty-five items, subdivided into three subscales to determine satisfaction. The subscales are: (1) technical-professional area, (2) interpersonal-educational relationship, and (3) interpersonal trusting relationship. To these subscales, respondents indicated agreement to disagreement in five Likert-type steps. The items making up the subscales were developed from interviews with patients, literature review, and other scales previously devised. The questionnaires were submitted to two sequential trials during the study. The application of criteria such as variability, representativeness of content definition, ability to discriminate between respondents and internal consistency was made. The respondents chosen for the two trials were seventy-eight and sixty patients of internists and general practitioners at a group health center. Scott's homogeneity ratios and reliability coefficients as measured by Cranbach's alpha were obtained for the subscales and total scale. Subscale intercorrelation coefficients were determined. Content validity was established and further study is needed to begin accumulation of construct validity data.

Ciske (1974b) did an evaluation of primary nursing at the University of Minnesota hospitals. Her findings involve patients' perceptions to some extent, but also include samples of nurses' satisfaction with primary nursing care. Nurses were asked: "Does primary nursing facilitate what nursing has to offer?" Although not a formal research study, the evaluation presents observations of staff satisfaction, patient care, and patient satisfaction. After five months in the project, nurses expressed several advantages. They said that they

knew more about their patients, knew them as persons, and felt more involved with them. They could more effectively anticipate and prevent patient care problems. It was also noted that staff turnover rates were dramatically lowered on the primary nursing units when compared with the team nursing units. The author and her associates were primarily interested in studying patients' reactions to primary nursing since the system was designed to promote a patient-centered philosophy, one in which the patients' needs are paramount.

Ciske (1974b) sent a newly constructed questionnaire to 200 patients in 1971 who had been discharged from two primary nursing units and two team nursing units. One hundred patients responded. Unexpected problems arose in the survey design. The former patients were asked to identify the unit from which they were discharged. Twenty-two of them could not remember. Comparisons were made in the seventy-eight who did identify the units. The differences in answers to only one question was statistically significant, using Chi-square analysis. The question concerned the nurse's initiative in providing opportunities for the patient to talk about complaints or problems. Patients from the primary nursing units reported that nurses encouraged this communication more often than patients from team leading units. Six other questions produced differences in scores which came close to statistical significance. They were: (1) how well nurses informed patients about what was happening to them, (2) how often nurses were present when the doctors talked with the patients, (3) how much help nurses offered the families, (4) how often patients were aware that nurses were trying to decrease their worries, (5) how often patients

believed they could ask questions and obtain information, and (6) how much they remembered from instructions the nurses gave them before discharge. Patients in one open-ended question were asked to identify the most important indicator of good nursing care. Responses fell into two main categories: interpersonal care and medical-physical care. There was a high frequency of such words as "understanding," "concern," "helping," "kindness," "interest."

In another setting Ciske (1974a) reported outcomes with experimentation that validated some of the effects she and her associates had noted at the University of Minnesota. They included: (1) increased staff enthusiasm toward patient care, (2) awareness of strengths within the group for teaching and supporting each other, (3) decreased staff turnover of R.N.'s, (4) decrease in nurse stereotyping patients as demanding or difficult, (5) increase in patient and family satisfaction with the care given, (6) positive reports from nurses who "float" to primary nursing units, (7) development of better systems of communicating with agencies following the patient's discharge, (8) other units within the institution who wished to change to primary nursing structure, and (9) increased interest in primary nursing by other community hospitals and schools or departments of nursing.

An interesting article was written jointly by Manthey and Kramer (1970). Manthey, an originator and advocate of primary nursing, described many of the components of primary nursing. Kramer on the other hand served as an evaluator and observer of the type of nursing she perceived at the University of Minnesota. Some of Kramer's comments are of interest as she had written widely of the disenchantment

and disillusionment of new graduates in the work setting. She mentions that her observations occurred after the "honeymoon" period; that is, two years after primary nursing was operationalized on the specific unit. Kramer stated that the nurses expressed satisfaction in the ratio of nurse-to-patients, the ability to practice in the manner they had been educated, that primary nursing meant acceptance of responsibility and accountability, that nursing had taken on a whole new concept of caring and that with primary nursing, one can give of oneself and in turn, receive. "One of the things that particularly struck me during my observations and interviews was the individual involvement and commitment of the nursing staff" (Manthey and Kramer, 1970, p. 371). Much work still needs to be done concerning quality control, yet Manthey and Kramer believed the informal network of peer control and advisement, along with formally and informally consulting other nurses was a step in the direction of furthering quality care.

In thirteen patients and eight family members interviewed to obtain additional information, Manthey and Kramer found a correlation between the patient who knew who his primary nurse was and those same nurses who had outlined a plan of care and nursing orders. While interviewing these patients, propinquity seemed to be a necessary ingredient of the quality that was perceived by the patient.

Manthey and Kramer point out that not all nurses are prepared for, nor will they want to assume, the responsibility of primary nursing. When this occurs, there are many unanswered questions as to

why it occurs and what can be done to increase the self-assurance and esteem, if indeed it is lacking.

