

A STUDY OF THE SATISFACTIONS WITH NURSING CARE  
EXPRESSED BY GRADUATE NURSES EMPLOYED ON UNITS  
USING INDIVIDUAL PATIENT ASSIGNMENT METHODS  
AND GROUP PATIENT ASSIGNMENT METHODS

by


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v.l.m.

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## CHAPTER ONE

### INTRODUCTION

#### Statement of the Problem

Nursing service has as its chief aim the provision of therapeutic patient care. While this is the foremost and ultimate aim, it cannot be ignored that this care depends on a satisfied and interested body of nursing personnel.

"To a great extent, the success of organizing and maintaining good nursing care lies in good assignment." (3) of the work to be done. This study will attempt to investigate the currently used patient assignment methods with the purpose being to ascertain whether nurses express satisfaction with their nursing care more with one philosophy, or method, than with another. Two philosophies have been identified from current nursing literature. One is the individual assignment in which one worker received as a work assignment a separate, independent task, patient, or number of tasks or patients which she does, or cares for, without the assistance or interaction of another worker expected. Two examples of individual assignment are functional and case methods. In functional nursing, the work is divided up by duties to be performed. Each worker may do a task for all or some of the patients. He or she then reports to the head nurse who is responsible for



total nursing needs. In the case method, each nurse or nursing worker<sup>2</sup> has complete responsibility for a group of patients and performs all functions for these patients. This worker is responsible to the head nurse. In actual nursing situations, it is possible that a combination of these two methods will often be found. The common characteristics of these two plans are that the worker performs her job without any planned group interaction and is directly responsible to the head nurse. The nursing care plan is written by those involved in the care of each patient, but usually without any interaction. A diagrammatic representation of individual nursing assignment is seen in Figure One.

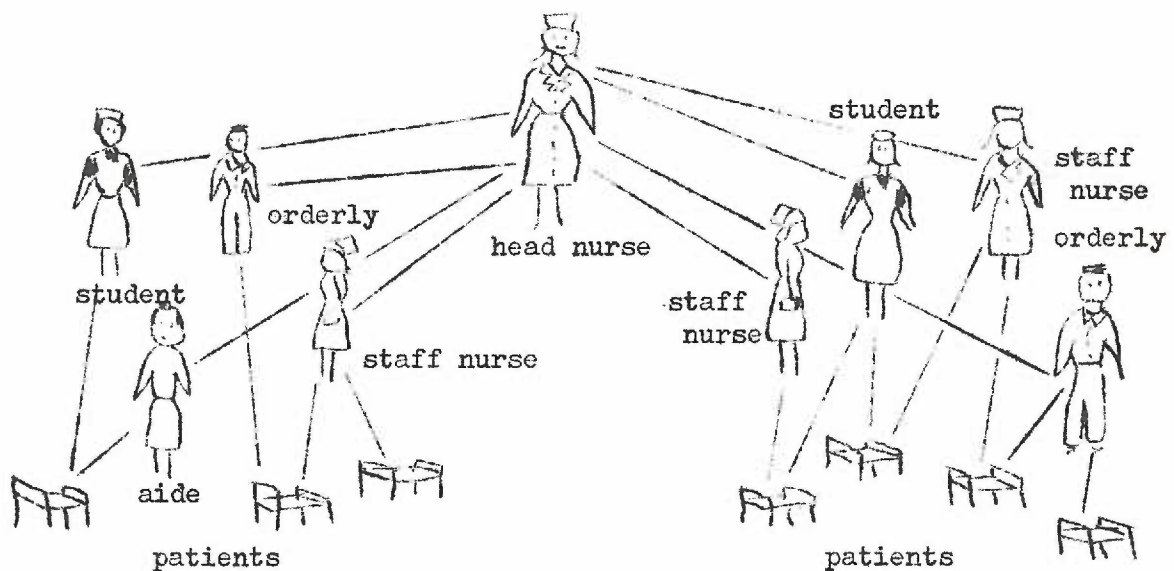


Figure 1. Diagrammatic Representation of the Individual Method of Patient Assignment (29)

The group method of making patient care assignments is in contrast to patient assignments made on an individual basis. "The team method stresses the sharing of responsibility for the total nursing care of a group of patients by a group of nursing workers under the leadership of a head nurse". (3) Workers are assigned to patient care or a part of it by the team leader who is a professional nurse. The nursing care plan is evolved in the group by a pooling of information and ideas about the patient's needs. The team plan stresses cooperation and interaction, with the ultimate responsibility for the care of the patient going through the team leader to the head nurse. The lines of communication in team nursing are presented graphically in Figure Two.

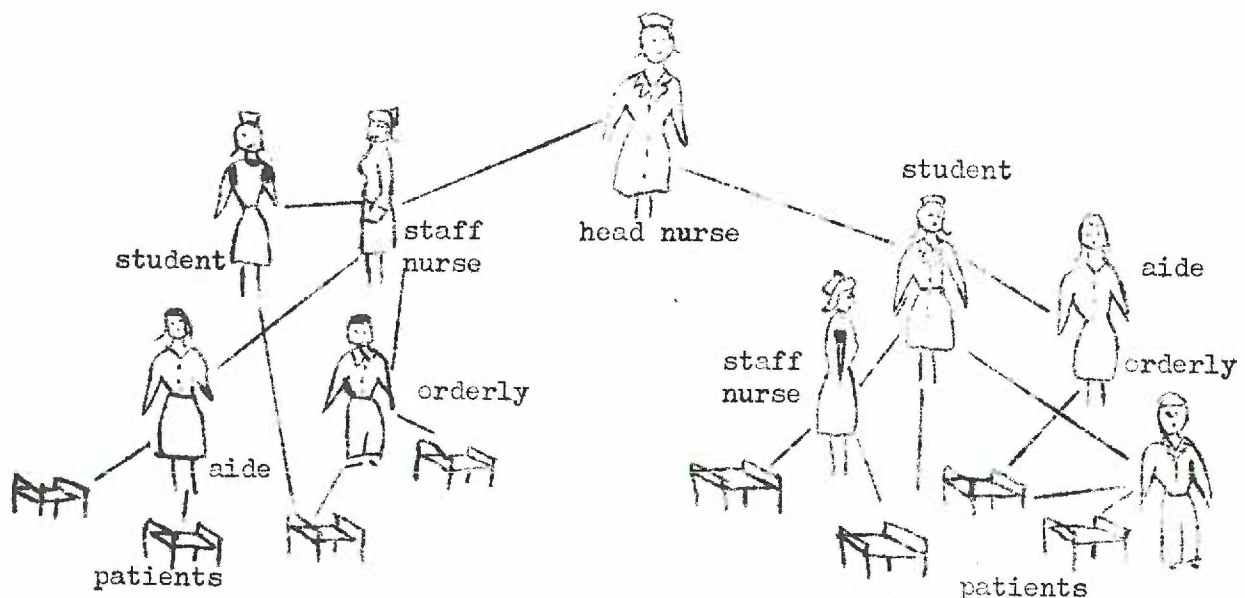


Figure 2. Diagrammatic Representation of the Group Method of Patient Assignment (29)

Many articles have been written expressing satisfaction with team nursing, but the investigator has been unable to find a study in which research has been done to show that nurses are actually more satisfied with group nursing assignment than with individual assignments. This study will attempt to test by valid means the following hypothesis:

There will be a significant difference in the satisfaction scores expressed by registered professional nurses between those working in individual patient assignment situations and those working in group patient assignment situations.

