

THE OPINIONS OF ONE HUNDRED TWENTY-NINE NURSING  
SUPERVISORS TOWARDS MALPRACTICE LIABILITY

by

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A THESIS

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m.f.c.

## PREFACE

The writer, through experience and reading, has found that there are some articles and a few books that devote a chapter or two to the liability of the nurse. However, very little study has been made of the actual opinions and knowledge of hospital supervisors as to their malpractice liability, or of the reasons why they carry or do not carry malpractice insurance.

This study was written to obtain information regarding the opinions hospital supervisors hold as to liability for their own acts and the acts of those people under their supervision. Each supervisor was also asked if she carried malpractice insurance, and who should carry it.

The purpose of this study is to find out whether there is any relationship between education, the size of the hospital, the total number of beds under the supervisor's jurisdiction, the total number of years' experience as a supervisor, the total number of staff under the supervisor's supervision, and the carrying of malpractice insurance by the hospital nursing supervisor. Are any of these factors related to their carrying malpractice insurance? Were they really aware of the real extent of their liability? It is hoped that this study will assist in providing an introductory body of information toward answering these questions.

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CHAPTER I  
INTRODUCTION

"Ignorantia legis neminem excusat". Ignorance of the law excuses no one.

Introduction to the Problem

It is the purpose of this study to survey the hospital supervisors in Oregon to ascertain their comprehension of the malpractice aspects of nursing.

A fundamental appreciation of American nursing and future nursing needs is not possible unless founded upon basic knowledge of the evolution of nursing functions and the development of nursing as a profession. (6,15,18,19)

The emergence of nursing as an occupation, subject to definition of duties and delimitation of spheres of activity, has been an evolving process extending from antiquity. This evolutionary process is still in operation as nursing struggles to define its practice for professional and legal purpose. (2,16,17)

"Within the last fifteen years both in the departments of diagnosis and of treatment, medicine has become enormously more complicated... The most interesting result of this change in medical practice is that whereas a knowledge of

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<sup>1</sup> Parenthetical numbers are keyed to numbered references in the Bibliography on pages 57-58.

the science and underlying medicine was relatively unimportant in nursing education a quarter of a century ago, it has become today absolutely necessary . . . It is today increasingly difficult to say where the function of the physician ends and the function of the nurse begins. No one, I think, would be prepared to deny that upon a strictly legal interpretation of the phrase 'the practice of medicine', many nurses are today unavoidably doing things which are technically in the field of medicine."(24)

"Unquestionably, the historical primary function of nursing was assistance, but the process of gradual assumption by professional nurses of many functions was inevitable (Miller vs. Mohr et al, 193 Wash. 619, 89 Pac. 2d 807 (Sup. Ct. of Washington, 1939)). Without doubt, part of nursing involves the application and the execution of legal medical orders, and in this area of practice embraced functions are dependent ones, since performance is contingent upon direction or supervision. But this area is not the whole of nursing practice, and, indeed, the overwhelming number of functions and the majority of areas of control involve obligations of performance independent of medical orders. (17)

To understand the malpractice problem, it is necessary to analyze the changing duties and responsibilities of the professional nurse. This evolution has been caused by several factors.

The shortage of qualified physicians has forced the doctor to turn over to the registered professional nurse some of the functions he previously performed. The physician has also had extensions of the scope of his profession. (6,13)

Research and technological achievements in nursing and medical science have given the nurse further duties. Shifts in administrative responsibilities have been added as well. (13,14)

It is virtually impossible for the nurse to perform all her old and new tasks efficiently in her new role. New responsibilities and duties have forced the nurse to delegate bedside care. Auxiliary personnel are

now performing the majority of the bedside nursing care under the supervision of the professional nurse. (11)

Thus, it can be seen that the registered professional nurse today finds herself in an unusual position. She has been educated to provide bedside care for the patient, but now must supervise others who give bedside care. Nowhere along the line was the nurse properly guided as to her full responsibilities and liabilities for her own acts or omissions and for those persons under her supervision. (16,17)

There were warnings and advice to administrative officers of hospitals during the late 1930's, urging them to consider insurance and raising pleas that something should be done to prevent decisions against student and graduate nurses and also against hospitals for malpractice liability. (21, 22)

#### Statement of the Problem

The hospital nursing supervisor is legally responsible for her acts and omissions as well as the acts and omissions of those under her supervision. (23) As every hospital nursing supervisor has several people under her supervision (sometimes fifty or more) she must rely to a great extent on the ability and education of each subordinate. Thus, it is imperative that she fully understand her malpractice liability and the coverage available to her under malpractice insurance.

The published literature by authorities state that the hospital nursing supervisors do not appear to have adequate knowledge or understanding of the scope of their liability for acts of malpractice, nor do they carry

a sufficient amount of malpractice insurance. The authorities attribute these insufficiencies to various reasons, but they feel the main problem has been the failure of hospitals to institute educational programs on this subject. (6,16,17,24)

Nursing supervisors were chosen as participants in this study because they have one of the highest positions of responsibility and liability in the profession.

### Hypothesis

Two hypothesis have been formulated, namely:

1. The hospital supervisor does not have malpractice insurance protection.
2. The hospital nursing supervisor does not understand the scope of her responsibility and liability.

The other factors that will be tested against the two hypotheses are:

- a. Size of community where supervisor lives.
- b. Education and year of graduation of supervisor.
- c. Number of years' experience as a supervisor.
- d. Size of hospital where supervisor works.
- e. Number of beds under supervision.
- f. Number of staff supervised.

There will be elements of agreement and identifiable differences in the opinions that these hospital nursing supervisors have about the hypotheses that should vary according to their background and experience.

### Limitations

1. This study was limited to information that could be obtained by a mailed questionnaire submitted to a group of 129 hospital supervisors in hospitals throughout the State of Oregon.
2. The participants were full-time supervisors. They were selected by a random sample of those licensed as registered nurses in Oregon.
3. Directors of nursing service, hospital administrators, head nurses, team supervisors, general floor-duty nurses, Catholic sisters, classmates, and those who took part in the pilot study were excluded.
4. The expressed opinions represent the responses of the participants of this study, and no wide-spread generalizations should be drawn regarding the findings of this study without further research.

### Assumptions

For the purpose of this study, the following assumptions were made:

1. That the hospital nursing supervisor should be aware of her responsibility and liability for the malpractice acts of herself and those under her supervision.
2. That each hospital nursing supervisor should carry malpractice insurance because of the tremendous scope of her liability and responsibility.
3. That the individuals responding would limit themselves to honest answers and opinions as to their reasons for carrying (or not carrying) malpractice insurance and that they would not knowingly distort the data.

### Importance of the Problem

The problem is important because of the following developments:

1. Malpractice suits against nurses are apparently on the increase in Oregon as well as the rest of the nation.
2. Nurses are being sued more frequently.
3. The charitable immunity doctrine releases many hospitals from liability in Oregon, so the patients are suing the hospital nursing supervisors and also registered professional nurses under their supervision. (14)
4. The Nursing Journals and nursing educators are placing increasing emphasis on this problem. The American Nurses' Association and the Oregon Nurses' Association are urging nurses to purchase malpractice insurance. It is hoped that this study will provide some insight as to reasons nursing supervisors buy or do not buy malpractice insurance, and also as to their understanding of their liability.
5. The determination of what graduate nurses know about their liability under the law (and their ability to apply it) could provide Oregon nursing educators with a basis to help them reinforce areas of weakness by in-service training programs.

### Procedure for Solution of the Problem

#### Plan of the Study

The plan of the study may be described in a series of steps, as follows:

1. Review of literature related to nursing liability and to nursing malpractice insurance.

2. Construct initial tool in the form of a questionnaire to obtain the necessary information listed in the Statement of the Problem.
3. Revise questionnaire in accordance with suggestions obtained from fellow students in statistics and research classes.
4. Test the questionnaire in a pilot study on a group of supervisors who are not included in the study. Ask them to submit suggestions for further improvement of the tool; then make final revisions.
5. Mail the questionnaire to supervisors selected at random from list obtained from the Oregon State Board of Nursing.
6. Assess the data by means of key sort cards; punch, sort and tabulate results.
7. Construct tables and figures to display the findings of the data.
8. Analyze and interpret results.
9. Draw conclusions.
10. Summarize and recommend further studies.

#### Definitions and Explanations of Terms

For the purpose of this study, the following terminology will be used:

1. From the Oregon Civil Service Code a "hospital supervisor" is one who works under the supervision of a director of nurses and assists in the planning of nursing activities. She also exercises working supervision over a substantial number of R.N.'s



and other employees in the professional nursing care and routine care of hospital patients.