Marram et al. (1974), in their book Primary Nursing, give a detailed description of outcomes for the patient by comparing the perceptions of patients on primary nursing units with the perceptions of patients on other nursing units. The total sample of patients was 360 (120 from primary nursing units, 120 from team leading units, 60 from units implementing a functional approach, and 60 from case method units). Responses were designed to tap satisfaction with nursing care as well as impressions of the nature of care. Replies indicating "extremely satisfied" with care received on the primary unit comprised 65 per cent of the total, compared to 37 per cent on the team leading unit.

Marram et al. also discuss the effects of primary nursing on nursing personnel using a comparative design again. They found that nurses practicing primary nursing had the highest rate of satisfaction with the way their work was organized. Ninety per cent of the primary nurses stated "very" or "extremely satisfied," as contrasted with 52 per cent of the team nurses. Other comments by the nurses led Marram et al. to believe that increased professionalism and colleague relationship was demonstrated by the primary nurses. The authors acknowledged their bias with regard to this modality of care; but stated that their measurements were objective.

CHAPTER 3

METHODOLOGY

In this section are described the research design of the study, the setting, the population and sample, data gathering instruments, data collection, and proposed analysis of data.

Research Design

A comparative-descriptive design was used to evaluate and compare patients' perception and satisfaction with their care, nurses' involvement with patients as well as nurses' job satisfaction and professional attitudes under two nursing care modalities: primary nursing and team nursing.

The Setting

The research study was conducted in a 325 bed private hospital located in the southwestern United States. The agency had expressed a willingness and desire to participate. This institution was interested in forming a data base to compare patient perception and satisfaction, nurses' job satisfaction and professional attitudes. As a means of developing improved quality nursing care it was hoped that this research endeavor would aid the hospital. There were two units which were implementing primary nursing and other units which were using team nursing as the chief modality. The units selected for the study were a 32-bed primary nursing unit which had been

operational for two years and a 38-bed team nursing unit. Important to note was that the nurses on the unit functioning with team nursing as well as the nurses on the primary nursing unit had voiced content with the present method of care delivery and had no desire to change at that time.

The team nursing unit consisted of semi-private rooms. A complement of three teams provided the care for the 38 patients. The staff of each team included one registered nurse and two ancillary personnel, either a licensed practical nurse and a nursing assistant, or two nursing assistants. The nurse as team leader with two ancillary personnel gave care to eleven or twelve patients.

The primary unit consisted of private rooms, divided into four modules with eight patients per module. The staffing complement was one registered nurse and one nursing assistant per module. The nurse gave primary care to four patients and acted as the associate nurse for the other four patients.

Sample

Twenty patients and twenty-three nursing staff from one surgical unit utilizing the team nursing method and twenty-one patients and twenty-seven nursing staff from a combined medical-surgical primary nursing unit were included in the study. The following criteria utilized for the selection of participants were: (1) that the patients be (a) willing to answer a questionnaire regarding their personal evaluation of their care, aware that the evaluation will be anonymous, (b) mentally alert and oriented, (c) able to read and write, (d) able

to answer a checklist, and (e) English-speaking; and (2) that the nursing staff be (a) English-speaking, (b) willing to answer a questionnaire regarding their job satisfaction, professional attitudes and involvement with patients, and (c) employed on the unit being tested for a period of 60 days prior to the testing.

Limitations

1. The patients were not randomly selected; therefore, no generalization can be made to a larger population.
2. The data were only collected at one community hospital.
3. Accuracy of patient recall may have influenced the data collected.
4. The nursing staff was not randomly selected, thereby preventing generalization.
5. Correlation between specific nurses and specific patients was not possible.
6. Patients' age, length of hospital stay, and diagnosis were not controlled.
7. The nurses' patient load was not equal under the two modalities of care.

Data Collection Instruments

Patient Perception and Satisfaction Scale

The Risser instrument which was modified for use in the acute care setting by Huttquist was used to measure patients' perception and satisfaction. Reasons for selection included relative ease of

administration and scoring, potential reliability with relatively few items and relationship to behavioral criteria (Risser, 1975).

The instrument fulfills the criteria for face and content validity and provides some evidence of construct validity. Each subscale possessed a reliability coefficient greater than its correlation coefficient with another subscale. The high intersubscale correlations suggest treatment of all items as one scale, with three subdivisions of content areas of the same attitude. This is based on the statistics obtained for the second trial in which the homogeneity ratio of the combined 25 items was .302 with the reliability coefficient of .912. Of the three subscales, subscale I (technical-professional content domain) evidenced the least reliability. In trial II, Cronbach's (1951) reliability coefficient for the seven items was .637 (N = 60). Reliability coefficients provided indexes of test internal consistency, but not of stability of the test over time. Neither equivalent for nor test-retest coefficients were calculated, although Shaw and Wright (1967) suggested that the various reliability procedures yielded quite similar estimates of reliability (Risser, 1975).

"A Likert-type attitude scale is a summated scale consisting of a series of statements or items to which the subject is asked to react to along a continuum" (Palmer, 1965, p. 100). The scale results in the conversion of qualitative facts into a quantitative series and is used to make discriminations of degree rather than quality (Palmer, 1965).

The tool consists of a five-point scale and the options include: always (5 points), usually (4 points), sometimes (3 points), rarely (2 points), and never (1 point), to statements divided into three categories. The categories are:

1. Technical professional skills, which include actual physical care as well as knowledge and expertise involved in implementing the medical care.
2. Educational skills, which include the nurses acting as teachers, giving information and receiving interchange between themselves and the patients.
3. Interpersonal skills, which gets at the sensitivity and trust levels that have been established and is measured through verbal and non-verbal communication.