#### Limitations

This study was limited to professional nurses who were licensed in their states.

The nurses included in the sample worked full time as general duty, or assistant head nurses, primarily on the day shift.

Five factors which were shown to have an influence on job satisfaction could not be determined by using a mailed questionnaire to the hospitals being used in the study. These were:

- a. job security
- b. feeling of worthwhileness
- c. knowledge of the expected role
- d. interesting work
- e. similarity between the expected role and practiced role.

The lack of knowledge about these factors must be considered a limitation of the study.

The patient care assignment methods studied were limited to group and individual types of assignment, and the assignment method was assumed to be present on the basis of the statement by the head nurse that this was the method she used.

One test was given to elicit the responses as to the satisfaction of nurses with their patient care, and it was administered by mailed questionnaires.

Only hospitals listed in the August, 1963, issue of the Journal of the American Hospital Association (the directory) formed the population from which the sample was chosen.

#### Assumptions

The responses to the postcard sent to the head nurses to discover the type of patient care method used on the ward were true and descriptive of either one of the patient care methods described in this paper.

The questionnaire method of eliciting a measure of satisfaction with nursing care was valid for this study.

The responses to the questionnaire were true and accurate.

The items of the test tested only partly the true presence or absence of job satisfaction.

The sample was representative of the population of staff nurses.

The independent variables which were shown to influence job satisfaction only superficially showed their true influence upon the presence of job satisfaction in an institution.

#### Definitions

In this paper, the terms nurse, graduate ~~nurse~~, professional nurse, staff nurse, or registered nurse will be used interchangeably to refer to a graduate of a professional school of nursing who has been licensed by the state in which she is currently working. All of the nurses used in this study were working at the general duty, or assistant head nurse level.

The individual patient assignment method is defined as one in which

each nursing worker receives a definite and separate assignment from that of another worker. He completes the assignment without having to plan, work, or share responsibility with other workers. Each one is responsible directly to the head nurse for nursing care given to patients. In this study, the terms: functional method or case method may be referred to as types of individual assignment method.

The group patient assignment method is defined as one in which workers are assigned to patient care in conjunction with a group of nursing personnel, with whom they plan, carry out, and share responsibility. The group leader (team leader) is responsible to the head nurse for patient care. In this study, team nursing may be referred to as synonymous with group nursing.

#### Importance of the Study

Nursing service administrators, head nurses, and staff nurses are all involved in the improvement of patient care. Realizing the interdependence of the satisfaction of the nurse with her work and the satisfaction of the patient with his care, research of the factors influencing nurse satisfaction may help to guide administrators and others in encouraging those factors which are shown to improve the satisfaction of nurses with their jobs. Apparently no research has been done in this particular area, using type of assignment as the dependent variable, as this study proposes to do.

#### Procedure for Solution of the Problem

1. Factors were identified in the literature as having influence on job satisfaction in nursing. Those factors which the writer felt could be identified in the hospitals to be used were listed. These were:



- a. knowledge of the hospital policies. The presence or absence of orientation and inservice education were used as indices of a staff nurse's knowledge of these policies.
  - b. monetary rewards. The rate of pay compared to the average pay for the region was used as a measure of this factor.
  - c. good physical working conditions. The age of the hospital building was the only factor known in this study.
  - d. adequacy of staffing. The ratio of personnel to beds in the hospital was used as a measure of this factor.
2. The setting of the study was then selected. From the Journal of the American Hospital Association, August, 1963 (which is the annual directory of member hospitals), four types of hospitals were identified as being large representative groups of American hospitals. Only hospitals giving general services to short term patients (hospital stays of less than 30 days) were to be used. The four types selected were:
- a. church-controlled hospitals. Only those over three hundred beds were selected.
  - b. medical-school-affiliated hospitals regardless of the type of control. All of those included in the population numbered over six hundred beds.
  - c. county hospitals of over three hundred beds, none of which were affiliated with medical schools.
  - d. proprietary hospitals controlled by an individual, group or corporation. All of these numbered over one hundred beds.
- All of the hospitals in these four groups were listed in random order. Eight hospitals were to be selected as the settings for the study.

3. Questionnaires were devised to be sent to hospital nursing service administrators and head nurses. The questions which could be answered by nursing service administrators were:
  - a. Presence or absence of inservice education for staff nurses.
  - b. length of orientation given to staff nurses
  - c. beginning salary for a staff nurse
  - d. the willingness to have the hospital participate
4. The questions which could only be answered by head nurses were:
  - a. the number of beds on the ward
  - b. the type of ward
  - c. the age of the building in which located
  - d. the patient assignment method used
  - e. the number of staff nurses working on the ward.
5. The questionnaire to be used as a measure of nurse satisfaction was selected. The validation of this questionnaire is described in Chapter Three. The questionnaire was devised by Faye Abdellah and Eugene Levine, working in conjunction with the United States Public Health Service.
5. Letters and return cards were sent to the nursing service directors until eight hospitals were willing to participate.
7. Letters and return cards were sent to the head nurses in the selected hospitals, via the nursing office. A letter to the nursing service director was enclosed with each group of letters thanking her and explaining the use of the head nurse letters.
8. As cards were received from the head nurses, questionnaires were sent to staff nurses on their wards, again via the nursing office.
9. Questionnaires were returned and responses were recorded.

10. The completed data was analyzed and described.
11. Findings, conclusions, and suggestions for further study were identified, based on the results of the analysis of the data.

#### Overview of Subsequent Chapters

Chapter Two contains a review of the current literature relating to job satisfaction and the characteristics of the two patient assignment methods being studied. The factors therein identified are:

1. The ingredients of job satisfaction.
2. Characteristics of patient assignment methods in relation to the ingredients of job satisfaction.
  - a. knowledge of the expected role.
  - b. similarity of the expected role to be practiced role.
  - c. Feeling of worthwhileness.
  - d. participation in planning.
  - e. The provision of interesting work.

#### 3. Summary

Chapter Three describes the procedure followed in the solution of the problem and presents the method of analysis used in handling the collected data, as well as an analysis of the data collected.

Chapter Four presents the findings of the study, draws conclusions and gives some recommendations for further study.



## CHAPTER TWO

### SURVEY OF RELATED LITERATURE

#### The Ingredients of Job Satisfaction

Much importance has been given recently to employee satisfaction on the job. Fair(20) states that good working conditions, pay, and opportunity for advancement are well-accepted standards for employee satisfaction. However, the employees who have knowledge of the institution and its policies, of their role in the institution, of their responsibilities to the job, and of the management's responsibilities to the employees, are always more satisfied with their jobs than those where management works in a program embracing only the three main essentials listed above. Each employee must feel that he is important to the institution. Thus, other areas than those long-accepted are introduced. Another new idea was expressed by Erickson.

The employee's relationship to the job itself -- the employee's intrinsic pleasure in actually doing the work, his feeling of individual worth and whether or not the work was worthwhile, and whether it offers him opportunity for growth and advancement are important.(19)

Fair also mentions some solutions for job dissatisfaction.