2. "Malpractice" is any professional misconduct, unreasonable lack of skill or fidelity in professional or judiciary duties, evil practice or illegal or immoral conduct.<sup>(5,6)</sup> It is the neglect of a nurse to apply that degree of skill and learning in treating and nursing a patient which is customarily applied in treating, and caring for the sick or wounded suffering in the same community.<sup>(16,17)</sup>
3. "Liability" is the nurse's responsibility or obligation for creating an act or omission that resulted in patient injury.<sup>(6)</sup>
4. "Negligence" is defined as:

"Conduct which fails to meet the standard recognized in the law for the protection of person against unreasonable risk of harm. If harm directly results from the failure to adhere to the standard, liability is imposed."<sup>(12)</sup>

Negligence is the commission or omission in the failure to do what the ordinary reasonable and prudent person would do under similar circumstances which resulted in injury to the patient.<sup>(5)</sup>

This standard of conduct is determined by the practice of a "mythical nurse", practicing her profession in the community.<sup>(12)</sup>

To establish the criteria for proper conduct in the community, qualified individuals in the profession must evaluate the customs and type of nursing care in that particular area.<sup>(13)</sup>

Before liability can be determined, the following three elements must be proven: negligence, injury to the patient, and the injury must have been proximately, or directly caused by the act

or omission of the nurse.<sup>(25)</sup> Nurses are apt to find themselves more frequently accused of negligence for failure to do something which they should have done under a given set of circumstances, then from charges of not performing duties with due care and skill.<sup>(24)</sup>

If, by virtue of her training, her professional abilities ought to have enabled her to appreciate that danger, the nurse will be held liable.<sup>(24)</sup>

5. "Charitable immunity" or "eleemosynary hospital" is a legal doctrine holding that a non-profit hospital cannot be sued for negligence.<sup>(14)</sup> The charitable immunity doctrine also applies to governmental hospitals. This law originally applied in all states, but about one-fourth of the states have reversed this law and now hold charitable hospitals liable for negligence.

Oregon courts observe the doctrine of charitable immunity, holding that it is public policy that charitable assets must be used for providing care to the sick, not for paying malpractice damages. When working in a charitable institution in Oregon, the nurse must assume the full liability for nursing care.<sup>(4,25)</sup>

The only time the institution can be held liable is when it is run for profit.

The hospital nursing supervisor and the employee can be sued jointly or separately for an act of negligence. Under this rule the supervisory nurse is liable not only for her acts of negligence, but also for the acts of negligence of all the auxiliary

personnel under her supervision. (14)

6. "Respondeat superior" is a doctrine that holds a nursing supervisor or a hospital liable for the negligence of the employees under her direction, as long as the employee is acting within the scope of his or her duties.

The reason the employer or the nursing supervisor is held liable is twofold. First, the employer usually can bear the financial loss from suit better than the employee. Second, if the employer knows he will be held liable for the acts of his employees, he will screen, supervise and train his employees more thoroughly. Thus, the public will be more adequately protected. (6,14) The nursing supervisor is held to be in the same position as an employer today.

7. "Res Ipsa Loquitur", i.e., the thing speaks for itself. This doctrine is used by a patient when he is unable to prove just what particular negligent act or omission caused his injury. All he knows is that he was in the care of a particular nurse when the injury occurred. The patient will bring suit when there is reasonable evidence of negligence, and where the thing causing the injury is shown to be under the management of the nurse or her subordinates, and would not have happened in the ordinary course of events if the nurse had used proper care. (6, 16,17,24)
8. "Nursing" is the caring for the bodily and mental comforts of the patient by non-remedial means and carrying out the lawful

orders and directions of physicians or other licensed practitioners of the healing art which she may perform without his personal supervision. For those acts she assumes full responsibility and becomes strictly accountable; but the inauguration of remedial measures constitutes practice of some branch of the healing art requiring special license for lawful performance. (24)

"Accordingly, 'nursing' may be defined as the performance of any service (1) rendered pursuant to a consensual agreement, (2) requiring the application of principles based upon the biologic, physical and social sciences in the supervision of a patient, involving (3) the observation of symptoms and reactions, (4) the accurate recordation of facts, (5) the fulfillment of the legal orders of a duly licensed physician concerning treatments and medications with an understanding of cause and effect, (6) the accurate application of procedures and technics with an understanding of cause and effect, and (7) the additional safeguarding of the physical and mental care of the patient by the employment of any nonremedial means, including, but not limiting, the health direction and the education of the patient." (16)

9. "Reasonable standard of conduct". The nurse is only required to behave as one similarly educated, with comparable experience in her circumstances, would react. The standard demanded is relative. Nurses and all professionals in the health field are required to keep abreast of current technics and advances. It is certainly no excuse to plead lack of skill or knowledge in a particular act when such act is universally practiced.

#### Presentation of This Study

Chapter I - Introduction: Presentation of background of the situations which initiated this study and outline of the problem,

limitations, assumptions, importance, and procedure for the solution.

Chapter II - Survey of Literature and Related Studies: A review of related literature and significant studies.

Chapter III - Design of the Study: Explanation of the procedures used in executing the study and a presentation of the findings of this study.

Chapter IV - Summary, Conclusions and Recommendations: Summary of the study with conclusions and recommendations for further studies based on the data obtained.

## CHAPTER II

### A SURVEY OF LITERATURE AND RELATED STUDIES

This study is concerned primarily with: (1) the knowledge Oregon hospital nursing supervisors possess concerning the scope of their liability, and (2) whether or not they carry malpractice insurance.

To understand the scope of the liability of the nurse today, it is necessary to review the history of the expansion of the profession.

As the standard of nursing care rose with the delegation of more complex duties and responsibilities to the nurse, nursing over the years has become more professional. In the early 1900's, states started passing Nursing Practice Acts. The purpose of the acts were to protect the public by setting standards for certification of competency, and to prevent those from practicing who were not competent. (6,16,17,24)

As the nurses acquired more professional status, assumed more responsibility, and enjoyed higher income, the public began to consider them liable for injuries inflicted upon their patients. (15,24) Today, civil suits are becoming an increasing threat to the economic security of nurses. (9,16,22,23,26)

From the middle 1920's until the present, those educating nurses have emphasized the avoidance of accident, elimination of hospital hazards, and policies in case of unusual incidents. Liability education has largely

been limited to the obligation of the nurse to protect the hospital and the doctor. (15,17,24)

#### Standard of Care

The nurse, and those under her supervision, must adapt nursing procedures to the special needs of the patient, (24) and assume the same responsibility that the patient would assume for himself if he were in full possession of his mental and physical faculties. (9,15,17)

When the nurse becomes a specialist, such as a hospital nursing supervisor, she has greater responsibility, for she is in a position to recognize the dangers of performing specialized acts, and is supposed to have the ability to recognize to whom she should delegate these acts of nursing. (11,17,23,24)

#### Trend Toward Suits

Marian Laycook, Milton Lesnik, and Bernice Anderson indicate that case law shows that the scope of the nurse's liability has widened considerably in recent years. (15,16,17) While the nurse-patient relationship still is an important factor in favor of the nurse in preventing civil liability suits, studies show that the nurse today is more likely to be sued, and more likely to be held liable, than 10 years ago. (15,16,17)

Laycook states that hospital staff nurses are most often sued. (15) Mary Hall says that the chances of a hospital nurse being held liable are greatest in the Res Ipsa Loquitur action. (9)

In a survey by Beatrice Bunke, it was disclosed that for every case that reached the Wisconsin State Supreme Court, 220 cases involving

nursing malpractice were settled out of court. These figures were approximate, but were based on the actual experience of a reputable law firm specializing in this type of legal practice. (3)

Mary Hall indicated that in 81 out of 103 cases she surveyed, the nurse was held liable for negligence. (9) The survey was based on cases, selected at random throughout the United States from 1940 to 1955, that were appealed to state supreme courts.

Three studies have been made of the types of suits that have been brought against graduate nurses, students, or nursing supervisors. Sister Mary Jochum's study was based on 200 cases selected at random throughout the United States over a 16-year period from 1924 to 1940; Mary Hall's study was based on 103 cases selected at random throughout the United States from 1940 to 1955; and Marian Laycock's study was based on 26 selected California cases from 1925 to 1950. (9,15,26)

TABLE I

COMPARISON OF THREE STUDIES LISTING PERCENT OF INCIDENTS RESULTING IN SUITS AGAINST NURSES

Incident	Jochum Study	Hall Study	Laycock Study
Burns	43.0%	37.9%	30.8%
Falls and Jumping	10.0	27.0	15.4
Infections	7.5	11.6	Unreported
Sponges and other Objects	9.5	5.0	19.2
Diet and Drugs	8.0	Unreported	Unreported
Fractures by Convulsions	Unreported	2.9	Unreported
Anesthesia	Unreported	3.9	Unreported
Improper Treatment	17.0	Unreported	Unreported
Miscellaneous	5.0	11.7	34.6
Total	100.0%	100.0%	100.0%



Paul Gerhardt lists what he considers to be the main reasons why patients sue the nurse:

1. Angry about the injury.
2. Loss of rapport with nurse.
3. Disappointed in failure of their care and treatment.
4. Critical remarks and accusations by doctors.
5. Urged by other nurses, relatives and friends to sue.
6. Public is becoming suit-minded, an outgrowth of the welfare state.
7. Psychological, and interpersonal relationships. (8)

These reasons were taken from a selection of nursing malpractice liability cases in January, 1961.