The scale consists of sixteen items, divided among the three sub-categories. The equal-appearing interval method of scoring was used. This method of scoring item responses treats them as though the distances between the responses are equal and the weights uniform for all items. The scale has been pilot-tested with twenty medical-surgical patients in a local community hospital.

Nurses' Job Satisfaction Scale

Nurses' job satisfaction was determined by the Brayfield and Rothe (1951) instrument which was adapted and expanded for use in nursing by Hinshaw and Atwood (1977). The instrument fulfills the criteria for discriminate and criterion validity and reliability (split-half and internal consistency) with a reliability coefficient of .87. Hinshaw

and Atwood factored out five subscales for the 33 statements. These included (1) enjoyment, (2) interest in job, (3) time scale to complete responsibility, (4) satisfaction with control over responsibility, and (5) satisfaction with giving basic care comfort activities. The questionnaire is a Likert scale and the options include: strongly agree (5 points), agree (4 points), undecided (3 points), disagree (2 points), and strongly disagree (1 point). Numerical values were reversed for negatively phrased items.

Nurses' Professional Attitudes and Nurses' Involvement with Patients

The third set of statements was taken from Marram et al.'s (1974) tool. Specifically, the statements dealing with nurses' professional attitudes and include nurses' involvement with patients were utilized and tested. The scale of responses identically follows the scale used to measure nurse job satisfaction. This is a five-point Likert scale with optional answers ranging from agreement to disagreement along a continuum. There is minimal information reported on the accuracy of Marram et al.'s tool in terms of validity and reliability; therefore, these cannot be attested to.

Data Collection

Patient Data

All patients in the two units, primary nursing unit and team nursing unit, were approached on the day of dismissal and asked if they would participate in the study. Explanation was given that the responses to the type of nursing care they have been receiving

would be extremely helpful in determining future planning of care. Patients were told that participation was voluntary. Those individuals who agreed to participate were asked to sign a consent form. They were also told that their names would remain confidential and would not appear on the questionnaire.

Data were collected over a period of one month. The investigator visited the patients only on the day of dismissal and was available to answer any questions during completion of the questionnaire.

Nurses' Data

The nursing personnel on the two units were approached and asked to participate in the study. They were told that the investigator was interested in ascertaining their attitudes toward their jobs, their profession, and involvement with patients. The staff was told their participation was voluntary. Participants were assured that all data would be used only for the stated purposes of the study. Their signatures on the consent form was kept confidential and in no way was linked to their responses.

Protection of Human Rights

The study was submitted to the Human Subjects Committee of The University of Arizona and also to the department of staff development and the department of nursing service administration of the clinical facility used in this study.

Only persons who consented to participate in this study were used. The consent forms are in Appendix D. The purpose of the study

was explained to each person and each person was assured that he could withdraw from the study at any time, and that withdrawal from the study would not affect the care received (patients), nor job security (nurses). The confidentiality of the information obtained would be insured by assigning each person a number.

Analysis of Data

Means and standard deviations were obtained for the three sub-categories and on the total score of the Patient Perception Scale. Likewise, the same was done on the nurse job satisfaction and attitude scales. The t-test was done to determine the level of significant differences at a 0.05 level between the patients on the two units, and also significant differences between nursing staffs on the units.

CHAPTER 4

PRESENTATION OF DATA

In this chapter are described the characteristics of the sample, patients' perceptions of their care, nurses' job satisfaction, and nurses' professional attitudes. The latter includes nurses' involvement with patients as these attitudes relate to both primary nursing and team nursing. The findings and statistical analysis of the data collected were related to the hypotheses.

Characteristics of the Sample

Patients

The sample of patients in this study consisted of twenty-one individuals from a primary nursing unit (eleven females and ten males), and twenty patients from a team nursing unit (ten females and ten males). The mean age of the patients in this study was 57.7 years with a range of 23 to 85 years. Table 1 presents the distribution of patients by age.

Nursing Staff

The sample of nursing staff in this study consisted of twenty-seven staff members from the primary nursing unit (sixteen registered nurses, five licensed practical nurses, and six nurses' assistants). Twenty-three nursing staff members made up the complement from the team nursing unit (twelve registered nurses, three licensed

Table 1. Distribution of Patients by Age

	Age							
	23-30	31-40	41-50	51-60	61-70	71-80	81-85	Total
Group I[a]	3	1	2	5	5	3	1	20
Group II[a]	2	1	3	2	7	4	2	21

[a]Group I = Team nursing patients; Group II = Primary nursing patients.

practical nurses, and eight nurses' assistants). No attempt was made to ascertain the age or education level of the staff participants in the sample.

Patients' Perceptions and Satisfaction

Patients' perceptions and satisfaction with their care on the two units were measured by the Risser instrument to determine the patients' views in three skill areas:

1. Technical professional skill: the actual physical care the individual received and the knowledge involved in implementing the medical care.
2. Educational skill: the teaching that was done and the receiving of information from the nurse.
3. Interpersonal skill: the trust level established between the patient and nurses during hospitalization.

The data obtained were evaluated by examination of the means, standard deviations, and t values of the individual item responses and the total responses to the subscales which comprise the Risser tool.