Avoid monotony, giving the employee a better picture of how his work fits into the overall picture, so that there will always be a sense of accomplishment present. Provide the facilities which in themselves will tend to add interest and life to any piece of work.(21)

Copeland expressed the thought more definitely when she gave an example of encouraging participation.

People want to feel important--to have a part in making decisions. Are you just calling people together and saying "Now we're going to do so and so." They'll do so, but not with any degree of enthusiasm. ~~But~~ if you call them together and say "We've got a problem; now let's work it out. I want to know what you think about this.", they will be more eager to do the job. They'll have a feeling of being part of the decision(16)

A study done by Allen in a hospital in 1956(4) relates a ranking in importance of seven items connected with job satisfaction. Participants ranked the items in the following order: Job security, interesting work, friendly employee relationships, good physical working conditions, recognition for work done, amount of pay, and counseling on personal problems. A further comment was added. "The same nurse who found her job of no interest also decided it was of no importance."(4). Thus it is again observed that the areas of pay, working conditions, and recognition for work done, rank below job security, interesting work, and friendly relations. These are areas in which management can only provide an environment for satisfaction. The satisfaction must grow from within the individual.

A study of nurses reported in the American Journal of Sociology in 1961(17) revealed another source of dissatisfaction. Inherent conflicts between professional and bureaucratic principles were encountered. The nurse was faced with the choice between highly regarded, but conflicting principles, ie., what she had been taught, and what was actually being done. This role confusion, nearly always producing some dissatisfaction among nurses was further de-

scribed by Benne and Bennis.(10). They discovered that the sources for role expectation did not come from the job descriptions offered by an institution, or even what was done in actual practice, but from the functions expected of a given class of workers. Some sources of this expectation come from the institution, coworkers, outside groups, and the nurse herself. When these expectations met, the role was stabilized. However, when roles conflict, satisfaction goes down. This study showed great discrepancy between what nurses considered to be desirable action and what was actually being done. Nurses did state that they would miss the relationship with patients the most if the role changed to eliminate this facet of nursing. Wolf(39) reports this desire to care for patients on the part of nurses when she states that the majority of students entered nursing because they wanted to take care of people; to promote the well-being of mankind.

Summary. The following areas of job satisfaction have been identified: (1) good physical working conditions, (2) monetary rewards, (3) opportunity for advancement, (4) knowledge of the institutional policies, (5) job security, (6) knowledge of the expected role, (7) feeling of worthwhileness, (8) sense of responsibility in planning work, (9) interesting work, and (10) similarity between the expected role and the practiced role. It may be assumed that the first five can be provided for employees or nurses independent of the method of patient assignment being used. The last five will be discussed in the next section with reference to their provision by the assignment methods being studied in this thesis.

#### The Provision of Satisfaction for Staff Nurses

An attempt will be made in this section to identify the char-

acteristics of group nursing and individual nursing as they might relate to the aforementioned areas of job satisfaction.

Knowledge of the ~~Expected~~ Role. In order to understand her role in the hospital hierarchy, including the goals and practices of that role, it is important that the graduate nurse is familiar with the roles of those who work with her. Anyone acquainted with today's hospital unit recognize the different levels of nursing personnel: graduate nurses, practical nurses, nursing aides, and students of all levels. All have differing backgrounds and education and are differently equipped to care for a patient and deal with his problems.

"There rests within the scope of nursing a differentiation of function."(29), Lambertsen states in the first descriptive guide for team nursing. The findings which may help nurses accept this fact come from industry. Industry, in many of its studies has shown the inefficiency of under-utilizing individual abilities.(22) When someone has been educated or trained for a specific job, he should be used for that job, for less is a waste of the salary being paid, and may result in boredom for the employee. Over-utilization, or placing the employee in a position beyond his abilities may result in frustration and insecurity.

Dorothy Johnson(25) has described the nursing levels briefly. The head nurse has responsibility for administering the ward, and final responsibility for patient care. The students of all levels provide direct care to patients. Aides and practical nurses are largely concerned with individual and personal needs of patients. "This division of labor tends to be followed whether organization for nursing care is team, or function, or case."(29) Lambertsen(29)describes



these roles a little differently using a continuum. The simplest tasks, those that require only on-the-job training without the underlying principles, should be done by the aides. The technical skills, requiring some skill and judgment fall within the scope of the practical nurse. The complex tasks require the expert skills and mature judgements expected of the professional nurse.

Individual nursing seems to define well the role of the nurse in relation to the tasks to be done, but falls short in defining her role in relation to the ward or patient as a whole. Her assignment will give the nurse the role of medication nurse, treatment nurse or "Mrs. Jones' nurse". This role may change from day to day, adding to insecurity in the role. In contrast, it may remain the same from day to day, the latter circumstances making the individual quite secure in her role. Individual patient assignment methods leave to the individual nurse the decision as to what her role as a co-worker, supervisor, adviser, or confidant of the patient will be. In the situation where she is caring for all of a single patient's needs, she may be spending much of her time doing simple tasks which could be delegated to a less skilled person.

Group nursing, in contrast, gives a rather well defined role to the graduate nurse in its description. From the two most widely used manuals of team nursing, those by Lambertsen(29) and Newcombe (34), detailed descriptions of the team leaders, and team members roles are available. It must be pointed out, however, that availability of information and utilization of the information cannot be equated. A staff nurse could be as unsure of her role in the group plan as in the individ-

ual plan, however the continued interaction of the team members should provide opportunities for the identification of roles.

In the definition being used in this paper, the key phrase is "the team leader is responsible". Thus, the nurse is being given the full range of nursing roles to fill with patients. She may fulfill them herself or delegate some of them to others. They remain, more or less, under her control. It may follow that she can know what to expect if she controls her own role. The staff nurse who does not function as team leader, but as a member of the team may find her role changeable, but is given the opportunity to discuss her function with the members of the team and the team leader in the formulation of nursing care plans.

The hospital has the responsibility to inform the employee of the expectation of the role which she is to fill, but this role is sometimes a nebulous conception, even on the part of the administration. Orientation and inservice education should be integral, on-going parts of the employment situation in both methods of patient assignment. Brackett(12) pointed out this fact in an article describing the implementation of the team plan. It was noted that when enthusiasm for the job reached a plateau, it seemed that poor orientation and lack of continued planning was a fault.

Similarity of Expected Role to Practiced Role. To investigate the expectation the nurse builds for herself, her education and experience must be examined as a primary source for that expectation. Schools and colleges of nursing are becoming increasingly cognizant of the nurse's role in communication with patients and aware of the importance of developing skills in interpersonal relationships. A

recent university catalog lists "developing understandings, skills, attitudes and appreciations, emphasis on planning and giving comprehensive nursing care, learning basic theoretical concepts and principles of therapeutic nurse-patient interactions", (37) as some of the curriculum content. Most recent graduates of nursing schools are aware of the trend toward meeting the patient's total needs, which include the physical, emotional and spiritual factors. Regardless of the type of nursing done in a hospital in which students receive their clinical practice, students are assigned to do care in the way which will most nearly meet their need to give patient-centered care. In functional nursing hospitals, this means doing the case method, while in team nursing hospitals, students are usually assigned to teams. Yet, the fact remains that in many of the positions at the first level, to which recent graduates go, much of nursing is job-oriented and a far cry from the idealism of their student days. Johnson has said "When students learn to center care around the patient, they become frustrated in a task-centered job." (25) Supervisors and head nurses are not as available to the new graduates as were their clinical instructors, as explained in the following statement:

We have given the head nurse more and more tasks and added more and more people for her to supervise. The head nurse has had to do first things first, usually the things which show up in writing. Increasingly, these tasks take her away from the bedside and the students or auxiliary personnel (and staff nurses) who need her guidance. The lack of contact between the head nurse and other members of her staff makes the workers feel insecure and unimportant. (34)

One of the functions of the professional nurse is to guide and teach, in addition to the supervision of personnel as is evidenced in the following statements. "The professional nurse today has gained added

education in supervision, which should be used if she is to realize her full capacity."(24) "The climate of the nursing schools today conditions the students for leadership roles."(34) "The value of the registered nurse over and above that of the practical nurse or aide lies in her ability to teach, supervise, administer, and do research."(7)

Today, the function of supervision becomes part of the nurse's role expectation. Nina Craft emphasized the importance of having only one authority for each employee.