Another reason why patients sue is that articles featuring scientific advances in the lay press cause the public to believe that anything less than a perfect result is evidence of negligence. (8,13,19)

#### Scope of Liability

The greatest part of the patient's hospital day is spent under the supervision of a professional nurse. To assure that the physician's orders for treatment may be carried out efficiently, the nurse supervises and directs both professional and non-professional workers who are assisting in the care of the sick. (9,14)

The American Nurses' Association recognizes several areas of professional nursing, among them:

1. The supervision of a patient involves the whole management of care. Lesnik and others indicate that case law recognizes that

among the professional nurse's supervisory functions are: the need to call a physician; the patient's adaptation to a procedure or treatment; and the ability of a patient to get out of bed and wash himself. (1,14,17,24)

2. The observation of symptoms and reactions which require evaluation. Creighton, Lesnik and Scheffel are among those who state that the professional nurse is required to know the symptoms of both physical and mental conditions and needs. Thus, liability has been, and will be imposed where: a nurse failed to give emergency treatment to a patient who took poison; failed to summon a physician, when told by a general duty nurse that patient showed signs of pathology, and patient died of peritonitis; where a nurse failed to observe reactions to heat applications; or failed to report irrational behavior. (1, 7,16,17,24)
3. The accurate recording and reporting of facts, regarding evaluation of the whole care of the patient. The authorities declare case law even holds that the nurse is liable where others have improperly recorded or reported any phase of the patient's illness. Cases hold that the nurse is liable, and that the physician has a right to rely upon the facts charted in nursing records such as temperature, respiration, pulse or other physical conditions. (1,16,17,24)
4. The supervision of others who contribute to the care of the patient: A growing area of professional nursing practice is the supervision of practical nurses, nursing students, maids

and janitors, nurses aides, and other health care workers assisting in the care of the patient. The supervisor's responsibility is to determine which of the patient's needs can be entrusted safely to others, and whether or not the one to whom the duties are delegated is competent to undertake the task without personal supervision. (1,16,17,24)

Liability has been imposed for the failure of a nurse to properly supervise another nurse, or nursing student; and even for failing to supervise externs, interns, or even physicians who were negligent in treating a patient under the nurse's care. (2, 15,16,17)

To charge one nurse with the necessity of determining the fitness and the competency of another is truly a great burden. (11,13,17)

5. The supervisory nurse is liable for the application and the execution of nursing procedures and techniques. The supervisor must make sure the patient is protected while the nursing arts are carried out, such as: making sure a child is not within danger of being burned by a radiator; and to see that a patient is secured properly on an examination table. (1,6,16,17,24)
6. The nurse can be held liable for failure properly to apply and carry out legal orders of physicians regarding treatments and medications, and must exhibit knowledge of the cause and effect of these procedures. (1,6,17,24) She must always refuse to carry out any order which, in her judgment, could cause injury or even endanger the life of her patient. (2,6,8,12,16,17,24)

Reasons Why Nurses Carry, or Do Not Carry, Malpractice Insurance

Paul Gerhardt, an attorney, lists the four main reasons he found in a selected study of cases on nursing liability as to why nurses carry malpractice liability insurance.

1. Responsibility to the public.
2. Personal peace of mind.
3. Provides 24-hour protection.
4. Protection against financial distress. (8)

Clare Phillips says some of the reasons nurses give as to why they do not purchase malpractice insurance are:

1. It is a waste of money.
2. No one sues nurses.
3. Carrying insurance encourages suits.
4. Think their employer carries malpractice insurance that includes them.
5. Feel insurance companies will never assist them in resolving claim situations. (20)

It has been stated repeatedly in the literature that a nurse does not have to be liable for malpractice to be sued. People will sue whether or not malpractice was actually committed. (2,6,8,9,10,12,15,16,17,18,19)

According to James Hefty, the idea that carrying malpractice insurance may encourage suits is not true. Failure to carry insurance does not necessarily discourage suits. (10) Going without liability insurance for malpractice is just like driving without liability insurance on a car.

The idea that the nurse's employer carries malpractice insurance which includes protection for the nurse is only true if the nurse is named in the policy and has a certificate from the insurance company.<sup>(22)</sup> Nearly all hospitals and doctors carry malpractice insurance that protects them if they are sued for the nurse's act of malpractice, but this coverage usually does not apply when the nurse alone is sued.<sup>(6,17,18,24)</sup>

However, if (in the rare instance) the nurse is specifically named by her employer's policy and receives a certificate, she is covered only for on-the-job malpractice incidents. The certificate does not cover the nurse twenty-four hours a day.<sup>(7,8)</sup> For example, if the nurse under this policy gives her neighbor an injection and the neighbor develops a staphylococcus infection as a result of the injection, the nurse would not have insurance protection.

The idea that insurance companies never help the nurse resolve claim problems may be the result of the nurse's misunderstanding of the insurance policy benefits.<sup>(20)</sup>

According to Lesnik and others, nurses have been held liable for the acts of patients (and even visitors) who thought they were doing something to "help" the patient.<sup>(16,17,24)</sup> When the nurse's acts become very grave, she may be charged with manslaughter, or even murder.<sup>(6,16,17,24)</sup>

The literature is specific that it is imperative that the nurse must have a good understanding of the scope of her legal liabilities.<sup>(2,3,5,6,8,9,11,12,15,16,17,19,23,24,26)</sup>

#### Summary

Throughout history, nursing has gained more professional status by assuming more complex duties; until now the hospital nursing supervisor

is responsible for the complete management of patient care.

With recognition as a profession came increased financial position, and the willingness of both the public and the courts to hold the nurse liable for acts of negligence.

Today, the nurse has had the scope of her liability extended to the point that now the supervisor is liable for everyone under her supervision, including: maids and janitors; nurses aides, licensed practical nurses; floor duty nurses; head nurses; and some not under her supervision, such as director of nursing service; physicians, interns and externs; and even for the acts of patients and visitors.

A variety of reasons were mentioned as to why the public is willing to sue the nurse, but the main cause seems to be the patient's disappointment at the outcome of his treatment.

The reasons that nurses bought malpractice insurance in the past were: responsibility to the public; personal peace of mind, protection against financial distress; and to provide themselves with 24-hour protection.

The reasons nurses gave for refusing to carry malpractice insurance in the past were: it is a waste of money; insurance companies would be of no help in settling claims; no one sues nurses; and they thought their employer covered them. It was found, however, that all these arguments have little merit.

The survey of related literature revealed that all the authorities felt that each and every practicing supervisor should have both malpractice insurance and a good understanding of the vast scope of her liability for the acts of those under her supervision.

CHAPTER III  
DESIGN OF THE STUDY

The primary purposes of this study were (1) to attempt to discover the reasons why nursing supervisors carry, or do not carry, malpractice insurance, and (2) to determine the knowledge of the hospital nursing supervisor regarding the scope of her liability.

Several factors were tested to see if they had any relationship to either of the two goals above. Education; years of experience as a supervisor; the number of beds at the hospital where she works; the number of patient beds under her supervision; the number of staff under her supervision; the percent carrying malpractice insurance; were all examined for possible relationships with the two hypotheses.

A combination check-list and free response questionnaire was devised to elicit the desired information. Each question was analyzed in terms of the objective it was designed to fulfill, and some were found to have contributed to the attainment of more than one objective. These were analyzed first in the areas of major importance, and then considered under the other appropriate headings.

Prior to administering this questionnaire, two hypotheses were formulated. It was presumed that:

1. The hospital supervisor does not have malpractice insurance protection.
2. The hospital nursing supervisor does not understand the scope of her liability.

A copy of the questionnaire used in this study is enclosed in Appendix A. It was mailed to a total of 200 Oregon hospital nursing supervisors, who were selected on a random sampling basis from the 494 supervisors listed by the State of Oregon under this heading. The investigator listed numbers from 1 to 20, and then chose number 10 at random. The tenth person on the list was selected, as was every second name thereafter. Excluded were: Catholic sisters; classmates; those with out-of-state addresses; and those taking part in the pilot study.

Out of the 200 mailings, 129 answered and completed the questionnaire; 16 more returned it without participating; and 55 did not reply. The main reasons given by those returning it without participating were: not living within the State; did not feel qualified to participate; or no longer functioning as a supervisor. Those answering the questionnaire totaled 29 percent of the total number of listed supervisors in Oregon. This sampling was deemed large enough to provide the necessary data and to reflect accurately their opinions regarding the two hypotheses.

The information received was transferred onto key sort cards for ease of tabulation.

#### Percentage Participated by Area

Table II illustrates the number of questionnaires sent to each area classified by size of the community in which the supervisor lived. It



also showed the number and percentage participating from each population group.

TABLE II

DISTRIBUTION OF RESPONSES TO QUESTIONNAIRE ACCORDING TO AREA, POPULATION AND PARTICIPATION

Size of Area	Total Mailed To	Total Participated	Percent Participated	Percent Did Not Participate	Total Percent
Metropolitan Portland	86	58	67.44	32.56	100.0
Over 25,000 Population	35	27	77.14	22.86	100.0
Less than 25,000	79	44	55.70	43.30	100.0
Total:	200	129	64.50	35.50	100.0

The best participation was in communities with a population of 25,000 and over; Metropolitan Portland and communities of less than 25,000 followed in that order.