A factor analysis was performed on the three subscales. The subscales dealing with technical professional skills and interpersonal skills each yielded one factor as they had when Risser tested the instrument; however, the educational skills subscale when subjected to factor analysis produced two factors. Items 1, 3, 4, and 5 fell into one factor while Items 2 and 6 fell into a second factor. Item number 2 dealt with expectations of tests and procedures while Item number 6 dealt with the need for family instruction as a part of discharge planning. Items 1, 3, 4, and 5 spoke directly to the nurses and patient educational exchange.

After analysis of the individual items (Appendix A), and likewise consideration of the items that comprise each of the subscales (Table 2) in this study, there was no statistical difference found at the level of 0.05 when comparing the perceptions and satisfaction of patients receiving care on a primary nursing unit with patients receiving care on a team nursing unit. Thus, the first hypothesis must be rejected.

Nearly all the means of the individual items fell between 4.0 and 5.0 (Appendix A) indicative of the similarity of responses given by each of the subjects. This could suggest a halo effect and possible methodological problem; yet, when Risser tested the same instrument this problem did not occur. The other possible explanation is that

Table 2. Mean Scores and t Values of Patient Perception and Satisfaction Subscales on Team Nursing Unit and Primary Nursing Unit

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
Technical-Professional Skills	I	19	4.64	.64	-1.03	.313
	II	20	4.82	.41		
Educational Skills 1	I	7	4.32	1.16	-.85	.423
	II	12	4.71	.41		
Educational Skills 2	I	12	4.56	.70	-.72	.478
	II	10	4.73	.43		
Interpersonal Skills	I	19	4.55	.71	-.16	.873
	II	18	4.58	.41		

[a]Group I = Team nursing; Group II = Primary nursing.

there was very little difference between the two groups tested, yielding no statistical difference.

Nurses' Job Satisfaction

Nursing staff satisfaction with their jobs on the primary nursing unit was compared to nursing staff satisfaction on the team nursing unit by evaluating the means, standard deviation, and t values of the individual items. Likewise the means, standard deviation, and t values of the items comprising each of the 5 subscales established by Hinshaw and Atwood (1977) from the Brayfield and Rothe (1951) instrument were compared.

Of the 33 items considered (Appendix B) only two were significant.

Item 5: "Most of the time I feel I have the time to supervise all the people I am responsible for." The mean for the team nursing group was 3.78 with a standard deviation of .81 while a mean of 4.22 with a standard deviation of .42 was obtained from the primary nursing group yielding a level of significance of .047.

Item 19: "Most of the time, I have a reasonable number of staff to supervise." The mean and standard deviation for the team nursing unit was 3.94 and .42 respectively while the mean and standard deviation for the primary nursing unit was 3.35 and .99. When the two groups were compared, a significance level of .021 was obtained.

Analysis of the five subscales (Table 3)--(1) enjoyment, (2) time to complete responsibilities, (3) interest in job, (4) satisfaction with control over responsibility, and (5) satisfaction with giving basic care-comfort activities--provides no statistical differences between the nurses on the primary nursing unit and the team nursing unit. Consequently, the second hypothesis which stated: Job satisfaction will be statistically different at a level of 0.05 for nursing staff members on a primary nursing unit as compared to staff members on a team nursing unit when measured by the Brayfield and Rothe instrument was rejected.

Table 3. Mean Scores and t Values of Nursing Staff Job Satisfaction Subscales on a Team Nursing Unit and Primary Nursing Unit

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
Enjoyment (a)	I	21	4.02	.37	-.18	.861
	II	27	4.03	.33		
Time Scale to Complete Responsibilities (b)	I	20	3.37	.82	.49	.626
	II	24	3.25	.74		
Interest in Job (c)	I	22	4.00	.62	.40	.691
	II	27	3.93	.68		
Satisfaction with Control Over Responsibility (d)	I	22	3.73	.35	-.44	.662
	II	26	3.78	.51		
Satisfaction with Basic Care-Comfort Measures (e)	I	22	4.00	.37	.49	.623
	II	27	3.95	.32		

(a) includes items: 6, 8, 12-14, 17, 18, 21, 23, 24, 26, 28
(b) includes items: 11, 16, 31
(c) includes item: 2
(d) includes items: 10, 27, 29
(e) includes items: 3, 22, 32

[a]Group I = Team nursing; Group II = Primary nursing.

Professional Attitudes of Staff Nurses

Nursing staffs' professional attitudes which includes nurses' involvement with patients was contrasted on two units: one unit implementing primary nursing care and the other team nursing care. Means, standard deviations, and t values were derived from the data for comparing these two groups of staff. Each item was considered individually (Appendix C) as well as grouping the 18 items for analysis.

Only two of the 18 items (Appendix C) from the Marram et al. (1974) tool measuring professional attitudes were found to be significant in this study while another three items showed a trend in the same direction.

Item 4: "I must admit that at times, I am more interested in getting my work done on time, rather than making sure that I give patients the best care possible." The mean of the team nursing group was 1.73 with a standard deviation of .79 while the primary nursing group had a mean of 2.46 with a standard deviation of 1.22. These results demonstrate a level of significance of .016.

Item 13: "Nurses should live up to what they think are the standards of their profession, even if other nurses on the unit or supervisors do not seem to like it." The mean and standard deviation for the team nursing group was 3.86 and .83, while the primary nursing group had a mean and standard deviation of 4.33 and .64. The level of significance for this item was .039.