There should be one person in each unit who has the authority for decision-making commensurate with her position. Each employee should have a single immediate supervisor to whom she is responsible.(18)

In individual nursing, there appears an inconsistency between the supervisory function the nurse expects and what she is permitted to do. The lines of authority lead from all of personnel to the head nurse. Thus the staff nurse should not supervise the auxiliary personnel or she becomes a second supervisory figure. In group nursing, the team leader takes on the role of immediate supervisor for the nursing personnel under her direction. The supervisory functions are specified clearly for all levels of personnel. Lambertsen, writing on the subject of delegation of responsibility, says:

A manager can only delegate that which has been delegated to him. Thus it is essential that the responsibility and authority to be delegated be well-defined. The person doing the job should be accountable only to the person who delegated it to him. The manager must be careful not to delegate beyond the point of effective control. When he can no longer check personally how things are going, effective controls are lost.(30)

There remain some distinct differences of opinion on the capability of the nurse to perform supervisory functions on the staff nurse level. Susanna Chase, in a study of the role of: the graduate nurse



In directing non-professional workers found that "Respondent variations on the extent of responsibility for directing the work of non-professionals did not appear to be related to...method of ward organization."(15) Also, Sister Josephine(36) stated that nurses sometimes would not work with others or apply the rules of good supervision.

Experience is an important teacher. The role expectation of the nurse is based on what experiences she has had in nursing as well as on her formal nursing education. Individual patient assignment methods have been used for a very long time and are still being widely used. The group method came into use in 1948. In a study which included some information on the educational background of a group of staff nurses and head nurses, it was shown that "53.3% of head nurses graduated prior to 1946 and 40% of staff nurses graduated prior to 1946."(26) These nurses never were exposed to group methods in their education and have had only a chance opportunity to become acquainted with them since. Thus, nurses may be more familiar with the individual patient assignment method, and find that the gap between what they expect, and what is practiced in the individual method slight indeed.

The novelty of group nursing, and its slow growth in the years since its inception make it new and unfamiliar to many graduate nurses. Newcombe(34) emphasizes that the plan must be carefully introduced, intelligently developed with those who will be participating, and continuously evaluated. The graduate nurse approaching this new situation may have to make many changes in her role expectation to meet what is practiced. Calender expresses what may be a current problem area among staff nurses who are acting as team leaders. "Success of team nursing is dependent upon the ability of the team leader to guide and direct the members of her team and the ability of the head nurse

to coordinate the activities of all of the teams so that the unit functions as a whole." (14) The lack of these skills on the part of the head nurse or team leader affects the entire ward's functioning in the group plan, whereas in the individual, this influence is less widely felt.

The closer the nurse's self-image of her role comes to what she has been taught to expect of her role, the more satisfaction she should receive from her job. Group nursing offers some similarities between the expected and the practiced, and so also does individual nursing. They seem to differ only in the extent to which they influence this factor.

A Feeling of Worthwhileness. The first section of this chapter expounded on the necessity for a feeling of personal worth in performing any job. It is desirable to discover what provision might be made for this facet in the two systems of patient assignment being studied in this paper. Newcombe states one characteristic of the team plan which would seem to have bearing on this part of job satisfaction.

We often hear it said that team-work is not new in nursing. It is true that we have always worked together, but this has been the result of expediency rather than intelligent planning. The team concept is new. It breaks down and forever dissipates the importance of position. With the team concept in nursing, the individual functions freely according to her ability in an atmosphere which recognizes her personal worth and tends to promote her development. (34)

In the first guide for team nursing, Lambertsen (29) states some criteria for the nursing team. These are: the team spirit in all members, a small group, each worker making a contribution, frequent, full,

two-way communication;; and continued practice in supplementing each other. These factors would lend some feelings of importance to the members of the team. Bozenhard and Fitt(11) said that greater satisfaction could be expected because the nurse's knowledge and skill were being challenged. The individual plan places the emphasis on a task which is in itself necessary to the total nursing situation and therefore, worthwhile, but "by viewing the work as segments, the patient is relegated to a secondary position." (33) This would seem to have the effect of decreasing the worthwhileness of the patient, if not the nurse. Many state that the individual method is the one to use when large numbers of patients must be cared for by a small number of personnel. (9,36) Barabas described it as the realistic approach in which orders and routines overshadowed the patient and his problems. (9) The feeling of worthwhileness lying in accomplishing the job that is to be done may be felt by the nurse under these circumstances. Newcombe said:

The functional method of patient care has stood the test of time. Basically, it is practical because it gets the job done. It is only because we have begun to question just what the job is that we are uncertain about the functional method." (34)

Several studies have stressed the importance of this aspect of job satisfaction. The Pennsylvania Pilot Study(35), completed in 1953, stated as one of its findings that some means of gratification could be provided for graduate nurses who cannot, or do not desire to attain higher positions within the existing hierarchy. It suggested a hypothesis that the creation of a sub-hierarchy between the graduate nurse and the head nurse by such means as recognition of seniority, visible marks of status, or special titles is conducive to increased satisfaction and incentive for general duty nurses. Team nursing does,

in fact, create a title, that of team leader, for some graduate nurses.

After studying the function of the nursing teams at the University of Washington, Wang gave the opinion that "Team assignment increased the professional nurses morale by developing her personality in terms of her responsibility as team administrator." (38)

As stated in the previous discussion of similarity of expected role to practiced role, functional nursing does get the job done, and the nurse who is able to accomplish those tasks for patients which need doing certainly must get some feeling of being an important and worthwhile person. Likewise, it could be assumed that the case method, in giving one person the full responsibility for all the care of one or more patients, would provide a feeling of worthwhileness for that person in that she is important to her patients. As before, it becomes a matter of the degree to which the method of patient assignment is able to provide for the ingredients of job satisfaction.