After an overall tabulation, the data were first divided and related to the two hypotheses. Table III displays the number and percent of those who carry and do not carry malpractice insurance.

Carrying Malpractice Insurance

TABLE III

NUMBER AND PERCENTAGE OF PARTICIPANTS WHO CARRIED OR DID NOT CARRY MAL-  
PRACTICE INSURANCE

Carry Liability Insurance	Number of Respondents	Percentage of Respondents
Yes	43	33.3
No	86	66.7
Total	129	100.0

In relation to the first hypothesis, only 33.3 percent of the study group carried malpractice insurance. The hypothesis was that the supervisor does not have malpractice protection.

Understanding of Scope of Liability

As for the second hypothesis, that the hospital nursing supervisor does not understand the scope of her liability, the following figures were disclosed:

1. Sixteen participants, or 12.4 percent, declined to answer regarding their opinions as to whether or not they understood anything about the scope of their liability. According to their comments, they did not feel that they could be held liable for any of the people on the list.
2. Eighty-three, or 64.34 percent of the supervisors answering the questionnaire felt that they were liable for the acts of Licensed Practical Nurses under their supervision. Thirty,

- or 23.26 percent, felt that they were not liable for them.
3. Seventy-nine, or 61.24 percent of the supervisors said they were liable for Floor Nurses under their supervision. Thirty-four, or 26.36 percent claimed they were not liable for them.
  4. Seventy-nine, or 61.24 percent of the supervisors said they were liable for Nurses Aides. Thirty-four, or 26.36 percent, said they were not liable.
  5. Seventy-six, or 58.91 percent, stated they were liable for Head Nurses under their direction. Thirty-seven, or 28.68 percent, stated that they were not liable for Head Nurses.
  6. Fifty-five, or 42.64 percent, replied they were liable for Student Nurses. Fifty-eight, or 44.96 percent, said they were not liable for Student Nurses.
  7. Thirty-four, or 26.36 percent, said they were liable for the acts of a patient who does something for another patient. Seventy-nine, or 61.24 percent said they were not liable for them.
  8. Thirty-three, or 25.58 percent, stated they were liable for negligent acts of Directors of Nursing Service. Eighty, or 62.02 percent, said they were not liable for Directors of Nursing Service.
  9. Thirty-one, or 24.03 percent, said they were liable for the acts of Doctors. Eighty-two, or 63.57 percent, said they were not liable for the acts of Doctors.
  10. Thirty, or 23.26 percent, said they were liable for maids and janitors; while eighty-three, or 64.34 percent, said they were

not liable for these people.

11. Thirty, or 23.26 percent, said they were liable for the acts of visitors, whereas eighty-three, or 64.34 percent, said they were not liable for visitors.
12. Twenty-two, or 17.05 percent, said they were liable for Interns; while ninety-one, or 70.54 percent said they were not liable for them.
13. Eighteen, or 13.95 percent said they were liable for Externs, while ninety-five, or 73.64 percent said they were not liable for them.

In summary, the respondents had an average of 36.82 percent correct answers and an average of 50.78 percent wrong answers, plus 12.4 percent no response. These findings are shown in Table IV.

TABLE IV

THE PERCENTAGE OF 129 NURSING SUPERVISORS WHO ANSWERED "YES" AND "NO" TO THE QUESTION ON THE SCOPE OF MALPRACTICE LIABILITY FOR THE ACTS OF OTHERS

Class of People	Percent Answering "Yes", Am Liable	Percent Answering "No", Not Liable	No Response	Total Percent
Licensed Practical Nurses	64.34	23.26	12.4	100.0
Floor Nurses	61.24	26.36	12.4	100.0
Nurses Aides	61.24	26.36	12.4	100.0
Head Nurse	58.91	28.68	12.4	100.0
Student Nurse	42.64	44.96	12.4	100.0
Patient doing something for another patient	26.36	61.24	12.4	100.0
Director of Nursing	25.58	62.02	12.4	100.0
Doctors	24.03	63.57	12.4	100.0
Maids and Janitors	23.26	64.34	12.4	100.0
Visitors	23.26	64.34	12.4	100.0
Interns	17.05	70.54	12.4	100.0
Externs	13.95	73.64	12.4	100.0
Mean Score	36.82	50.78	12.4	100.0

The fact that a supervisor can be held liable and responsible for the acts of all of the above has been amply supported in the literature cited in Chapter II of this study.

Lesnik and Scheffel state that according to the existing case law on the subject, the supervisor has been held liable in the past for the negligent acts of all those people under her supervision, including

everyone they were quizzed about in Table IV: (16,17,24)

These figures show that the supervisor has very little knowledge of the actual scope of her liability. One-third of them do not even know they are liable for the main force under their direct supervision, namely, Head Nurse, Floor Nurse, Licensed Practical Nurse, and Nurses Aides.

Carrying Malpractice Insurance Compared with Knowledge  
of Scope of Liability

Table V demonstrates that the group carrying malpractice insurance had a greater understanding of the scope of their liability than did the group that did not carry insurance. The Table shows the percentage of the group carrying malpractice insurance who were aware of their liability; and the percentage of the group who did not carry insurance but correctly answered questions regarding their liability. The Table shows that the group carrying insurance had 50.00 percent of their answers correct, but the group that did not carry insurance had only 37.64 percent of their answers correct. The combined mean score was 43.8 percent.

TABLE V

PERCENTAGE OF RESPONDENTS CARRYING OR NOT CARRYING MALPRACTICE INSURANCE WHO ANSWERED "YES" WHEN ASKED IF THEY WERE LIABLE FOR THE LISTED PERSONNEL

Class of People	Percent of Group Carrying Malpractice Insurance Answering "Yes" (N = 40) *	Percent of Group Not Carrying Insurance Answering "Yes" (N = 73) *
Licensed Practical Nurses	75.0%	72.6%
Floor Nurses	77.0	65.7
Nurses Aides	70.0	36.9
Head Nurse	80.0	60.2
Student Nurses	80.0	64.3
Patient doing something for another patient	42.5	23.2
Director of Nursing Service	40.0	23.2
Doctors	25.0	28.7
Maids and Janitors	37.5	20.5
Visitors	40.0	19.1
Interns	17.5	20.5
Externs	15.0	16.4
Mean Score	50.00%	37.65%

\* 16 people did not respond

A hypothesis was devised to test the relationship between the knowledge of those who carried malpractice insurance and those who did not carry it. The hypothesis was: Those who carried insurance had a better understanding of the scope of their liability than those who did not

carry insurance. In order to test this hypothesis, a standard deviation and a t test were calculated. The following formulae were used here, and throughout the remainder of the study where referred to:

$$s^2 = \frac{\sum x^2 - \frac{(\sum x)^2}{N}}{N-1}$$

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{s^2}{N_1} + \frac{s^2}{N_2}}}$$

TABLE VI

NUMBER OF ITEMS SCORED CORRECTLY, COMPARING THE GROUP WHO CARRIED MALPRACTICE INSURANCE WITH THE GROUP WHO DID NOT CARRY INSURANCE

		N*	Mean	S <sup>2</sup>	t
-Carried Mal- practice Insurance	Yes	40	6.00	8.7692	
	No	73	4.52	8.7805	2.5385*

\*16 individuals did not respond

\*\*df = 112 P = between .02 and .01

Therefore, the hypothesis is accepted that those who carry malpractice insurance have a better understanding of the scope of their liability than those who do not carry malpractice insurance. The total group mean score was 5.26 out of a possible 12 answers. The group which carried insurance scored 6.00 as compared to 4.52 for the group which did not carry insurance.



Data Pertaining to the Relationships of the Other Information Compared with the Two Main Hypotheses

To compare the results of the study, both t tests and Chi-Square tests were used on the first five questions in the questionnaire, and also on a breakdown of the groups by areas of population where they lived. The tests were used to compare the two hypotheses (whether or not the subjects carried malpractice insurance, and the knowledge regarding the scope of their liability) against the six factors in the questionnaire.

Population of Community Where Supervisor Lived

First, the population of the subjects was analyzed, and divided into two groups; those living in cities or areas of less than 25,000 people, versus those living in areas of over 25,000 people.

A null hypothesis was formulated: the size of the community does not determine whether the hospital nursing supervisor carries insurance. A Chi-Square formula was calculated to test this hypothesis. The formula used is shown here, and will be used for all further Chi-Square calculations in this study:

$$\chi^2 = \sum \frac{(f_o - f_e)^2}{f_e}$$

TABLE VII

COMPARISON OF THOSE WHO CARRY MALPRACTICE INSURANCE WITH THOSE WHO DO NOT CARRY MALPRACTICE INSURANCE, BY AREA OF POPULATION IN WHICH THEY RESIDE

		Less than 50,000 Population	Over 50,000 Population	Total
Carried Malpractice Insurance	fo	21.00	22.00	43
	fe	(14.33)	(28.67)	
Did Not carry Mal- practice Insurance	fo	22.00	64.00	86
	fe	(28.67)	(57.33)	
Total		43.00	86.00	129

$\chi^2 = 6.982$      $df = 1$      $P = \text{better than } .01$

Thus, the null hypothesis formulated was rejected. The size of the community does determine whether the supervisor carries malpractice insurance. The supervisor who lives in the smaller community is more likely to carry insurance than is the supervisor who lives in a community over 25,000 population.