Trends toward significance were noted in three additional items:

Item 10: "A nurse should not do anything which she is told to do unless she is satisfied that it is best for the welfare of the patient." The mean for the team nursing group was 3.41 with a standard deviation of 1.18 whereas the mean for the primary nursing group was 3.92 with a standard deviation of .93. This produced a level of significance of .115.

Item 12: "All nurses should spend, on the average, six hours a week reading professional journals and taking refresher courses." The results of the team leading group was a mean of 2.68 and a standard deviation of .89, but the primary nursing group produced a higher mean of 3.08 and standard deviation of .93. The outcome for this item was a level of significance of .142.

Item 16: "The nurse should not carry out a doctor's order if she feels that this order is inappropriate for the patient." A mean of 3.18 was obtained for the team nursing group with a standard deviation of .96 while the corollary for the primary nursing group was a mean of 3.63 and a standard deviation of 1.17. The level of significance attained with this item was .166.

When all the items dealing with professional attitude and nurses' involvement with patients were grouped together (Table 4) a level of significance of 0.06 was reached, yet on examination, the means are extremely close. The mean for the team nursing group was 3.06 with a standard deviation of .32 and the mean for the primary nursing group was 3.23 with a standard deviation of .23. Considering the data as grouped items, the level 0.06 approaches significance, but the means are too close to provide substance. Thus, the third

Table 4. Mean Scores and t Values of Professional Attitude Grouped Data from a Team Nursing Unit and Primary Nursing Unit

Group	Number of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
I	22	3.06	.32	-1.94	.060
II	24	3.23	.23		

hypothesis, professional attitudes among staff nurses which include nurses' involvement with patients will be statistically different at a level of 0.05 when comparing a unit implementing primary nursing with a unit implementing team nursing when measured by the Marram et al. instrument, must be rejected.

Summary

The t test of significance revealed no significant differences between primary nursing and team nursing when comparing patient perception and satisfaction, job satisfaction of nursing staff members or professional attitudes of staff nurses which included nursing involvement with patients. Accordingly, the three hypotheses were rejected.

Comparison was also made of each item within the subscales of each of the instruments. Items 5 and 19 were found significant in the job satisfaction tool and Items 4 and 13 produced significance in the professional attitude instrument.

CHAPTER 5

DISCUSSION OF FINDINGS

In the following chapter, the findings of the study are discussed in relationship to the conceptual framework and literature review.

Findings in Relation to the Conceptual Framework

Perception is a useful concept for evaluating the attitudes and values of patients and nurses in the health care setting. Often the perception of the health care worker concerning quality care will differ from that of the patient. This study sought to ascertain the perception of the patient about a new nursing care modality: primary nursing care, while contrasting it to the more traditional approach of team nursing care. Further, an examination was made of nursing job satisfaction and professional attitudes of the staffs on both the primary and team nursing units.

Primary nursing care has been purported to bring a positive effect both to the patient and his perception of care, and to the nurse in her attitude about job and profession. Manthey et al. (1970) set forth two prerequisites for the successful functioning of primary nursing: a working environment which allows the nurse to exercise her own judgment in planning and delivering care; and the nurse's acceptance of personal responsibility. Felton (1975), Daeffler (1975), Ciske

(1974b), and Marram et al. (1974) assert that if the nurse's attitude about the type of care she is giving improves, the patients' responses about their perception of care will also improve.

The results of this study as measured by the Risser, Brayfield-Rothe, and Marram et al. instruments indicated that there was no statistical difference between the perceptions and attitudes of patients and nurses on a primary nursing unit when compared to patients and nurses on a team nursing unit. When considering each of the items separately, a few did reach the significance level of 0.05; however, taken as grouped items, the three hypotheses in this study were rejected. Reasons for these findings may have been that only one hospital was used in this study, that only two units were contrasted, particular internal factors within the units tested, or that two of the measurement instruments utilized had been adapted for use in primary care settings. Yet, the findings may simply be a reflection that there is not a perceived difference by the patient about his care, nor by the nurse about her job satisfactionor professional attitudes when comparing primary nursing with team nursing.

Findings in Relation to the Literature Review

This study revealed that nursing staff on the unit implementing primary nursing care did not differ significantly from nursing staff on a team nursing unit when job satisfaction and professional attitudes were compared. This is in contrast to Harrington and Theis (1968) who compared the perceptions of nurses employed at Loeb Center for Nursing (the forerunner of primary nursing care) with nurses employed in two

traditional hospitals (where team nursing was utilized). These investigations found that nurses at Loeb believed that their working environment was helpful to them in carrying out their professional nursing functions, while the nurses in the typical setting found their working environment largely deterrent. Not just the modality of care was found to be important in the Harrington and Theis study, but also the expectations and attitudes of administrative personnel who either positively or negatively influenced the nurses' response.

In the present study under investigation, only two of the thirty-three items included in the job satisfaction questionnaire were significant. Items 5 and 19 were both statements directed to supervision.

Item 5: "Most of the time I find I have the time to supervise all the people I am responsible for."

Item 19: "Most of the time, I have a reasonable number of staff to supervise."