Participation in Planning. The word participation implies some kind of group situation. The kind of participation being discussed is that of a group of differing workers in the nursing situation. Sociologists have defined the need for human beings to work together. "In work, as in other activities, one of man's strongest characteristics is to be continuously associated with his fellows." (8) "Overriding the effect of changes in physical working conditions upon output were the feelings and sentiments attached to being an integral part of a special work group." (8) This finding may be due to the fact that "individual stimulate each other to greater effort." (23)

In addition to the importance of staff members feeling the satisfaction of a social interaction in performing their work, the patient's



need must also be considered. "Every department and every worker contributes to the care of the patient. No one person should be allowed to consider herself more necessary or important than any one else. Only when everyone works together harmoniously making full use of all facilities can the organization as a whole expect to reach its goal" (the care of the patient).(27)

In using individual nursing assignment methods, the nursing workers are in the same physical area, but by the definition of the method, there need be no interaction between them in planning the work or the care of the patient. This certainly does not mean to imply that there is no interaction, but what there is, is informal and is based upon an individual's need and ability to ask for it. Most hospitals have adopted the use of a written nursing care plan of some sort (Kardex, for example) to which each individual caring for the patient may contribute. Thus, planning is possible through the indirect means of the written word.

Lambertsen makes it clear that one function of a team leader is to plan nursing care with the team, and provide the means for the team to evaluate and revise the plans.(29) The suggested method for this planning is the team conference. The purpose of this conference is to allow the team leader to use the abilities of her group to plan and evaluate the nursing care given to the patient assigned to that team. This is done by means of face-to-face interchange of ideas between the team members. In defining functional nursing, Calender stated that "It is a task-centered kind of assignment and does not stimulate the desire for learning new material and sharing experiences among personnel."(14)

By referring to the diagram of the two methods of nursing assignment in Chapter One (Figures One and Two), it is seen that the individual method is more centralized, while the team plan is more decentralized, some responsibility being delegated to the team leader. Dorothy Johnson(25), speaking of nursing service organization in general, says that the power to make decisions is highly centralized, while the need is dispersed. The importance of individualizing and personalizing (the nursing care) is widely discussed, but is made difficult by handing down decisions. She further states "any one member of nursing service cannot make decisions for others. Consistency of care is lacking when all shifts cannot follow a care plan."(25) The team plan, when carried out as it has been described, hands decision-making in regard to the nursing care to be given to the individuals who will carry out the nursing care.

Provision of Interesting Work. It should be acceptable to say that the principles of nursing care, as taught in schools of nursing must be of interest to the nurse or she wouldn't stay in the situation. Nurses themselves have said that they enjoy bedside care of patients.(10,32) They learn to give patient-centered care in their schools of nursing. The team philosophy states "The patient and his problems are the point of departure."(29) Graduate nurses, when asked to give opinions about the team plan often comment "I am able to see the patient as a person, and can follow him up."(13), and "Team nursing gives the professional nurse an opportunity to identify nursing problems, interpret these problems to her co-workers, and enlist cooperation, and formulate and record a plan."(31) Barabas, however, comments concerning the functional plan that "A nursing worker can

develop a skill with repeated performance of a task."(9) If this task also interested her, the worker could probably continue to gain this kind of satisfaction from her job. Likewise it could be said of the case method, that the worker could be provided with the interest inherent in the continuing relationship with a patient.

Summary. Satisfaction in nursing among graduate nurses is linked to bedside care, a knowledge of their duties in the hospital, a sense of worthwhileness, the chance to participate in the planning of work, and the performance of interesting roles. The closer the self-image of the role as a nurse comes to what is actually practiced, the more satisfaction can be found. Nursing schools are teaching a patient-centered approach to nursing care. Team nursing includes in its philosophy a patient-centered concept. It also recognized the differentiation of function in nursing. Many nurses express their satisfaction with the team plan, while others point out its difficulties and reasons for its slow acceptance. All nurses are taught to consider the patient as an individual, follow a nursing care plan, and work with their coworkers, and can do this in spite of the patient assignment method being used in a hospital. This study will attempt to show whether the method of assignment has an influence upon the implementation of these ideas.

## CHAPTER THREE

### REPORT OF THE STUDY

This thesis was designed to show whether graduate professional nurses would express satisfaction with their nursing care more frequently when they were working in one type of patient assignment situation than in another. The two types of assignment method were group method and individual method.

#### Selection of the Tool

A questionnaire which would give an indication of the job satisfaction present among staff nurses was selected. This questionnaire is seen in Appendix A. The questionnaire was developed in 1953 by Faye Abdellah and Eugene Levine.(1) They asked the personnel in three Cleveland, Ohio, hospitals to list things which should have been done for patients. Two columns were used for the listing; favorable and unfavorable. The patients, numbering one hundred, were asked to do much the same type of recording. The responses of both groups were tabulated and listed in order of frequency of occurrence. Trained observers then corroborated the occurrences by observing nursing care. They found a significantly high number of occurrences reported both by patients and personnel which lent to the validity of the responses.

One hundred of the most frequently reported items were included



in the first draft of the checklist. After trial runs, it was decided that fifty items could be eliminated without damaging the value of the form. After several studies in which indices of satisfaction were obtained from hospitals, after which the checklists were administered, it was found that the hospitals which reported more dissatisfaction were those which reported, on the basis of responses on the check list, that more of the unsatisfactory occurrences had occurred.

Some of the other conclusions of the preliminary tests of the checklist were:

1. The one-day administration of the checklist gave an adequate sample.
2. The checklists gave a comprehensive sample of all of the events relevant to personnel and patient satisfaction.
3. Events included were not ambiguous.
4. When events were reported, there was much assurance that they had indeed occurred.

The studies eventually done by Abdellah and Levine included more than 17,000 completed checklists obtained from 60 hospitals. The results of these studies are reported in Patients and Personnel Speak.(1) Abdellah and Levine recommended the use of this checklist for determining levels of satisfaction among personnel. Therefore, it was felt, the questionnaire could be used without direct permission for this study.

#### Selection of the Sample

After the questionnaire was chosen, the method of selecting the hospitals for this study was considered. A listing of all the hospital members of the American Hospital Association was available in the Journal of the American Hospital Association of August, 1963.

During the perusal of the types of hospitals listed in this journal, it was noted that several types seemed more prevalent than others. These were: medical school affiliated hospitals, usually large, and located in urban areas; proprietary hospitals, owned by individuals, partnerships, or corporations; church owned hospitals; and county hospitals, usually small or of intermediate size (only those not associated with a medical school were included in this group.) So that a suitable number of questionnaires might be obtained from each hospital used, it was decided that only the larger hospitals in each of the above categories would be included in the population. Only hospitals giving a generalized service and accepting short term patients (average stay under thirty days) were selected because the questionnaire items referred for the most part to the physical care given to short-term, acutely ill patients. The letter composed to be sent to the hospital nursing service department introducing the study and asking for participation in the study is shown in Appendix B. A postcard questionnaire and a self-addressed envelope were included in the letter. The questionnaire is shown in Appendix C. The final listing of the population of hospitals was as seen in Table I.

TABLE I

HOSPITALS IN THE POPULATION CLASSIFIED AS TO TYPE, CONTROL AND RESPONSE TO THE REQUEST TO DO THE STUDY

Type	Control	Number	Number Contacted	Number Replying	Number Willing
County	13*	29	16	7	5
Medical School Affiliated	12,13, 14,15*	44	25	14	7
Church	21*	177	16	7	3
Proprietary	31,32,33*	23	23	3	0
Totals		273	80	31	15

\*Numbers refer to numbered classifications as found in the Journal of the American Hospital Association Directory

Of the five replies from county hospitals, two were received too late and one was willing to participate, but at a date too late for the study. The same reasons, in like numbers, reduced the size of the medical school affiliated hospital group. One of the replies from a church controlled hospital was received too late.