A hypothesis was then formulated as follows: Those supervisors in smaller communities of less than 25,000 population had a better understanding of the scope of their liability. A t test was computed to analyze this hypothesis.

TABLE VIII

THE NUMBER OF CORRECT ANSWERS OF 113 RESPONDENTS AS TO THE SCOPE OF THEIR LIABILITY COMPARED TO COMMUNITY SIZE

Population	N*	Mean	s <sup>2</sup>	t
Under 25,000	41	5.39	9.294	
Over 25,000	72	4.85	9.173	.9089**

\*16 individuals did not respond  
\*\*df = 112    P = not significant.

Therefore, the hypothesis was rejected because it was not significant. There is no importance as to where the supervisors lived as far as their knowledge of the scope of their liability was concerned.

#### Education

It was found that one hundred and twelve, or 86.8 percent of the study group, had Diplomas in Nursing. Seventeen, or 13.2 percent had a Bachelor's Degree. No one had a Master's Degree, but 23.5 percent had had additional education beyond basic preparation.

As there was such a small group of degree respondents, to ease the tabulation and to strive for significance, they were not segregated in any of the calculations.

#### Year of Graduation

A null hypothesis was formed; The year of graduation is not related to the carrying of malpractice insurance. The group was divided into two parts: those graduating before 1940 and those graduating after 1940.

TABLE IX

COMPARISON OF THOSE CARRYING MALPRACTICE INSURANCE AND THOSE NOT CARRYING INSURANCE WITH THE YEAR OF GRADUATION

		Graduated Before 1940	Graduated After 1940	Total
Carried Malpractice Insurance	fo fe	25.00 (23.29)	17.00 (18.70)	42
Did Not Carry Malpractice Insurance	fo fe	46.00 (47.70)	40.00 (38.30)	86
Total		71.00	57.00	128*

\* One person did not respond

$\chi^2 = .41$        $df = 1$        $P = \text{not significant}$

Thus, the null hypothesis was accepted as the numbers were not significant. The year of graduation does not determine whether a supervisor carries malpractice insurance.

A hypothesis was formulated: supervisors who graduated after 1940 had a better understanding of the scope of their liability for the acts of those under their supervision than those who graduated previous to 1940. A t test was computed to investigate this theory.

TABLE X

COMPARISON OF YEAR OF GRADUATION OF 112 RESPONDENTS WITH THE NUMBER OF CORRECT RESPONSES AND THE SCOPE OF THEIR LIABILITY

Year Graduated	Respondents N*	Correct Answers on Scope of Liability Mean	S <sup>2</sup>	t
Before 1940	62	4.872	8.462	
After 1940	50	5.140	9.959	.4377° *

\* 17 individuals did not respond

\*\* df = 111 P = not significant.

This hypothesis was repudiated by the figures shown in the table above. Supervisors who graduated after 1940 did not have a better understanding of the scope of their liability than those who graduated previous to 1940.

#### Years of Experience as Supervisor

A null hypothesis was conceived: years as a nursing supervisor are not related to the carrying of malpractice insurance.

TABLE XI

NUMBER OF YEARS OF EXPERIENCE OF 123 SUPERVISORS COMPARED WITH THE CARRYING OR NOT CARRYING OF MALPRACTICE INSURANCE

		Less Than 10 Years Exp.	Over 10 Years Exp.	Total
Carry Malpractice Insurance	fo	23.00	20.00	43
	fe	(25.87)	(17.13)	
Do Not Carry Insurance	fo	51.00	29.00	80
	fe	(48.13)	(31.87)	
Total		74.00	49.00	123 *

\* Six individuals did not respond

$$\chi^2 = 1.227 \quad df = 1 \quad P = \text{not significant.}$$

Null hypothesis was accepted: the years of service as a supervisor had no relationship to the carrying of malpractice insurance by the supervisor.

Another hypothesis then was formulated: supervisors with more than 10 years of service have a better understanding of the scope of their liability. A t test was used to measure its significance.

TABLE XII

NUMBER OF CORRECT ANSWERS OF 108 SUPERVISORS COMPARED TO THE SCOPE OF LIABILITY WITH THE FACTOR OF 10 YEARS OF SERVICE

Under or Over Years of Service	Supervisors N*	Scope of Liability Mean	S <sup>2</sup>	t
Under 10 years	65	4.876	10.890	
Over 10 years	43	5.348	6.661	.833**

\* 21 individuals did not respond

\*\* df = 107 P = not significant

This hypothesis was rejected, as the figures were lacking in significance.

Size of Hospital Where Worked

Null hypothesis was established: the size of the hospital does not determine if a supervisor carries malpractice insurance. A Chi-Square was used to test the hypothesis.

TABLE XIII

THE SIZE OF HOSPITAL IN WHICH 126 SUPERVISORS WORKED COMPARED TO THE CARRYING OR NOT CARRYING OF MALPRACTICE INSURANCE

		Under 100 Beds	Over 100 Beds	Total
Carry Insurance	fo	31.00	12.00	43
	fe	(24.23)	(18.77)	
Do Not Carry Insurance	fo	40.00	43.00	83
	fe	(46.77)	(36.23)	
Total		71.00	55.00	126*

\* 3 individuals did not respond

$\chi^2 = 4.000$      $df = 1$      $P =$  between .02 and .05

This hypothesis was rejected as the size of the hospital is significant. That is, supervisors who work in hospitals under 100 beds are more likely to carry malpractice insurance.

Another hypothesis was formulated to determine if supervisors employed in hospitals with less than 100 beds had a better understanding of the scope of their liability.

TABLE XIV

THE SIZE OF THE HOSPITAL IN WHICH 109 SUPERVISORS WERE EMPLOYED COMPARED WITH THE NUMBER OF CORRECT ANSWERS REGARDING THE SUPERVISOR'S SCOPE OF LIABILITY

Hospital Size	Supervisors N*	Scope of Liability Mean	S <sup>2</sup>	t
Under 100 beds	65	5.307	10.261	.
Over 100 beds	44	4.509	7.503	1.246**

\* 20 individuals did not respond

\*\* df = 108 P = not significant

The hypothesis was rejected, as the t test was not significant.

#### Number of Patient Beds Supervised

The fifth factor analyzed was the total number of patient beds under the supervisor's jurisdiction. The null hypothesis formulated was: The number of beds under the supervisor's supervision does not determine if a supervisor carried malpractice insurance. A Chi-Square was calculated to evaluate the hypothesis.

TABLE XV

THE NUMBER OF HOSPITAL BEDS UNDER THE SUPERVISION OF 117 RESPONDENTS  
COMPARED WITH THE CARRYING OR NOT CARRYING OF MALPRACTICE  
INSURANCE

		Under 50 Beds Supervised	Over 50 Beds Supervised	Total
Carry Insurance	fo fe	20.00 (17.00)	19.00 (22.00)	39
Do Not Carry Insurance	fo fe	31.00 (34.00)	47.00 (44.00)	78
Total		51.00	66.00	117*

\* 12 individuals did not respond

$\chi^2 = 1.406$      $df = 1$      $P =$  not significant.

The null hypothesis was accepted: the number beds supervised does not determine whether the hospital supervisor carries malpractice insurance.

This factor was further analyzed to determine if supervisors with less than 50 beds under their supervision had a better understanding of the scope of their liability. The hypothesis formulated was: Supervisors who had less than 50 beds under their jurisdiction had a better knowledge of the extent of their liability.

TABLE XVI

COMPARISON OF THE NUMBER OF BEDS SUPERVISED BY 103 RESPONDENTS WITH THE  
NUMBER OF CORRECT ANSWERS ON THE SCOPE OF LIABILITY

Beds Supervised	Supervisors N*	Scope of Liability Mean	S <sup>2</sup>	t
Less than 50 beds	79	5.1898	9.3164	
More than 50 beds	24	4.583	6.6913	.9639**

\* 26 individuals did not respond

\*\*  $df = 112$      $P =$  not significant



The formulated hypothesis was rejected, as the t test was not significant. Supervisors with less than 50 beds under their supervision do not have a better understanding of the scope of their liability.

Number of Staff Supervised

The sixth factor analyzed was the total number of staff under the supervisor's supervision. The null hypothesis formulated was: The number of individuals under the supervisor's guidance does not determine whether the supervisor carries malpractice insurance. A Chi-Square was used to test this hypothesis.