Interestingly, as part of the primary nursing concept the nurse is responsible for the 24-hour care of her patients. This requires the supervision and evaluation of the patients when she is not present. During the eight hours she is on duty she is the one who gives direct patient care. In some instances, she may have an LPN or nurse's assistant helping in the care delivery. On the contrary, the team nursing philosophy is based on a nurse leading and supervising a group of health care workers during an eight-hour period. Although the supervision, evaluation, and coordination is of a different nature,

the primary nursing group was far more satisfied than the team nursing group.

The findings of the study in relation to nursing staffs' professional attitudes, demonstrated that two of eighteen items were significant when comparing primary nursing and team nursing, while another three items showed a trend in the same direction.

Item 4: "I must admit that at times, I am more interested in getting my work done on time, rather than making sure that I give patients the best care possible."

This statement reflects the philosophy of primary nursing; that is, the patient is the prime focus of the nurse's activity. Although the patient is also the key focus of the team nursing philosophy, the patient may take second place to organizing, leading, and evaluating those staff members the nurse must supervise. The designated day's work must be accomplished in an eight-hour period, the period of time for which the team leader is responsible. With primary nursing, the 24-hour concept of care is central. In other words, when the primary nurse completes her work day, she delegates to her associate nurse those aspects of the patient's care which continue to be required. Item 4 was definitely significant when comparing primary nursing and team nursing.

Item 10 was also found significant when comparing the two types of nursing care delivery.

Item 10: "Nurses should live up to what they think are the standards of their profession, even if other nurses on the unit or supervisors do not seem to like it."

Perhaps the reason for the difference between primary nurses and team nurses is with primary nursing the nurse is thought to function more autonomously in a one-to-one patient-nurse relationship. The nurse is the patient's advocate, answerable to, and for, him. With the team approach, the beliefs and attitudes of other nurses and supervisors may affect the nurse to a greater extent, by virtue of the fact that to give care, the nurses must work as a unit--a cohesive team. Ideally, nurses should be able to live up to the standards of their profession without constant concern for what others think; yet, McCloskey (1974) showed that self-esteem was found to be the core psychological need. To maintain self-esteem required the support of nurses' professional co-workers and supervisors.

The other three items that approached significance dealt with the patients' welfare and the need for nurses to continually educate themselves. Although the level of education was not ascertained for the registered nurses in the sample, that is, the number of baccalaureate, diploma, or associate degree individuals, it was known by this investigator that the nurses on the primary unit have received ongoing education provided through the in-service education department with regard to the philosophy of primary care. Perhaps the reason that these items approached significance with the primary nursing group may be that education reinforces and heightens nurses' awareness of those attitudes and values that should be part of their professional practice.

In contrast to Ciske's (1974b) and Daeffler's (1975) studies, there was no statistically significant change in the perceptions of

patients about their care when contrasting the two units. Considering the items individually or grouped into subscales, none were found significantly different.

Interestingly, of the total 41 patients in the sample (primary nursing and team nursing units combined), six patients chose not to answer Item 3, and fifteen patients chose not to answer Item 5.

Item 3: "Questions I had about my care and illness were answered to my satisfaction by the nurse."

Item 5: "I had adequate instruction and planning before going home."

The reason that was universally given by these patients was that they considered it the physician's jurisdiction to answer questions, give information, and administer instructions, and not the place of the nurse to engage in these activities. The one place these patients saw the nurses' role was in clarifying what the physician had previously said to them.

In conclusion, the findings of this study did not support primary nursing as a modality that was more satisfying to patients in their perceptions of care, nor to nursing staff as primary nursing relates to job satisfaction or professional attitudes.

CHAPTER 6

SUMMARY AND RECOMMENDATIONS

The purpose of this study was to compare patient perceptions and satisfaction with their care under two nursing care modalities: primary nursing and team nursing. Likewise, a comparison of nurse staffs' professional attitudes and job satisfaction under the two modalities was made. This was done in order to determine if the modality of care, primary nursing, positively increases satisfaction for the patient and the nurse. The research problem examined was: Is there a difference in the perceptions and satisfaction of the patients on a primary nursing unit contrasted with the perceptions and satisfaction of the patients on a team nursing unit? Additionally, are there differences between the professional attitudes and job satisfaction among nurses on a primary nursing unit contrasted with the professional attitudes and job satisfaction of nurses on a team nursing unit?

The significance of this research is based upon: (1) nursings' growing interest in improving the quality of care that is rendered to the public, (2) mounting concern over nurses' dissatisfaction with work experiences and feelings about nursing, and (3) the belief that suggestions and involvement of consumers and care givers alike will lead to a more thorough evaluation in determining the effectiveness

of a new system or the continued efficiency of an established system of care.

Methodology

In order to compare the responses of patients and nursing staffs under the two nursing modalities of care delivery, a comparative-descriptive design was used. The study consisted of analysis of questionnaire responses by twenty patients and twenty-three nursing staff members from a team nursing unit and twenty-one patients and twenty-seven nursing staff members from a primary nursing unit. The tools included the Patient Perception and Satisfaction Scale, the Nurses Job Satisfaction Scale, along with a subject consent form. The nurses who were subjects were contacted during working hours, while the patients were contacted on the day of discharge from the hospital. Those subjects who expressed a willingness to participate were given consent forms and the proper evaluation tools.

All results were reported in group form and subject names were kept confidential. Questionnaire responses were coded and subjected to computer analysis. Means and standard deviations were run on all items individually and on items making up each subscale. A t-test was used to determine levels of significance. An 0.05 level of significance was set.