Only 39% of the hospitals contacted replied to the request, and of those, only 38.4% were willing. Seven of the hospitals who were willing could not be used because of the lateness of the reply, or the inability of the hospital to participate soon enough. Thus, only eight hospitals, or 10% were available for the sample. The classification of proprietary hospitals had to be dropped as none were willing. The eight hospitals expressing a desire to participate were then considered the sample. Table II shows the characteristics of the hospitals in the sample. The number in front of each hospital will be the one by which it will be called in the remainder of this study.

TABLE II  
CHARACTERISTICS OF THE HOSPITALS IN THE SAMPLE

Number	Control	Size of Location	Number of beds	Number of Personnel	Ratio of Personnel/beds
1	State (Medical School Affiliated)	471,316	640	1939	3.02:1
2	Church (Medical School Affiliated)	497,524	930	1800	1.93:1
3	Church	181,608	508	980	1.92:1
4	Church	254,698	670	1126	1.68:1
5	County	26,444	485	796	1.64:1
6	County	84,322	464	479	1.03:1
7	County (Medical School Affiliated)	373,600	303	414	1.37:1
8	State (Medical School Affiliated)	373,600	342	531	1.55:1

### The Determination of Characteristics of the Hospital Nursing Service

The following items were asked of the nursing service directors as a means of determining what factors might be influencing job satisfaction in each hospital.

1. Amount of orientation given to staff nurses.
2. Presence or absence of inservice education.
3. Beginning salary for staff nurse.
4. Number of nurses (for use in determining how many letters needed to be sent to head nurses.

The results of the replies by the nursing service administrators in the sample hospitals is compiled in Table III.

TABLE III  
COMPILATION OF RESPONSES TO POSTCARD QUESTIONNAIRE  
BY NURSING SERVICE ADMINISTRATORS

Sample Hospital Number	Days of Orientation	Presence or Absence of Inservice Education	Salary per Month	Salary in Area (6)	Percent of Area Salary Paid	Number of Head Nurses
1	Ten days	Present	\$360- 380	\$350	105.5%	25
2	Ten to twenty days	Present	325	290	114%	17
3	Ten days	Present	380	380	100%	14
4	Individual	Present	346	320	108%	18
5	Five days	Present	417	380	110%	8
6	Varies	Present	375	380	99%	23
7	Individual	Absent	387	380	102%	9
8	Varies	Present	375	380	99%	8

It was noted that there seemed to be little difference between the hospitals concerning orientation and inservice education. Only Hospital 7 did not have inservice education. In the area of salary, however, the hospitals did vary somewhat. Hospital 2 paid staff nurses 14% more than the average for the area, whereas Hospital 6 paid 1.5% below the average.



The number of head nurses did not seem to correlate well with the number of beds stated to be in the hospital. For instance, Hospital 1 with 640 beds listed 25 head nurses, while Hospital 5 with 796 beds listed only 8 head nurses. It was not known why this discrepancy occurred. The foregoing tables should be referred to in relation to the amount of job satisfaction which is found in each hospital.

#### The Pilot Study

A pilot study was carried out to decide the validity of the replies from head nurses concerning characteristics of the wards to be studied, particularly with reference to ward patient assignment method. This pilot study was carried out in two hospitals. The card sent to the head nurses contained the following items:

1. Type of ward
2. Number of beds
3. Number of full time staff nurses working day shift
4. Age of the building in which located
5. Inservice education carried out
6. Orientation for a staff nurse (length)
7. Patient assignment used, group or individual
8. Permission to carry out the study, (yes or no.)

Seventeen head nurses were contacted personally and given letters of explanation and postcard questionnaires which fifteen returned. Of these one was not willing to participate; it was decided that the questionnaires to be administered did not pertain to the premature nursery or the psychiatric department. Thus thirteen wards eventually participated. The replies to items 5 and 6 were so variable between all of the wards of the two hospitals that little of value could be seen in having the head nurses reply to these items, hence they were put into the postcard questionnaire which was sent to the nursing service administrators. Head nurses who did not reply were contacted

as to the reason why they did not, and neither one felt that the letter was too long or unclear. Both stated that they had forgotten to return it. The sample population consisted of 13 wards which employed 50 staff nurses distributed as follows:

15 staff nurses working in individual assignment situations at Hospital A

2 staff nurses working in group assignment situations at Hospital A

11 staff nurses working in individual assignment situations at Hospital B

22 staff nurses working in group assignment situations at Hospital B

The staff nurses' questionnaire was then sent to the staff nurses. The replies are shown in Table IV.

In order to simplify the statistical analysis of the scores, one column of the questionnaire was singled out, that one headed "This Did Not Happen". This column was used because it represented the difference between the total number of items which could be checked and the number which were checked as having occurred. As items which occurred could be checked twice, it was difficult to deduct a meaningful "score" from those responses.

TABLE IV  
A SUMMARY OF THE SCORES OF THIRTY-EIGHT STAFF NURSES  
ON JOB SATISFACTION QUESTIONNAIRES DURING PILOT STUDY

Hospital Number	Assignment Method	Number	Total Number of Items which "Did Not Happen"	Mean of the Scores
A	Individual	13	310	23.84
A	Group	2	66	33.00
B	Individual	8	244	30.50
B	Group	15	364	24.30

Because of the small size of the Hospital A group assignment group, it was discarded. A variable was introduced by the fact that all of the individual wards at Hospital B are pediatric wards and all of the group assignment wards are adult. All wards of Hospital A are adult. A t-test was done on the three means obtained in the pilot study. The t-test revealed that a significantly ( $P=.025$ ) higher score was shown on the wards using individual assignment than those using group assignment method. A table of significance for the t-test is seen in Appendix G. The same significant result was obtained between the mean scores of the individual method wards of Hospital A and the individual method wards of Hospital B. This led to the conclusion that differences between hospitals could affect the results and needed to be taken into consideration in drawing conclusions from the data. The t-test formula is Appendix F.

The pilot study showed that the t-test method of analyzing the data was appropriate and possible with the kind of data being gathered. It also revealed that nurses working on wards with children under the age of about six, and obstetrical wards would omit some of the items as they did not apply to the ward situation. Also, the pilot study showed that the definitions of patient assignment method given to the head nurses in the letter were adequate as descriptions, as each head nurse in the pilot study answered as had been expected. The study was altered to exclude pediatric wards for those under the age of six and obstetrical wards. The letters and postcard questionnaires to the head nurses to be used in the study were then composed as may be seen in Appendix D and E. These were sent to each hospital in the numbers indicated by the nursing service administrator, in care of the nursing office.

### The Head Nurse Questionnaire

As the postcards from the head nurses were returned, the responses were recorded on master data sheets as seen in Appendix H. A resume of the data is shown in Table V.

TABLE V  
A SUMMARY OF THE RESULTS OF SEVENTY-FOUR HEAD  
NURSES TO THE POSTCARD QUESTIONNAIRE REGARDING  
TYPE OF ASSIGNMENT AND WILLINGNESS TO PARTICIPATE IN THE STUDY

Hospital	Number Contacted	Number Replying*	Number Willing to Participate Using Group Assignment	Number Willing to Participate Using Individual Assignment	Percentage of Participation
1	25	14	13	1	100.0
2	17	11	9	2	100.0
3	14	9	7	2	100.0
4	15	11	0	9	81.7
5	8	6	1	5	100.0
6	22	14	5	7	86.0
7	9	9	10	6	66.6
8	8	8	4	2	75.0

\* This number excludes those who replied but whose wards were excluded by reason of being obstetrical or pediatric.

