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A study to determine the effect of progressive patient care on staffing patterns of nursing service

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A SURVEY TO DETERMINE THE EFFECT OF
PROGRESSIVE PATIENT CARE ON STAFFING PATTERNS
OF NURSING SERVICE

BY

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CHAPTER I

INTRODUCTION

The primary objective of the hospital since its evolution has been to provide care for the ill. While the primary objective remains the same, the history and progress of the hospital have been greatly affected by a changing civilization and advancement in science.

Admissions to hospitals are continually increasing with the population growth being the most obvious reason. However, the tremendous expansion of medical knowledge with the continual development of new techniques and procedures have widened the scope of treatment. At the same time, these have increased the need to bring patients to diagnostic and treatment equipment. Physicians want their patients in hospitals because of better facilities and also to minimize the time and energy required by home visits.¹

Perhaps the most important single factor in building up hospital admissions is the fact that over half of the population of the United States now carries some form of insurance. Such insurance not only removes the hazard of sickness costs for persons covered by the plan, but also provides payments to

¹Frances L. George and Ruth P. Kuehn, Patterns of Patient Care (New York: MacMillan Company, 1955), p.2.

physicians and hospitals for many services that would have been rendered without remuneration.²

The concept of hospital for over a hundred years or so has been an operating room, delivery room and emergency room with attachments or extensions, so to speak, that is certain spaces and units where functions and procedures were carried out as a result of some form of surgical intervention or medical disease.

The last few years have seen the interest grow in developing new patterns of organization in caring for the ill. For a much longer period there have been studies and investigations made in hospitals, nursing service and nursing education directed toward developing methods of providing adequate nursing care for rapidly increasing population both qualitatively and quantitatively.

One of the more recent concepts developed is Progressive Patient Care whereby the health agency organizes its facilities, services, and staff around the medical and nursing needs of the patients. This type of care has been described as being composed of five elements which are: (1) intensive care, (2) intermediate care, (3) self-care, (4) long-term care, and (5) home care.³

²Arthur C. Bachmeyer and Gerhard Hartman, The Hospital in Modern Society (New York: Commonwealth Fund, 1943), p.701.

³Adeline C. Hayden, "Progressive Patient Care Reflected in the Records," The Modern Hospital, (January 1959), p.1.

This development has certainly brought about new conceptual differentiations in the philosophy and policies of the health agencies concerned. Since the key to progressive patient care is service on each unit to fit the needs of the patients assigned there, and these needs differ among the various units according to the acuteness of the patient's condition, it is essential that the staff for each unit be carefully selected and given any special preparation which may be necessary.⁴

Statement of the Problem

What effect does progressive patient care have on the staffing patterns of nursing service? What impact does this concept of patient care have on recruitment, assignment, and development of nursing service personnel?

Justification of the Problem

The writer's experience as a nursing supervisor in a general hospital with an intensive therapy unit indicated that staffing problems did arise in relation to the staffing of the intensive therapy unit. As a prospective nursing service administrator, the writer is interested in the effect that progressive patient care has had on the procurement, assignment, and development of nursing service personnel.

Therefore, learning the views of the staff nurses

⁴J.C.Haldeman and F.G.Abdellah, "Concepts of Progressive Patient Care," Hospitals, (June 1959), p.10.

regarding their assignment to the various phases of progressive patient care as well as the view of the nursing service administrator should help to determine the effect this type of patient assignment has on the staffing patterns of nursing service. Information of this kind should be of use to nursing service in hospitals which may contemplate developing such units.

Scope and Limitations

This study was limited to a three hundred bed general hospital in Manchester, Connecticut. Thirty-two staff nurses, selected at random from the various phases of progressive patient care, and the director of nursing service were the participants. Of the thirty-two staff nurses who participated, twelve were assigned to the special care unit, twelve to the intermediate care unit, six to the self-service care unit, and two to the continuation care unit.

The findings cannot be generalized and are only applicable to the staffing of one small general hospital which established progressive patient care in April, 1957.

Definition of Terms

For the purpose of this study the terminology for the different units of progressive patient care will be those defined and used by the Manchester Memorial Hospital, Connecticut.