The research hypotheses that were tested were:

1. The difference in perceptions and satisfaction of patients receiving care on a primary nursing unit will be statistically

different when compared to patients receiving care on a team nursing unit when measured by the Risser instrument.

2. Job satisfaction will be statistically different for nursing staff members on a primary nursing unit as compared to staff members on a team nursing unit when measured by the Brayfield and Rothe instrument.

3. Professional attitudes among staff nurses which includes nursing involvement with patients will be statistically different when a comparison is made of a unit implementing team nursing when measured by the Marram et al. instrument.

Findings

The t-test for significance comparing the two groups of patients and the two groups of nursing staff revealed no significant differences in the patients' perception of care on the primary unit or team unit. There was also no significant difference in the job satisfaction or professional attitudes of the two groups of nursing staff.

Recommendations

1. Replication of the study: (a) using more than one hospital agency, and (b) comparing more than two units.

2. Further study using other tools to measure perception and satisfaction of care, job and professional attitudes.

3. Identification of the nurses' educational level and recent educational experiences for correlation to the findings.

4. Investigation of other variables that might bias the findings.

5. Replication of the study using the Patient Perception and Satisfaction Scale; however, first scramble the items and phrase them positively and negatively to avoid a halo effect.
6. Investigation into the responses of patients with various diagnoses and severity of diseases to the Patient Perception and Satisfaction Scale.
7. Investigate the head nurse's role on the primary nursing unit and its affect on the functioning of that unit.

Recommendations for Nursing Practice

1. Nurses must be aware of the need of continuously evaluating the modalities of care they use.
2. Recognition that a new modality of care does not insure success and that constant revision and adaptation must be made.

APPENDIX A

MEAN SCORES AND t VALUES OF INDIVIDUAL ITEMS COMPRISING EACH SUBSCALE OF THE PATIENTS' PERCEPTION AND SATISFACTION FROM A TEAM NURSING UNIT AND PRIMARY NURSING UNIT

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
		Subscale 1				
Technical-Professional 1	I	20	4.85	.49	-.43	.671
	II	21	4.90	.30		
TP2	I	20	4.55	.61	-1.90	.067
	II	20	4.85	.37		
TP3	I	19	4.63	.83	-1.04	.308
	II	21	4.86	.48		
TP4	I	20	4.50	.95	-1.04	.306
	II	21	4.76	.63		
TP5	I	20	4.75	.79	-.06	.953
	II	21	4.76	.44		
		Subscale 2				
Educational Skills 1	I	18	4.33	1.09	-1.52	.143
	II	20	4.75	.44		
ES 2	I	19	4.37	1.12	-.78	.443
	II	20	4.60	.68		
ES 3	I	15	4.27	1.22	-1.27	.219
	II	20	4.70	.57		
ES 4	I	9	4.22	1.30	-.13	.900
	II	17	4.29	1.49		
ES 5	I	14	4.43	.94	-1.47	.158
	II	12	4.83	.39		
ES 6	I	12	4.67	.49	-.68	.502
	II	10	4.80	.42		

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
			Subscale 3			
Interpersonal Skills 1	I	19	4.68	.75	-.65	.522
	II	21	4.81	.40		
IS 2	I	19	4.74	.73	-.65	.523
	II	21	4.86	.36		
IS 3	I	19	4.00	1.05	1.05	.300
	II	21	3.57	1.50		
IS 4	I	19	4.47	1.02	-.27	.785
	II	18	4.56	.78		
IS 5	I	20	4.85	.49	-.86	.399
	II	21	4.95	.22		

[a]Group I = team nursing; Group II = primary nursing.

APPENDIX B

MEAN SCORES AND t VALUES OF INDIVIDUAL ITEMS COMPRISING THE JOB SATISFACTION TOOL FROM A TEAM NURSING AND PRIMARY NURSING UNITS

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
JS 1	I	22	4.23	.60	-.82	.416
	II	27	4.37	.49		
JS 2	I	22	4.00	.62	.40	.691
	II	27	3.93	.68		
JS 3	I	22	4.05	.58	1.09	.279
	II	27	3.86	.66		
JS 4	I	22	4.14	.71	.41	.683
	II	27	4.04	.98		
JS 5	I	18	3.78	.81	-2.09	.047*
	II	23	4.22	.42		
JS 6	I	22	4.68	.48	.60	.555
	II	27	4.59	.57		
JS 7	I	22	3.82	.80	-.91	.370
	II	27	4.00	.56		
JS 8	I	22	2.27	.94	-.82	.415
	II	27	2.52	1.16		
JS 9	I	22	4.14	.94	.40	.691
	II	27	4.04	.76		
JS 10	I	22	4.05	.58	.77	.446
	II	26	3.88	.86		
JS 11	I	22	3.00	1.45	.40	.694
	II	27	2.85	1.10		
JS 12	I	22	4.05	.84	-.44	.662
	II	27	4.15	.77		