The degree of participation from each hospital was considered to be adequate for this study. It should be noted that only two hospitals reported that they used only one method of patient assignment, Hospitals 4 and 7. All of the others have wards on which the personnel apparently determine their own method of assignment. The wards on which the head nurse reported that both methods were used were not included in those replying. The raw data from the head nurses' replies can be seen in Appendix G.

### The Administration of the Questionnaire

The correct number of questionnaires for the staff nurses on each ward were discreetly marked as to the ward for which they were intended, and labeled with a separate piece of paper with the head



nurse's name. The questionnaires were then mailed in a group to the nursing service office concerned. As replies were received from the staff nurses, responses were recorded on data sheets as seen in Appendix I. Each column was recorded although only the third column was used as a "score". Therefore, the higher the score, the greater the amount of satisfaction was assumed to be present. The degree of participation by staff nurses in each hospital can be seen in Table VI.

TABLE VI

A SUMMARY OF INFORMATION ABOUT TWO HUNDRED AND THIRTY QUESTIONNAIRES SENT TO STAFF NURSES INCLUDING THE NUMBER SENT TO STAFF NURSES INCLUDING THE NUMBER SENT AND PERCENT RETURNED

Hospital	GROUP ASSIGNMENT			INDIVIDUAL ASSIGNMENT		
	Number Sent	Number Returned	Percent	Number Sent	Number Returned	Percent
1	53	31	58.5	3	2	66.6
2	35	26	74.2	10	10	100.0
3	20	15	75.0	3	3	100.0
4	--	--	----	15	8	53.3
5	1	0	0	13	7	58.3
6	13	8	61.5	17	11	64.7
7	--	--	----	15	13	86.5
8	22	15	68.0	11	8	73.0
Total	144	95	69.5	86	62	72.0

The group method in Hospital 5 did not respond, and was excluded, leaving three hospitals which used only the individual method. The number of nurses replying in the individual method groups of Hospitals 1 and 3 was quite small.

All of the numbers were adequate for the statistical analysis.

The mean scores for each group can be seen in Table VII.

TABLE VII

A SUMMARY OF THE MEAN SCORES OF STAFF NURSES ON ONE  
HUNDRED AND FIFTY-SEVEN QUESTIONNAIRES ACCORDING  
TO TYPE OF PATIENT CARE ASSIGNMENT

Hospital	GROUP			INDIVIDUAL		
	Number	Sum of Scores	Mean	Number	Sum of Scores	Mean
1	36	624	20.1	2	57	28.5
2	26	568	21.5	10	307	30.7
3	15	425	28.3	3	83	27.7
4				8	259	31.4
5				7	126	18.0
6	8	222	27.8	11	390	35.5
7				13	310	23.8
8	15	364	24.3	8	244	30.5
Total	95	2205	23.1	62	1768	28.5

Before analyzing the data statistically, it was noted that scores from the individual method groups were higher (in the same hospital) in all but one of the hospitals using both methods. Five of the individual method means were higher than any of the group method means. The group method means differed by only 8.3, while the individual means differed by 17.5. Remembering the statements in the literature that many of the ingredients of satisfaction provided by the individual method were not a function of the method itself, but only possible, this result could have been expected, depending on the hospital situation.

That group method means showed a lower level of satisfaction might be due to several factors discussed in the literature. The group method requires more orientation and continuing evaluation than the individual method, by reason of its being a more recent innovation in nursing. A difference in orientation and inservice education did not seem to be present among the hospitals in the sample. Many of the nurses in the study (40% of staff nurses, and 53.3% of head nurses, if the sample was characteristic of the nurse population) graduated from schools of nursing before group nursing was introduced.

Another portion of these nurses graduated from hospitals using individual patient assignment methods, and were not acquainted with group methods. Therefore, in order for group nursing to be carried out successfully, more orientation and evaluation needs to be provided. The lack of this may have accounted for the overall lower scores.

The inability of nurses to teach and supervise was questioned in the literature, and it may be that this lack of skill causes a lower satisfaction score to occur in the group method. The frustration of being asked to do what she feels insecure about doing may cause the staff nurse's dissatisfaction with the supervising role she must take as a team leader in the group method of assignment.

Another factor might be the reluctance of the nurse to delegate certain facets of her work which she still considers rightly hers to auxiliary personnel. The head nurse, in individual methods, does this delegating, relieving the staff nurse of this potentially uncomfortable role.

Other factors must certainly be considered, but were not discussed in this preliminary study of differences between satisfaction levels in the two assignment methods.

A statistical analysis was carried out, using the t-test formula seen in Appendix F. First, each group method mean score was compared to each of the other group method mean scores. The results can be seen in Table VIII. The P column was derived from the table of t seen in Appendix G. A result which shows that the P (representing a probability) is greater ( $>$ ) .1 is not considered significant (NS) for this study, as that result would be obtained by chance in one out of ten cases. Probabilities of P  $\leq .05$  or less are considered significant.

TABLE VIII  
RESULTS OF THE t-TEST APPLIED TO THE MEAN SCORES  
OF THE NURSES USING GROUP ASSIGNMENT METHODS

Hospital Number	Degree of Freedom	t	P
1 and 2	55	.55	NS
1 and 3	44	3.2	<.01
1 and 6	37	2.6	<.05
1 and 8	44	1.7	NS
2 and 3	39	.63	NS
2 and 6	32	1.56	NS
2 and 8	39	.76	NS
3 and 6	21	1.72	NS
3 and 8	28	.70	NS
6 and 8	17	1.78	NS

When the mean scores of the group methods were compared only one gave a result which could have occurred by chance only once in one hundred cases. That comparison was between Hospitals 1 and 3, Hospital 3 having the highest level of satisfaction. Differences in dependent variables in these hospitals indicate that Hospital 3 has a lower ratio of personnel to beds. All other factors seem similar. One other t-test gave a result that would have occurred (by chance) only 5 in 100 times. This result occurred between Hospitals 1 and 6, 6 having the highest satisfaction score. Again the only factor which is different is the ratio of personnel to beds, 6 having only about one-third the number of personnel to beds as Hospital 1.

In Table IX are seen the results of the t-test applied to the mean scores of groups using individual patient assignment methods. Again, each hospital individual method group was compared to each other individual group.