Special Care Unit - for patients who are seriously ill.

- Intermediate Care - for patients who are ill but not
Unit dangerously so.
- Self-Service Care - for ambulatory patients who need
Unit extensive tests, or are recovering
from an illness.
- Continuation Care - for the chronically ill patient re-
Unit quiring daily medical and nursing
care.
- Home Care - extends hospital services into the
home in co-operation with the
Manchester Public Health Nurses
Association.
- Staff Nurse - as used in this study will mean
registered professional nurse.

Preview of Methodology

An interview schedule was developed. The writer pro-
cured the data for this study by interviewing the nursing
service administrator and thirty-two of the staff nurses who
are employed at the Manchester Memorial Hospital in Manchester,
Connecticut.

The average length of an interview was fifteen minutes.

Sequence of Presentation

Chapter II includes a review of the literature and a
statement of the hypothesis used for this study.

Chapter III presents the description, the selection of
the sample and the methodology used to procure the data for the
study.

Chapter IV includes the presentation of the data col-
lected and an analysis and discussion of it.

Chapter V includes the summary, the conclusions drawn from the study and recommendations.

CHAPTER II

THEORETICAL FRAMEWORK OF THE STUDY

Review of the Literature

In the development of hospitals a number of changes in administration and care to patients have taken place. Early in the present century there was a trend toward a wide variety of specialized hospitals. This was particularly evident in the years following World War I. During the depression of the nineteen thirties hospital construction was stopped abruptly. This period marked the end of the swing toward specialized hospitals. The trend now was toward the more comprehensive type of a general hospital with the inclusion of the patient with tuberculosis or mental disease as an increasing practice.¹

During World War II the army experimented with segregating patients according to certain categories. In 1952 the Army Medical Service classified patients according to the nursing needs and used four categories. Category A represented patients who required intensive nursing care; Category B represented patients who required moderate nursing care; Category C represented patients who required a minimum amount of nursing care and supervision; and Category D represented patients who

¹Vane Hoge, "Hospital Facilities Should Fit the Patient," The Modern Hospital, 88, (March, 1957), p.51.

no longer were in need of correlated medical and nursing care but did require supportive care.²

Many nursing service departments today face difficulties in administration involving recruitment, orientation and provision of efficient nursing service. The increased demand placed on limited available staff makes it essential that everything possible be done to encourage and permit each nurse to function at maximum effectiveness. A continuing search for ways in which to provide better patient care through improved administration of nursing service is necessary.

Mullane emphasized "The emerging importance of administrative skill in improving nursing care in hospitals."³ She added that, "Adequate patient care in future years will require highly competent direction of nursing service."⁴ Finer stated that, "Administration will show how to use the personnel available and, above all, how to convert the nursing service, and the hospital in general, from a place that might repel by its antiquated authoritarian regime to one founded on knowledge, collaboration, and the democratic co-operative enterprise of all in it, from the subordinate ranks of the nursing service

²E. Claussen, "Categorization of Patients According to Nursing Care Needs," Military Medicine, 116, (March, 1955), pp.116-209.

³Mary Mullane, Education for Nursing Service Administrators (Michigan: W.K. Kellogg Foundation, no date), p.191.

⁴Ibid., p.191.

up to the director."⁵

Progressive patient care is not a new concept in the strictest sense of the word, but a swing back to a certain type of specialization. For the hospital development following World War I indicated a specialization in patient care through hospitals designed for the care and treatment of patients with specific diseases. The important point in the concept of progressive patient care as a type of specialization is that the specialization is based on the medical and nursing needs of the patient rather than the disease.

In discussing patterns of nursing service George and Kuehn⁶ bring out the implications involved from the increased hospital population, the increasing nursing shortage and the possibility of segregating patients according to acuity of illness rather than type of disease. They suggest further studies in this area because of its direct bearing on the nursing service and the problem of finding a nursing pattern to fit. A change in staffing pattern concepts is involved here and the "blueprint of patient care" as formulated in their book may well be developed with the changing pattern of nursing service.