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
JS 13	I	22	4.05	.90	-.82	.417
	II	27	4.22	.51		
JS 14	I	22	4.00	.72	-.42	.680
	II	27	4.03	.65		
JS 15	I	22	3.27	1.20	.04	.970
	II	27	3.26	1.26		
JS 16	I	22	3.50	.86	.29	.770
	II	24	3.42	1.06		
JS 17	I	22	4.73	.46	-.10	.924
	II	27	4.74	.53		
JS 18	I	22	3.68	.84	.21	.833
	II	27	3.63	.84		
JS 19	I	18	3.94	.42	2.46	.021*
	II	20	3.35	.99		
JS 20	I	22	4.09	.29	-.20	.845
	II	27	4.11	.42		
JS 21	I	22	4.05	.58	-.45	.658
	II	27	4.11	.42		
JS 22	I	22	3.95	.49	-.07	.945
	II	27	3.96	.34		
JS 23	I	22	4.09	.61	-.86	.398
	II	27	4.22	.42		
JS 24	I	22	3.54	.86	-.04	.966
	II	27	3.56	.75		
JS 25	I	22	4.27	.70	.23	.821
	II	27	4.22	.85		
JS 26	I	21	4.14	.73	-.03	.977
	II	27	4.15	.46		
JS 27	I	22	4.18	.40	.25	.801
	II	27	4.15	.53		
JS 28	I	22	4.60	.73	.53	.599
	II	27	4.48	.70		

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
JS 29	I	22	2.95	1.17	-1.17	.250
	II	27	3.33	1.07		
JS 30	I	22	2.27	.94	.19	.849
	II	27	2.22	.89		
JS 31	I	20	3.75	.91	1.20	.238
	II	24	3.42	.93		
JS 32	I	22	4.00	.54	-.28	.779
	II	27	4.04	.34		
JS 33	I	22	4.05	.21	-1.09	.283
	II	27	4.19	.62		

*Level of significance accepted = $p < .05$.

[a]Group I = team nursing; Group II = primary nursing.

APPENDIX C

MEAN SCORES AND t VALUES OF INDIVIDUAL ITEMS COMPRISING THE PROFESSIONAL ATTITUDE TOOL FROM TEAM AND PRIMARY NURSING UNITS

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
A 1	I	22	3.82	.85	-.06	.956
	II	24	3.83	1.01		
A 2	I	22	3.45	1.34	-.46	.649
	II	24	3.63	1.17		
A 3	I	22	2.68	1.00	.44	.659
	II	24	2.54	1.14		
A 4	I	22	1.73	.70	-2.52	.016*
	II	24	2.46	1.22		
A 5	I	22	2.82	1.14	-.97	.338
	II	24	3.13	.99		
A 6	I	22	2.82	1.05	.87	.389
	II	24	2.54	1.10		
A 7	I	22	2.95	1.05	1.35	.183
	II	24	2.54	1.02		
A 8	I	22	2.27	.83	.71	.480
	II	24	2.08	.97		
A 9	I	22	2.82	.91	-.05	.957
	II	24	2.83	1.01		
A 10	I	22	3.41	1.18	-1.61	.115
	II	24	3.92	.93		
A 11	I	22	3.14	.99	-.65	.516
	II	24	3.33	1.05		
A 12	I	22	2.68	.89	-1.49	.142
	II	24	3.08	.93		

Variable	Group[a]	No. of Cases	Mean	Standard Deviation	t Value	2-tail Prob.
A 13	I	22	3.86	.83	-2.13	.039*
	II	24	4.33	.64		
A 14	I	22	4.41	.59	.40	.693
	II	24	4.33	.70		
A 15	I	22	3.73	.88	-1.44	.157
	II	24	4.13	.99		
A 16	I	22	3.18	.96	-1.41	.166
	II	24	3.63	1.17		
A 17	I	22	2.91	.97	-.15	.884
	II	24	2.96	1.30		
A 18	I	22	2.32	.89	-.99	.329
	II	24	2.58	.93		

*Level of significance accepted = $p < .05$.

[a]Group I = team nursing; Group II = primary nursing.

APPENDIX D

SUBJECT CONSENT FORMS

Group I

A study is being conducted on patients' perceptions of their nursing care. If you agree to participate in this study, the researcher will ask you to mark a checklist containing items about your observations of the care you received as a patient. The checklist will require about ten minutes of your time.

All information obtained will be kept confidential and will be identified by a number and not by your name and will be reported in group form. Your participation in this study will not be of obvious benefit to you, but the record of your observations could provide helpful information to health workers in caring for other patients. There will be no cost to you for this study, nor will there be any remuneration.

I consent to participate in the study described above. The nature, demands, benefits, and risks of the study have been explained to me. I understand that I am free to withdraw from the study, or not to answer any questions at anytime without affecting my medical care.

Signature_____

Date_____

Investigator_____

Group II

A study is being conducted on nurses' job satisfaction and professional attitudes. If you agree to participate in this study, the researcher will ask you to complete two checklists containing items relative to satisfaction with your job and your professional attitudes. The total amount of time required to complete both checklists will be approximately 30 minutes.

All information obtained will be kept confidential and will be identified by a number and not by your name and will be reported in group form. Although no monetary payment will be made for your participation in the study, the results may lead to possible improvement in the quality of nursing care and increased professional satisfaction. The record of your observations could provide helpful information to personnel planning and development.

I consent to participate in the study described above. The nature, demands, benefits, and risks of the study have been explained to me. I understand that I am free to withdraw from the study or not to answer any questions at anytime without ill will, or affect job status.

Signature_____

Date_____

Investigator_____

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