TABLE XVII

THE NUMBER OF STAFF MEMBERS SUPERVISED BY 120 RESPONDENTS COMPARED WITH THE CARRYING OR NOT CARRYING OF MALPRACTICE INSURANCE

		Less Than People	Over 20 People	Total
Carry Insurance	fo fe	22.00 (21.33)	18.00 (18.67)	40
Do Not Carry Insurance	fo fe	42.00 (42.67)	38.00 (37.33)	80
Total		64.00	56.00	120*

\* 9 individuals did not respond

$\chi^2 = .066$      $df = 1$      $P =$  not significant

The null hypothesis was accepted. The number of individuals under the supervisor's supervision was not significantly related to the carrying of malpractice insurance.

Another hypothesis was formulated to determine if supervisors with

over 20 people under their supervision had a better understanding of the scope of their liability than those with fewer people to supervise. A t test was computed to evaluate this hypothesis.

TABLE XVIII

THE NUMBER OF STAFF MEMBERS SUPERVISED BY 116 RESPONDENTS COMPARED WITH THE NUMBER OF CORRECT ANSWERS ON THE SCOPE OF LIABILITY

Staff Size	Supervisors N*	Scope of Liability Mean	S <sup>2</sup>	t
Less than 20 people	58	4.913	9.132	
Over 20 people	48	5.317	8.772	.6853

\* 23 individuals did not respond

\*\* df = 105 P = not significant

As the hypothesis was not significant, it was rejected. The supervisor's knowledge was not affected by the number of individuals under her supervision.

#### Reasons Supervisors Carried Insurance

Question 7 revealed the following reasons by the categories in the table below. The categories were found to resemble those of Paul Gerhardt's study on reasons nurses carried malpractice insurance. (8)

TABLE XIX  
REASONS EXPRESSED BY 43 NURSING SUPERVISORS FOR CARRYING  
LIABILITY INSURANCE

Reasons for Carrying Liability Insurance	Number	Percentage
Responsible for Acts of Self and Others	16	37.21
General Suit Protection	10	23.26
Personal Protection	9	20.93
Public Suit-Minded	8	18.60
Total	43	100.0

As Gerhardt gave no figures regarding the reasons, no comparison could be made.

The following are selected excerpts from the questionnaires organized by categories: (The quotations are verbatim)

1. Responsible for acts of self and others.

"I am responsible for the acts of those under my supervision -- the responsibility is too great to carry alone".

"Because I am responsible for what my unskilled help does, I could not be without it".

"Because it was recommended by my Director of Nurses".

"It is a necessity -- I cannot be in all places at all times".

"I am responsible for the care the aides give the patients -- they are always under my direction".

"Because I realize that the hospital's and doctor's insurance policies do not cover me unless I have a certificate from the insurance company".

"I am responsible for all the medication, all the procedures, and all the nursing care".

2. General suit protection:

"Would need it if I am ever sued".

"No nurse should be without it".

"Safety from lawsuits for myself and protection for patients who are injured by errors of those for whom I am responsible".

"To defray the prohibitive costs of involvement, however innocent".

3. Personal protection:

"To protect myself . . . if I were sued I do not have the money to defend myself".

"My piece of mind".

"It protects my family, my home, and myself".

"To protect myself financially; to protect the patient".

"I can't afford to jeopardize my income and property by taking a chance on someone else's mistakes. There will always be errors made; some are unavoidable, some are mechanical".

4. Public suit-minded:

"People seem to sue these days, whenever they think they can make a few dollars -- if they have a just cause or not".

"Everyone should have the protection ... however, I do not think it wise to publicize the fact that you are covered by insurance. The public is very fickle and often looking for any loophole to obtain a few dollars".

"Patients will sue at the drop of a hat... I will not be responsible for aides and practical nurses without being protected. They are not trained enough".

"It is as necessary as car insurance".

"For such a small premium it would be foolish not to be covered".

"The public wants to make money on the sick patient".

Reasons Supervisors Did Not Carry Insurance

Question 8 revealed the following reasons why supervisors would not carry malpractice insurance in the order listed in the table below. The categories were found to resemble those given in a study by Clare Phillips.<sup>(20)</sup> Unfortunately, Phillips provided no figures for comparison with this study.

TABLE XX

REASONS EXPRESSED BY 86 NURSING SUPERVISORS FOR NOT CARRYING  
LIABILITY INSURANCE

Reasons for Not Carrying Liability Insurance	Number	Percentage
Don't need the insurance	25	29.07
Employer protects me	24	27.91
Need insurance, but have not bought it yet	13	15.11
Cost too high	11	12.79
Never considered it	10	11.62
Encourages suits	3	3.49
Total	86	100.00

The following are selected excerpts from the questionnaires organized by categories in the order listed above: (The quotations are verbatim)

1. Don't need the insurance:

"I feel that the hospital, administrator, and the director of nursing would 'back me up'".

"Don't feel I'll ever need it ... it is not too important".

"Not necessary in my field of nursing".

"A nurse is caring for a human being and in her training is made to realize that her ministrations are a matter of life or death. Therefore, errors are inexcusable".

"Working under doctor's orders in a private hospital, I am not liable as long as I follow ethical rules and regulations".

"Never worked anywhere an R.N. has ever gotten into trouble and needed it. Perhaps if I got a good scare, I'd carry it".

"Faith in myself and others to do the right thing".

"Work for a non-profit institution, so don't need it".

"Work part-time".

"Don't have a great deal of patient contact".

"Hospital is too small".

"Afraid it would lessen my self-confidence and destroy the faith I have in humanity".

"More apt to get sued if I have insurance".

"I hope not to be making errors".

"If nursing liability insurance is ever made mandatory, then I'll quit nursing. As long as I believe what I'm doing is right, then I feel no need for it".

"Never collected on any insurance I own".

"Law suits in Oregon do not threaten me".

2. Employer protects me:

"Work at a non-profit hospital".

"Feel it is the responsibility of the employer to extend this service to supervisory personnel".

"Covered by group hospital policy".

"Hospital carries it for me".

"State hospital covers me".

3. Need insurance, but have not bought it yet:

"Been meaning to buy it, but have put it off".

"Negligent ... on the verge of buying ... plan to take it out soon".

"Nurses carry out procedures, and make decisions which heretofore have been the responsibility of the doctor".

4. Cost too high:

"Have too many bills to pay now, plus major medical insurance".

"I feel I cannot afford it".

"The nurse cannot afford to pay for insurance that would come anywhere near the coverage she would be sued for, so I don't have it".

"As I only work two days a week, I cannot afford it".

"Prohibitive in price ... too expensive".

5. Never considered it:

"Never given it a thought". (majority)

"I've never considered the possibility of a suit".

"I only work three nights a week and just never got around to inquiring about it".

6. Encourages suits:

"Insurance is a bad thing -- the more you carry, the more people sue. Let's get together and fight it, and stop them from raising the amount they can recover".

"Once the public learns that we carry liability insurance, there will be many more suits ... and we will have to fight those that sue without cause".

"If we don't carry it, we will try harder to avoid accidents".

Question 9 was apparently misunderstood by the participants. The majority of them answered simply "yes" or "no", and did not name a particular field of nursing that they thought should carry liability insurance. Because of this occurrence, no significance was found in the tabulations of this question. Returns on this question may be found in Appendix B of the Master Tabulations.

The following is a selected list of remarks made by participants at the end of the questionnaire: (the quotations are verbatim)

"Why the Director of Nursing Service is covered by the hospital's liability insurance, but never is asked nor volunteers to actually do anything for the patient, is something I would like to know".

"Filling out the questionnaire has persuaded me that I would be wise to take out malpractice insurance whether or not any of my nursing staff does so".

"At times the administrator is solely responsible because he is responsible for the employment of that individual and for the management that led to that set of circumstances".

"I realize that it is possible for me to be sued without any possible error on my part".

"I would be liable only if the act were committed upon my instruction or advice".

"When you can show that adequate orientation of instruction was given, or caution shown, I don't think I am liable".

"Are you selling liability insurance?"

"I have never had a good explanation of my status where these people are concerned".

"Questionnaire inspired me to learn more about my liability".

"I understand the hospital is liable for any negligent act by any employee; I'm not liable for their acts".

"I cannot be sued for any act other than my own".



"I feel that all nurses should have liability insurance ... I suppose there are many like myself who have just never gotten around to it".

"Just how safe are we under the 'general coverage' of a hospital?"

"A surgical nurse is liable if a foreign body is left in a wound".

"I do not hire or fire or act as an instructor, so I don't feel that the total responsibility should be mine".

"Why must our liability be so great in comparison to our income? I doubt that teachers have this vast liability, yet they are paid more".

"I know that I can be sued for the act, error, or failure to act of any employee, or persons on the premises with permission".

"We have to be alert to everyone's capabilities ... there are cases where a supervisor is liable for a said's actions".

"Human error can occur".

"The only way I could be sued is through the hospital and their insurance covers this".

"I'm not liable for anyone except student nurses, aides and maids. All the rest should stand on their own feet and take the consequences".

"I'm not liable. Only the person who treats the patient is".

"People are ready to sue (without a reason), --- they feel that nurses have plenty of money".

"I would be negligent if I did not know what was going on and who was doing what in every department".

"I am responsible if I carry out a doctor's faulty order".

#### Summary

Several interesting items were found:

1. About two-thirds of the supervisors did not carry malpractice insurance. Only 33.3 percent carried it; 66.7 percent did not carry it.