The allocation of patients according to their acuity of illness then implies the need for a more effective recruitment,

⁵Herman Finer, Administration and the Nursing Service (New York: The MacMillan Company, 1952), pp.5-6.

⁶Frances L. George and Ruth P. Kuehn, Patterns of Patient Care (New York: The MacMillan Company, 1955), p.166.

orientation, assignment, and development of nursing service personnel. In discussing the patient-centered approach to nursing Abdellah⁷ states, "The bulk of the nation's actively practicing registered nurses are products of an educational system in nursing which has been procedure and diagnostic-centered and geared to the service needs of the hospital rather than the patient's needs." She emphasizes the need for defining the role of the professional nurse in progressive patient care hospitals and that a new concept of nursing is needed, one that is patient-centered rather than task oriented which would help nurses to function effectively in progressive patient care programs.

The Manchester Memorial Hospital accepted the concept of progressive patient care completely. They organized their facilities into units of care according to medical and nursing needs in April, 1957 and the construction of new facilities since then have been planned around this concept.

A report of the Public Health Service survey⁸ states two important factors to be considered when staffing progressive patient care units.

- (1) The staff be carefully selected for each unit and given any special training that may be necessary.

⁷Faye G. Abdellah, Patient-Centered Approaches to Nursing (New York: The MacMillan Company, 1960), pp.18-29.

⁸F. G. Abdellah and J. C. Haldeman, "Concepts of Progressive Patient Care," Hospitals, 33, (June, 1959), pp.41-45.

- (2) Once the assignments are made it is desirable to provide in-service training programs for the nursing staff both to orient them fully on the principles of progressive patient care and to familiarize them with any special procedures on their unit.

The fact that requirements on the several units differ provides an opportunity to utilize the differing preferences and abilities among the nursing staff, and the grouping of patients by common cause should make for better education and teaching of personnel.

In staffing progressive patient care units, Regan⁹ advises nurses to be alert for legal pitfalls, "This new concept for nursing does not legally release the hospital or the nurse from any responsibility. This responsibility begins when the patient is admitted and continues until he has been discharged. Since from a legal point of view it matters little whether the patient is assigned to "special-care" or "self-service" units caution should be exercised in deciding the ratio of nurses to each unit around the clock.

The literature stressed the importance of selection and training of nursing service personnel for the various phases of this type of patient care, but the writer could find no evidence of any attempt to learn the effect of progressive patient care on the staffing patterns of nursing service. Therefore, this study may open new horizons for arriving at staffing patterns

⁹William A. Regan, "Legal Pitfalls in Progressive Patient Care," R.N. 23:5, (May, 1960), pp.33-37.

in a nursing service involved with the emergence of progressive patient care.

Statement of the Hypothesis

Progressive Patient Care will confront nursing service administrators with diverse problems in the staffing of a nursing service.

CHAPTER III

METHODOLOGY

Selection and Description of the Sample

This survey was conducted in a three hundred bed general hospital located in Manchester, Connecticut, where a program of progressive patient care was instituted on 1 April 1957. After the concept of progressive patient care had been accepted by this hospital its facilities were arranged into units of care according to the medical and nursing needs of the patients and the construction of new facilities was planned around this concept. At the time of this survey the units consisted of special care, intermediate care, self-service care, continuation care, and home care.

The director of nursing service and a total of thirty-two staff nurses were interviewed. During a period of four days, the investigator made visits to all the units of progressive patient care at varying hours on all three shifts, and the staff nurses who were available at the time of each visit were interviewed. Twelve of these staff nurses were assigned to the special care unit, twelve to the intermediate care unit, six to the self-service care unit, and two to the continuation care unit. No one was interviewed from the home care unit as this service was conducted by the Manchester Public Health Nurses

Association. Six of the staff nurses interviewed had been in their present assignment less than six months, five less than one year, eleven between one and two years, and ten over two years, as shown in Table I.