2. Supervisors do not understand the scope of their liability.
  - a. One-third did not understand that they were liable for Licensed Practical Nurses; Floor Nurses; Nurses Aides; and Student Nurses.
  - b. As a group, supervisors got a mean score of 5.26 correct out of a possible 12 correct answers.
  - c. The total group had a mean score of 36.82 percent correct answers, 50.78 percent incorrect, and 12.4 percent did not respond to the questions.
3. Those who carried malpractice insurance had a greater understanding of the scope of their liability than did the group that did not carry insurance.
  - a. Those who carried malpractice insurance got 50 percent of the questions correct; those who did not carry insurance got 37.65 percent correct.
  - b. The mean score on the questions dealing with liability for the group who carried insurance was 6.00, whereas the mean score for those who did not carry insurance was 4.52.
4. Supervisors who live in communities of less than 25,000 population were more likely to carry malpractice insurance than those in larger communities.
5. However, supervisors in communities under 25,000 population did not understand the scope of their liability any better than the other respondents.

6. The year of graduation did not have any relationship to the carrying of malpractice insurance, nor to understanding of the scope of liability.
7. Years of experience as a supervisor had no relationship either to the carrying of malpractice insurance or the understanding the scope of liability.
8. Supervisors who worked in hospitals under 100 beds in size were more likely to carry malpractice insurance, but did not have a better understanding of the scope of their liability than the other respondents.
9. The number of beds under a supervisor's jurisdiction did not determine whether the supervisor carried malpractice insurance, nor did it have any effect on their understanding of the scope of liability.
10. The number of staff supervised was not significantly related to the carrying of malpractice insurance; nor did it bear any relationship to her knowledge of the scope of liability.

The reasons nurses did carry malpractice liability insurance were:

1. Responsible for acts of self and others.
2. General suit protection.
3. Personal protection.
4. Public suit-minded.

The reasons nurses did not carry malpractice insurance were:

1. Don't need the insurance.
2. Employer protects me.
3. Cost too high.

4. Need insurance, but have not bought it yet.
5. Never considered it.
6. Encourages suits.

## CHAPTER IV

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

This study was made to determine the factors that influenced the opinions of 129 Oregon hospital nursing supervisors regarding their knowledge of the scope of liability, and their reasons for carrying, or refusing to carry, malpractice insurance. An attempt was made to see if the following factors had any relationship to these two variables:

1. Effect of size of community in which she lives.
2. Supervisor's education.
3. Number of years' experience as a supervisor.
4. Number of beds in the hospital where she works.
5. Number of beds under her supervision.
6. Number of staff under her supervision.

A correspondence technique featuring a personal cover letter was the method used to collect the data. A ten-question questionnaire, composed of structured and unstructured questions, with return envelope was mailed to each participant. A follow-up postcard was mailed two weeks later to increase the number of returns.

Upon receipt of the questionnaires, the replies were categorized for ease of tabulation by both obvious groupings and by classifications suggested in the related literature. The results were then placed on key sort cards.

Tabulations were first made on the overall basis; then the cards were separated into two groups (those carrying malpractice insurance; those not carrying it). Each of the two groups had Chi-Square tests applied to them to see if they had any significant relationship to the six factors listed above.

t tests were also run on each of the factors, to learn if there was any relationship between the factors and the two main variables.

#### Conclusions

The two hypotheses formulated at the outset of this study were proven satisfactorily.

The hospital nursing supervisor does not have malpractice insurance protection. Only one-third of the participants carried malpractice insurance; two-thirds did not have it.

The hospital nursing supervisor does not understand the scope of her responsibility and liability. Only 43.8 percent of the questions regarding the scope of their liability were answered correctly.

On simple items, such as "are you liable for Licensed Practical Nurses, Floor Nurses, Nurses Aides and Head Nurses?" one-third of the participants did not know that they were responsible for these people.

Fifty-eight percent did not even realize they are liable for Student Nurses.

Only 21.93 percent knew they could be held liable for: patients doing something for another patient; Director of Nursing Service; Doctors; maids and janitors; visitors, interns and externs.

The findings of this study also permitted the following conclusions to be drawn in regard to the other factors analyzed:

1. Those who carried malpractice insurance knew more about the scope of their liability than those who did not carry insurance. Those who carried insurance were able to answer correctly 50 percent of the questions regarding the scope of their liability, while those who did not carry insurance could answer only 37.5 percent of the questions correctly.
2. Supervisors living in communities of less than 25,000 population were more likely to carry liability insurance than those who lived in larger communities or metropolitan areas. The probability that those of smaller communities carry insurance was better than .01.
3. Supervisors working in hospitals whose total bed capacity was under 100 beds were more likely to carry malpractice insurance. Probability here was between .02 and .05.
4. The main reasons given by 43 supervisors for carrying malpractice insurance were found to be:
  - a. Responsible for the negligent acts of both themselves and others. (37.21 percent)
  - b. Protection from law suits. (23.26 percent)
  - c. Personal and family protection from suit. (20.93 percent)
  - d. Public is suit-minded. (18.60 percent)

5. The main reasons givey by 86 supervisors for not carrying malpractice insurance were found to be:
  - a. Don't need the insurance. (29.07 percent)
  - b. Employer protects me. (27.91 percent)
  - c. Need insurance, but have not bought it yet. (15.11 percent)
  - d. Cost is too high. (12.79 percent)
  - e. Never considered it. (11.62 percent)
  - f. Encourages suits. (3.49 percent)

#### Recommendations for Further Studies

1. A repetition of this study on a larger scale could be carried out to compare findings.
2. Use the interview method for further research into the reasons why nurses carry or do not carry insurance.
3. An in-service educational program could be the object of study, to try to find a way to educate both student and graduate nurses as to the scope of their liability.
4. Study of the problem a nurse faces with incompetent personnel that cannot be discharged.
5. Survey of employers to determine their willingness to insure the nurse of the negligent acts of those under her control.
6. Survey of the present cases, rulings, and precedents in Oregon regarding malpractice liability.



7. Survey of the general public regarding their willingness to sue the nurse.
8. More research into the field of accident causation, and accident prevention. Insurance is not the complete answer to the problem.

## BIBLIOGRAPHY

1. \_\_\_\_\_, "American Nurse's Association Statement of Function", American Journal of Nursing, 54:8:994-996, August, 1954.
2. Barbee, Grace C., "When is the Nurse Held Liable?" American Journal of Nursing, 54:11:1343-1346, November, 1954.
3. Bunke, Beatrice L., A Study of the Comprehension of Senior Students in the Milwaukee Schools of Nursing Relative to Legal Aspects of Nursing, Research Paper, Marquette University, 1954.
4. \_\_\_\_\_, Corpus Juris Secundum, American Law Book Co., 1939, pages 546-55.
5. Creighton, Helen, "Are You Risking a Malpractice Suit?" R.N., 21:7:55-58, July, 1958.
6. Creighton, Helen, Law Every Nurse Should Know, Philadelphia: W. B. Saunders Co., 1957.
7. Creighton, Helen, "Your Liability in Off-Duty First Aid", R.N., 22:5:36-40, 1959.
8. Gerhardt, Paul, "You Don't Have to be Wrong to be Sued", American Journal of Nursing, 61:1:68-70, January, 1961.
9. Hall, Mary V., One Hundred and Three Selected Legal Decisions Concerned with Personal Injury in Which Graduate Nurses or Students were Involved, Master's Thesis, Catholic University of America, 1955.
10. Hefty, James H., "O.N.A. Professional Liability Insurance", Oregon Nurse, 27:3:12-13, June, 1962.
11. Hershey, Nathan, "A Nurse's Liability for Negligence in Supervision", American Journal of Nursing, 62:5:115-116, May, 1962.
12. Hershey, Nathan, "Negligence", American Journal of Nursing, 62:3:98-99, March, 1962.
13. Hershey, Nathan, "Nurses Medical Practice Problems", American Journal of Nursing, 62:7:82-83, July, 1962, Part I.
14. Hershey, Nathan, "The Doctrine of Respondeat Superior", American Journal of Nursing, 62:4:78-79, April, 1962.

15. Laycock, Marian F., A Study of the Changing Nurse Status in Civil Liability Actions in The State of California, Master's Thesis, University of Chicago, 1950.
16. Lesnik, Milton J., and Anderson, Bernice E., Legal Aspects of Nursing, Philadelphia: J. B. Lippincott Co., 1947.
17. Lesnik, Milton J., and Anderson, Bernice E., Nursing Practice and the Law, Philadelphia: J. B. Lippincott Co., 1955.
18. \_\_\_\_\_, "Liability Insurance", The Oregon Nurse, 24:3:16, May, 1959.
19. \_\_\_\_\_, "Malpractice Suits: Cause and Prevention", O. R. Yearbook, 12:42-48, 1961.
20. Phillips, Clare, "Malpractice Insurance: Do You Really Need It?", R. N., 21:11:51-53, November, 1958.
21. \_\_\_\_\_, "Recent Legal Decisions Important to Hospitals", Hospitals, 15:1:91-93, January, 1941.
22. \_\_\_\_\_, "Recent Legal Decisions Important to Hospitals", Hospitals, 15:4:93-95, April, 1941.
23. Regan, William A., "Nurses and the Law", Hospital Progress, 41:12:77-78, December, 1959.
24. Scheffel, Carl, and McGarvah, Eleanor, Jurisprudence for Nurses, New York: Lakeside Publishing Co., 1945.
25. Sims, Emerson U., Malpractice Actions in Oregon, Portland Sanitarium and Hospital, Portland, 1961.
26. Sister Mary Baptista Jochum, A Study of 200 Legal Decisions Involving Student and Graduate Nurses, Master's Thesis, Catholic University of America, 1940.

## APPENDIX A

SAMPLE COVER LETTER

Date  
Portland, Oregon

Dear

In partial fulfillment of requirements for a Master of Science degree at the University of Oregon School of Nursing, I am undertaking a study to determine the attitudes nursing supervisors have about liability problems.

You have been selected as one of two hundred hospital nursing supervisors in Oregon to participate in a research study regarding the nurse's attitude toward malpractice liability.

All information given on the questionnaire is confidential and will in no way reflect on you or your hospital.

The enclosed questionnaire can be completed in five minutes.

Enclosed is a stamped, self-addressed envelope for your convenience. It will be greatly appreciated if you could return the questionnaire by April 4, 1963.

If you wish information on the results of this study, a copy will be on file at the University of Oregon Medical School Library. Thank you for your time and assistance in completing this questionnaire.

Sincerely,

(Mrs.) Mignon F. Carroll, R. N.

Any help you can give Mrs. Carroll to assist her in collecting her data will be appreciated.

---

Associate Professor  
Thesis Adviser

## APPENDIX A (cont.)

SAMPLE QUESTIONNAIREAttitudes of Oregon Nursing Supervisors Toward Malpractice  
Liability

Please mark an "X" opposite the one answer which most clearly indicates your opinion. Please feel free at any time to add additional comments. If you need more room, please write on the back of this form. Thank you.

## 1. Your nursing background:

<u>Program</u>	<u>Year Graduated</u>
a. Diploma _____	a. _____
b. Bachelor's Degree _____	b. _____
c. Master's Degree _____	c. _____
d. Other _____	d. _____

## 2. How many years have you been a nursing service supervisor?

\_\_\_\_\_ years.

3. What is the total bed capacity of your hospital? \_\_\_\_\_ beds.

4. The total number of patient beds under your supervision? \_\_\_\_\_ beds.

5. Total number of staff under your supervision? \_\_\_\_\_

6. Do you have nursing liability insurance?

a. Yes \_\_\_\_\_

b. No \_\_\_\_\_

7. If you have nursing liability insurance, what is your main reason for carrying it?

## APPENDIX A (cont.)

SAMPLE QUESTIONNAIRE

8. If you do not have nursing liability insurance, what is your main reason for not carrying it?
9. Do you feel that some particular fields of nursing, more than any other, should carry nursing liability insurance?
10. Consider that each of the following has committed a negligent act, error or failed to act. For which can you be sued?

	<u>Yes</u>	<u>No</u>	<u>Not Sure</u>
a. Head Nurse	_____	_____	_____
b. Floor Nurse	_____	_____	_____
c. Student Nurse	_____	_____	_____
d. Nurse's Aide	_____	_____	_____
e. Licensed Practical Nurse	_____	_____	_____
f. Maids and Janitors	_____	_____	_____
g. Externs	_____	_____	_____
h. Interns	_____	_____	_____
i. Doctors	_____	_____	_____
j. Directors of nursing service	_____	_____	_____
k. Patient who does something for another patient	_____	_____	_____
l. Visitor	_____	_____	_____
m. Remarks	_____	_____	_____

APPENDIX B  
MASTER TABULATION OF DATA

1. Your nursing background, year of graduation.

a. DIPLOMA	TOTAL	CARRY INSURANCE	DO NOT CARRY
Before 1930	25	8	17
1931-1940	42	15	27
1941-1950	32	12	20
1951 and over	12	2	10
Non-response	1	1	0
<b>Total</b>	<b>112</b>	<b>38</b>	<b>74</b>

b. BACHELOR'S	TOTAL	CARRY INSURANCE	DO NOT CARRY
Before 1940	4	2	2
1941-1950	6	2	4
1951 and over	7	1	6
<b>Total</b>	<b>17</b>	<b>5</b>	<b>12</b>

c. MASTERS	TOTAL	CARRY INSURANCE	DO NOT CARRY
None	0	0	0

d. OTHER EDUCATION	TOTAL	CARRY INSURANCE	DO NOT CARRY
Miscellaneous	30	13	17
<b>Total</b>	<b>30</b>	<b>13</b>	<b>17</b>

## APPENDIX B (cont.)

MASTER TABULATION OF DATA

2. How many years have you been a nursing service supervisor?

YEARS	TOTAL	CARRY INSURANCE	DO NOT CARRY
Less than 5 years	45	13	32
5-9 years	29	10	19
10-14 years	16	7	9
15 years and over	33	13	20
Non-response	6	0	6
Total	129	43	86

3. What is the total bed capacity of your hospital?

NUMBER OF BEDS	TOTAL	CARRY INSURANCE	DO NOT CARRY
Less than 50 beds	26	11	15
51-100 beds	45	20	25
101-200 beds	22	7	15
Over 200 beds	33	5	28
Non-response	3	0	3
Total	129	43	86



## APPENDIX B (cont.)

MASTER TABULATION OF DATA

4. The total number of patient beds under your supervision?

NUMBER OF BEDS SUPERVISED	TOTAL	CARRY INSURANCE	DO NOT CARRY
Less than 50 beds	51	20	31
51-100 beds	33	14	19
101-200 beds	17	3	14
201 and over	16	2	14
Non-response	12	4	8
Total	129	43	86

5. Total number of staff under your supervision?

NUMBER OF STAFF SUPERVISED	TOTAL	CARRY INSURANCE	DO NOT CARRY
Less 10 individuals	39	13	26
11-20 individuals	25	9	16
21-35 individuals	26	13	13
36 and over individuals	30	5	25
Non-response	9	3	6
Total	129	43	86

6. Do you have nursing liability insurance?

LIABILITY INSURANCE	TOTAL	CARRY INSURANCE	DO NOT CARRY
	129	43	86

## APPENDIX B (cont.)

MASTER TABULATION OF DATA

7. If you have nursing liability insurance, what is your main reason for carrying it?

REASONS FOR CARRYING INSURANCE	TOTAL
General Suit Protection	10
Public Suit-Minded	8
Personal Protection	9
Responsible for Acts of Self and Others	16
Total	43

8. If you do not have nursing liability insurance, what is your main reason for not carrying it?

REASONS FOR NOT CARRYING INSURANCE	TOTAL
Don't Need Insurance	25
Encourages Suits	3
Cost too high	11
Employer Protects Me	24
Need Insurance, But Have Not bought it Yet.	13
Not Considered It.	10
Total	86

## APPENDIX B (cont.)

MASTER TABULATION OF DATA

9. Do you feel that some particular field of nursing, more than any other, should carry nursing liability insurance?

PARTICULAR FIELDS THAT NEED INSURANCE	TOTAL	CARRY INSURANCE	DO NOT CARRY
Yes	12	3	9
No	19	9	10
All fields need insurance	22	13	9
Operating room	8	2	6
Emergency room	4	1	3
Public health and industrial nurse	6	1	5
Maternal and child care	2	0	2
Private duty	16	2	14
Supervisor and head nurse	13	5	8
General hospital nurses	18	7	11
No response	9	0	9
Total	129	43	86

## APPENDIX B (cont.)

MASTER TABULATION OF DATA

10. Consider that each of the following has committed a negligent act, error or failed to act. For which can you be sued?

INDIVIDUAL SUPERVISED	TOTAL CORRECT* (YES)	CARRY INSURANCE	DO NOT CARRY
a. Head Nurse	76	32	44
b. Floor Nurse	79	31	48
c. Student Nurse	79	32	47
d. Nurse's Aide	55	28	27
e. Licensed Practical Nurse	83	30	53
f. Maids and Janitors	30	15	15
g. Externs	18	6	12
h. Interns	22	7	15
i. Doctors	31	10	21
j. Directors of Nursing Service	33	16	17
k. Patient who does some- thing for another patient	34	17	17
l. Visitor	30	16	14
Non-response	(16)	( 0)	( 0)
Total Points	570	240	330

\* There was a possible of 113 points correct for each section of the total section; 40 correct points for each section of those who carried insurance; and 73 correct points for each section of those who did not carry insurance.

## APPENDIX B (cont.)

MASTER TABULATION OF DATA

## Sizes of Communities in Oregon Who Participated in Study

<u>Community Size</u>	<u>Participated</u>	<u>Did Not Participate</u>	<u>Total</u>
Portland Area	58	28	86
Over 25,000 Eugene-Salem	27	8	35
Less than 25,000	44	35	79
Total	129	71	200

Typed by  
Jo Ann Stiles