TABLE I
UNIT OF ASSIGNMENT BY LENGTH OF TIME IN ASSIGNMENT

Unit	Less than 6 months	6 months to 1 year	1 to 2 years	Over 2 years	Total
Special Care	1	2	4	5	12
Intermediate Care	4	2	3	3	12
Self-Service Care	1	1	2	2	6
Continuation Care	0	0	2	0	2
Total	6	5	11	10	32

Tools Used to Collect the Data

Two interview schedules were constructed,¹ one to be used for the interview with the director of nursing service and the other for interviewing the staff nurses. A combination of open-ended questions and a check list was used to permit free response to questions as well as to facilitate recording of responses by the investigator. The schedules were not pretested.

Procurement of Data

The investigator wrote to the hospital administrator stating the desired study to be made and requested permission

¹Appendix A and B

to visit the hospital for the purpose of interviewing personnel on-the-job. Arrangements were made through the director of nursing service for living accommodations close by the hospital for a period of four days.

The investigator spent the first morning with the director of nursing service, who outlined the development and implementation of progressive patient care. A tour of the hospital was made during which time the investigator was introduced to the personnel as well as the physical location of all the units. Following this the investigator was granted the freedom to proceed with the survey as desired.

During the remainder of the first day and the following three days visits were made to the various units of progressive patient care on all three shifts. Staff nurses available during these visits were interviewed. The interviews were conducted within the work areas. The settings were quiet and relaxed; the nurses were interested and friendly. The average length of each interview was fifteen minutes.

CHAPTER IV

PRESENTATION AND DISCUSSION OF DATA

Data Obtained from Interview Schedules

The following information was obtained from the interview with the nursing service administrator. Recruitment was not considered a problem due to the number of nurses who are available in the area. Nurses are hired on the basis of assignment to a specific area with no special preparation being required and orientation to the unit of assignment is carried out on-the-job through person to person instruction.

To the question, "What effect has progressive patient care had on the stability of personnel?", the response was, "No noticeable change, the same number of young nurses get married and leave because of pregnancy or moving away from the area." And to the question, "Have personnel requested a change from one phase of care to another?", the response was, "One or two." The nursing service administrator stated that assignments were planned on a permanent basis both in phase of care and hours of work and the nurses were seldom moved from their area of assignment, there was stability on the job. This stability was possible because the nursing office maintained a roster of nurses who were available for part-time work so that when an emergency did arise one of these nurses was called in rather than shifting

personnel from one phase of care to another.

The type of in-service education had been changed since the institution of progressive patient care. The once a month general type of program planned for the entire nursing staff had been changed to a method of developing programs within each phase of care which were designed to meet the needs and interests of the personnel assigned to the unit. In addition the programs were tape recorded so that meetings could be held at the most convenient time. The personnel on all three shifts had the opportunity to participate in the program, and these recordings were available to the personnel in other units of patient care if they should be interested in a particular program.

The first four questions asked of the thirty-two staff nurses dealt with the phase of patient care to which assigned, length of employment in the assignment, how the assignment had been made, and whether or not the nurse wished to remain in the unit. Table II lists the responses to these questions.

TABLE II

NUMBER OF NURSES INDICATING DESIRE TO REMAIN OR
LEAVE AREA OF ASSIGNMENT, BY METHOD OF
ASSIGNMENT AND YEARS IN ASSIGNMENT

Assignment to Unit:	Requested			Not Requested		
	Under 1 year	1 to 2 years	Over 2 years	Under 1 year	1 to 2 years	Over 2 years
Wished to Remain	1	4	7	2	2	3
Wished to Leave	1	0	0	6	3	0
Undecided	0	0	0	1	2	0

Table II shows that of the thirteen nurses who had requested the assignment only one wished to leave and gave the reason that she was moving away from the community. Only seven of the nineteen who had not requested the assignment wished to remain, nine wished to leave and three were undecided. Some of the responses given by the staff nurses who indicated a desire to leave the unit of assignment or were undecided about making a change were, "work too monotonous", "I have a request in for another unit", "I would like experience in all units", "I think one year in a unit is long enough", "rotation is good, keeps one from getting in a rut".

The Chi-Square test of significance was then applied to learn whether or not the method of assignment was a factor in the nurse's desire to remain or leave present assignment. Group I had requested assignment and Group II had not requested assignment as shown in Table III.

TABLE III

NUMBER OF NURSES INDICATING DESIRE TO
REMAIN OR LEAVE AREA OF ASSIGNMENT
BY METHOD OF ASSIGNMENT

Group	Classification		Total
	Remain	Leave	
I	12	1	13
II	7	9	16
Total	19	10	29

$$\text{Chi-Square} = \frac{[(12) \cdot (9) - (7) \cdot (1) - 14.5]^2 \cdot 29}{(12 \cdot 7) \cdot (1 \cdot 9) \cdot (13) \cdot (16)} = \frac{[108 - 7 - 14.5]^2 \cdot 29}{190 \cdot 208}$$

$$\frac{7482.25 \cdot 29}{39520} = \frac{216985.25}{39520} = 5.49$$

Chi-Square for 1 degree of freedom = 5.49 P = less than 0.05

So on the evidence of the data available the difference between the two groups is statistically significant. It was therefore concluded that method of assignment was a deciding factor in whether or not the nurse desired to remain or leave area of assignment.

The test of significance was then applied to learn whether or not the number of years in nursing had any effect on the desire to remain or leave the area of assignment. Group I had less than ten years of nursing experience and Group II had more than ten years nursing experience as shown in Table IV.

TABLE IV

NUMBER OF NURSES INDICATING DESIRE TO
REMAIN OR LEAVE AREA OF ASSIGNMENT
BY NUMBER OF YEARS IN NURSING

Group	Classification		Total
	Remain	Leave	
I	4	5	9
II	15	5	20
Total	19	10	29

$$\text{Chi-Square} = \frac{[(4) \cdot (5) - (15) \cdot (5) - 14.5]^2 \cdot 29}{(4/15) \cdot (5/5) \cdot (9) \cdot (20)} = \frac{[40.5]^2 \cdot 29}{190 \cdot 180}$$

$$\frac{1640.25 \cdot 29}{34200} = \frac{47567.25}{34200} = 1.39$$

Chi-Square for 1 degree of freedom = 1.39 P = less than 0.10

The evidence of this data is not statistically significant with the probability that the difference could have occurred by chance so that the length of years in nursing could not be considered a factor in whether or not the nurse desired to remain or leave the area of assignment.

Table V lists the responses to the questions, "What type of nursing were you doing prior to this assignment?", and, "How long have you been in nursing?"

TABLE V

NURSING EXPERIENCE PRIOR TO PRESENT
ASSIGNMENT BY THE NUMBER OF
YEARS IN NURSING

Previous Experience:	Medical and Surgical	Pediatric	Operating Room and Emergency Room	Total
<u>Years in Nursing:</u> Less than 2 years	0	0	1	1
2 to 5 years	6	1	0	7
5 to 10 years	3	0	1	4
Over 10 years	17	2	1	20
Total	26	3	3	32

From the thirty-two staff nurses interviewed, twenty-six had been doing medical and surgical nursing prior to employment in a unit of progressive patient care, and that twenty had been actively engaged in nursing for over ten years.

Only five of the nurses indicated having had any additional courses or preparation since graduation. One had taken a course in anesthesia, one was attending college part-time, and two had participated in a workshop on rehabilitation nursing prior to their assignment in the continuation care unit.

The responses to the question, "What do you consider to be the nurse's major role in this phase of nursing?", indicated that assignment to one particular unit did not produce a consensus of a perceived major role as indicated in Table VI.

TABLE VI
PERCEIVED MAJOR ROLE OF
NURSE BY UNIT OF
ASSIGNMENT

Perceived as Major Role:	Technical	Supportive	Teacher	Administrative
Special Care Unit *	10	4	2	2
Intermediate Care Unit	5	2	2	3
Self-Service Unit	1	3	1	1
Continuation Care Unit	0	1	1	0

* Two nurses saw no major role in this unit. They stated that progressive patient care was designed to meet the total needs of each patient and in order to do this the nurse must perform many roles.

- Technical** - one of performing or assisting with procedures, treatments, and giving medications.
- Supportive** - one of understanding and assisting the patient in his adjustment to environment and illness.
- Teacher** - one of instructing the patient with a specific disease or condition to enable him in caring for himself after leaving the hospital.
- Administrative** - record keeping, ordering medicine and supplies, instructing and supervising the aides.

The response to the question, "What type of in-service educational programs are you participating in?" was disappointing since it was expected to find staff development an important

factor. Eighteen responses indicated the lecture type program, ten mentioned the use of recordings, and only four mentioned group discussions. The program content of the lectures and recordings was primarily offered by members of the medical staff in the form of case studies, specific diseases or conditions, new procedures, or new equipment and medications. The group discussion program content varied with the needs of the unit and was primarily concerned with investigating and evaluating nursing problems. The majority of the nurses preferred recordings as they provided the opportunity for personnel on all three shifts to keep informed. One nurse stated that an attempt had been to have nurses actively participate in the programs but this "fell through since some flatly refused to be actively involved and others did not feel they had the time to do so."

The last question asked was, "In view of your experience with this phase of nursing care, can you suggest anything that might have assisted you in your adjustment to this assignment?" Four of the respondents had no suggestions to offer and one of them commented that, "A good nurse can adjust to any assignment if it is the assignment she really wants." However, the remaining twenty-eight nurses suggested orientation of one form or another. Eight responses suggested a planned orientation program, one which would be of a definite period of time and would include the complete physical plan, and the functions of each category of nursing personnel in each unit of care.

Thirteen suggested an orientation to the concept of progressive patient care, how it was developed and what it was supposed to accomplish. Seven stated that person to person on-the-job orientation would be helpful. Such statements as, "There is very little need for orientation to the unit but I would have liked to know more about this concept of progressive patient care," "The average R.N. should have little difficulty in adjusting to any unit for nursing is nursing, but a complete understanding of the philosophy of progressive patient care would be most helpful," were typical of the responses made when answering the question. It seems important to note that thirteen responses suggested an orientation to the concept of progressive patient care. None of the thirteen nurses were assigned to the special care unit, five had been employed less than a year, five between one to two years, and three over two years; five had requested the assignment and eight had not. Does this factor indicate that nurses assigned to the special care unit have full knowledge of the concept of progressive patient care or do they feel no need for such knowledge?

As stated before, the hypothesis of this study was that progressive patient care confronts the nursing service administrator with diverse problems. The findings of this study indicate that the hypothesis was not confirmed, as it was found that the nursing service adjusted their staffing patterns to the concept of progressive patient care without encountering

problems in recruitment, assignment, or development of nursing personnel.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This study was conducted in a three hundred bed general hospital in Manchester, Connecticut where a program of progressive patient care had been in effect since 1 April 1957. The problem was to find out what effect progressive patient care had on the staffing patterns of nursing service. A review of the literature showed the importance of careful selection and training of nursing personnel for the various phases of this type of care. The elements of progressive patient care had been studied but there was no evidence in the literature that there had been any attempt to study the effect that this concept of patient care would have on the staffing patterns of nursing service.

The sample included the nursing service administrator and thirty-two staff nurses. The investigator made visits to all the units of patient care at various times on all three shifts over a period of four days. Staff nurses available during those visits were interviewed. Twelve of the nurses were assigned to the special care unit, twelve to the intermediate care unit, six to the self-service unit, and two to the continuation care unit. An interview schedule was developed

to collect data, and it was not pretested.

The nursing service administrator stated that recruitment was no problem due to the number of nurses available in the area, and there had been no noticeable change in the stability of personnel in relation to resignations, but there was more stability in relation to specific assignment. Nurses are employed on the basis of assignment to a specific unit with no special preparation being required, and orientation to the unit is carried out on-the-job through person to person instruction. A change in the type of in-service education had been made, from a once-a-month type of program planned for the entire nursing staff to that of programs within each unit based on the needs and desires of the personnel within the unit.

An analysis of the data gathered from the thirty-two staff nurses by the interview schedule showed the following.

When assignment to a specific unit was made by request, the nurses expressed a desire to remain in that unit of progressive patient care. A test of significance applied to this data was statistically significant so it was concluded that method of assignment was a deciding factor in whether or not the nurse desired to remain or leave area of assignment.

Five of the twenty nurses with over ten years nursing experience expressed a desire to leave unit of assignment, and five of the nine nurses with less than ten years nursing experience also expressed a desire to leave unit of assignment. A test of significance applied to this data was not statistically

significant so that number of years in nursing could not be considered a factor in whether or not the nurse desired to remain or leave area of assignment.

Twenty-six nurses or 81.8% of the total sample had been doing medical-surgical nursing prior to present assignment.

The review of the nurse's opinions concerning the major role of the nurse in the different units showed that nurses within the same unit had varied perceptions of the nurse's major role.

Twenty-eight nurses or 87.5% of the total sample indicated orientation was a factor in adjusting to area of assignment. Thirteen of this group or 46% mentioned that orientation to the concept of progressive patient care was desirable.

In-service education was carried on within each unit. Primarily the programs were presented by members of the medical staff and were tape recorded so that they were available to the staff on all three shifts.

The hypothesis of this study, progressive patient care confronts nursing service administrators with diverse problems in staffing, was not substantiated as it was found that the nursing service adjusted their staffing patterns to the concept of progressive patient care without encountering problems in recruitment, assignment, or development of nursing personnel.

Conclusions

The nursing service administrator in this hospital,

using the concept of progressive patient care in the method of patient assignment, had been able to adjust the staffing patterns of this nursing service without encountering many problems.

The availability of nurses in this community made recruitment no problem.

The nurses were not required to have any special training or preparation prior to employment.

The nurses were assigned to a specific unit on a permanent basis in both unit and hours of work.

The nurses had divergent opinions about the major role of the nurse in each unit.

The nurses were in agreement that orientation was an important factor in adjustment to the unit.

Recommendations

A similar study should be done in another hospital which uses progressive patient care as a method of patient assignment.

A study should be done to determine the role of the professional nurse in all units of the progressive patient care hospitals.

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APPENDIX A

INTERVIEW SCHEDULE - ADMINISTRATOR

1. Do you recruit nursing personnel on the basis of assignment to a specific phase of care? Yes _____ No _____
2. a. Do you require applicants to have a special preparation for assignment in any of the phases of this type of care? Yes _____ No _____
b. Requirements:
3. Is assignment to one phase of patient care planned on a permanent basis? Yes _____ No _____
4. Have personnel requested a change from one phase of care to another? Yes _____ No _____
5. What effect has this type of patient care had on your staffing patterns? a. Stability _____ b. In-Service Education _____ c. Recruitment _____
6. What type of orientation do new nursing service employees receive?
7. Type of In-Service Programs:

APPENDIX B

INTERVIEW SCHEDULE - STAFF NURSE

1. Present Assignment:
 - a. Special Care _____ b. Intermediate Care _____ c. Self-Care _____
 - d. Continuation Care _____ e. Home Care _____
2. Length of Time in Present Assignment:
 - a. Six months or less _____ b. Six months to one year _____
 - c. One to two years _____ d. Over two years _____
3. Did you request assignment to this phase of patient care?
Yes _____ No _____
4. a. Do you plan on remaining in this phase of patient care?
Yes _____ No _____
b. Reasons:
5. How long have you been in nursing?
 - a. Less than 2 years _____ b. 2-5 years _____
 - c. 5-10 years _____ d. Over 10 years _____
6. a. Have you had any courses or special training since graduation? Yes _____ No _____
b. Type:
Workshop _____ Postgraduate _____ College _____ Other _____
7. What type of nursing were you doing prior to this assignment? a. Med-Surg _____ b. Obstetrical _____ c. Pediatric _____
d. Operating Room _____ e. Private Duty _____ f. Other _____
8. What do you consider to be the nurse's major role in this phase of nursing? a. Technical _____ b. Supportive _____
c. Teacher _____ d. Other _____
9. What type of in-service education program are you participating in?
10. In view of your experience with this phase of nursing care, can you suggest anything that might have assisted you in your adjustment to this assignment?