TABLE IX  
RESULTS OF THE t-TEST APPLIED TO THE MEAN SCORES OF THE  
NURSES USING INDIVIDUAL ASSIGNMENT METHODS

Hospital Number	Degree of Freedom	t	P
1 and 2	12	.37	NS
1 and 3	3	.07	NS
1 and 4	8	.75	NS
1 and 5	7	1.46	NS
1 and 6	11	1.29	NS
1 and 7	13	.95	NS
1 and 8	8	.38	NS
2 and 3	11	.50	NS
2 and 4	16	.50	NS
2 and 5	15	3.06	<.01
2 and 6	19	1.53	NS
2 and 7	21	2.60	<.02
2 and 8	16	.057	NS
3 and 4	9	.86	NS
3 and 5	8	1.41	NS
3 and 6	12	1.57	NS
3 and 7	14	.95	NS
3 and 8	9	.52	NS
4 and 5	13	3.81	<.01
4 and 6	17	.51	NS
4 and 7	19	3.52	<.01
4 and 8	14	.63	NS
5 and 6	16	5.05	<.01
5 and 7	18	2.01	NS
5 and 8	13	3.27	<.01
6 and 7	22	5.73	<.01
6 and 8	17	1.78	NS
7 and 8	19	2.96	<.01

As the comparison between mean scores of groups using individual assignment are evaluated, eight significant results are seen. Hospitals 5 and 7 differed the most frequently - four times out of the seven comparisons for each. Both Hospitals 5 and 7 were lower than the other mean scores being compared. Both used the individual method almost exclusively. Hospital 5 differed from all others in amount of orientation and Hospital 7 differed by reason of not



having inservice education. These may have caused the lower satisfaction. Difference occurred in eight out of twenty-eight or 28.5% of the comparisons tested.

The similarity between Hospitals 5 and 7 in the use of a single method of patient assignment is perhaps more meaningful than the lack of orientation and inservice education in causing a low satisfaction score. One might assume that, in these hospitals the method is determined by a single source (the nursing office) and points out a certain authoritarian philosophy unpopular in modern nursing. This is only an educated guess. Along the same line, it might be noted that the hospital which had its staff nurses most equally divided between the methods showed a high mean score on both methods.

Group and individual mean scores were compared to each other, and the results are shown in Table X. The group method mean scores of the hospitals expressed first were compared to the individual method mean score of the hospital expressed second. That is, in the first item of the table, Hospital 1's group method is compared with Hospital 1's individual method, and in item 2, Hospital 1's group is compared to Hospital 2's individual method.

TABLE X

RESULTS OF THE t-TEST APPLIED TO THE MEAN  
SCORE OF THE NURSES USING GROUP AND INDIVIDUAL  
ASSIGNMENT METHODS

Hospital Number	Degree of Freedom	t	P
1 and 1	31	1.21	NS
1 and 2	39	3.57	<.01
1 and 3	32	1.47	NS
1 and 4	37	3.96	<.01
1 and 5	36	.61	NS

(TABLE X - Continued)

Hospital Number	Degree of Freedom	t	P
1 and 6	40	5.65	< .01
1 and 7	42	1.54	NS
1 and 8	37	3.34	< .01
2 and 1	26	.84	NS
2 and 2	34	1.33	NS
2 and 3	27	.89	NS
2 and 4	32	2.61	< .01
2 and 5	41	.88	NS
2 and 6	35	4.03	< .01
2 and 7	37	.71	NS
2 and 8	32	2.15	< .05
3 and 1	15	.03	NS
3 and 2	23	.73	NS
3 and 3	16	.13	NS
3 and 4	21	1.28	NS
3 and 5	20	2.75	< .02
3 and 6	24	2.51	< .02
3 and 7	26	1.82	NS
3 and 8	28	1.45	NS
6 and 1	8	.21	NS
6 and 2	16	.99	NS
6 and 3	9	.03	NS
6 and 4	14	2.04	NS
6 and 5	9	3.06	< .02
6 and 6	17	3.38	< .01
6 and 7	19	2.35	< .05
6 and 8	14	1.16	NS
8 and 1	15	.76	NS
8 and 2	23	2.08	< .05
8 and 3	16	.66	NS
8 and 4	21	2.88	< .01
8 and 5	13	3.06	< .01
8 and 6	17	3.36	< .01
8 and 7	26	.22	NS
8 and 8	19	2.00	NS

In perusing Table X which shows comparisons between group and individual mean scores, sixteen showed significant differences or 40% of the comparisons. Hospital 6 showed more differences with the other hospitals than any other. It differed in eight of its fourteen comparisons. The individual method was higher in satisfaction in six of those eight comparisons.

Hospital 8 differed a total of six times and in each case, except that with Hospital 5, the group mean of 8 was smaller. The individual mean of Hospital 8 differed the opposite way.

Group means were higher in five of the sixteen comparisons, or 31.1% of the comparisons, while the individual means were higher in eleven of the sixteen (68.9%)

The hypothesis is tested in this analysis. A significant difference in four comparisons out of ten supported the hypothesis that differences exist between satisfactions with nursing care in the two methods. As pointed out previously, Hospital 6 showed that its nurses were more nearly divided between the two methods. The Hospital 6 mean score was always higher. One assumption that might be made is that where individual wards are encouraged to select a method with which they feel comfortable, either the group, or the individual, satisfaction goes up.

In preparing Table XI, the mean scores of the hospitals, group and individual patient methods combined, were compared with each other. This was an attempt to show whether greater differences existed between hospitals than between assignment methods.

TABLE XI

RESULTS OF THE t-TEST APPLIED TO THE COMBINED  
MEAN SCORES OF THE HOSPITALS IN THE STUDY

Hospital Number	Degree of Freedom	t	P
1 and 2	67	.31	NS
1 and 3	49	2.00	<.05
1 and 4	39	2.89	<.01
1 and 5	38	1.54	NS
1 and 6	50	3.63	<.01
1 and 7	46	2.65	<.05
1 and 8	54	1.47	NS

(TABLE XI - Continued)

Hospital Number	Degree of Freedom	t	P
2 and 3	52	1.41	NS
2 and 4	42	2.20	<.05
2 and 5	41	1.34	NS
2 and 6	53	2.95	<.01
2 and 7	49	1.84	NS
2 and 8	57	.93	NS
3 and 4	24	1.24	NS
3 and 5	23	2.70	<.02
3 and 6	35	1.64	NS
3 and 7	31	.52	NS
4 and 5	13	3.81	<.01
4 and 6	25	.08	NS
4 and 7	21	1.18	NS
4 and 8	29	2.10	<.05
5 and 6	24	4.65	<.01
5 and 7	20	3.84	<.01
5 and 8	28	2.59	<.02
6 and 7	32	1.33	NS
6 and 8	40	2.74	<.01
7 and 8	21	1.43	NS

Hospitals total means differed in thirteen of the twenty-eight comparisons, or 46.5%. This was the highest percentage of difference, indicating that the levels of satisfaction in hospitals differ more often between hospitals than between types of patient assignment method.

This analysis was done to put the major results of this study into perspective. It could not be said, as it might have been, had the study ended with Table X., that the differences between methods are the most important or most frequent which exist in nursing.

## CHAPTER FOUR

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Summary

This study attempted to show whether a significant difference existed in the amount of satisfaction provided for staff nurses by the assignment method used in a general hospital. Two methods of assignment were studied. First, the individual method was used in which each nursing worker performs part of the day's work to be done on the ward, independent of the other nursing workers. The individual assignment method was compared to the group method. In group assignment, nursing workers are formed into a team under the leadership of a graduate nurse. This team performs an assigned part of the day's work, each nursing worker assigned to a specific part of the team's assignment. Eight hospitals formed the sample in the final study. Five hospitals used both group and individual assignment methods and three used only individual assignment. A checklist, developed by Faye Abdellah and Ernest Levine, was used as a measure of satisfaction and the mean scores from each group to which the test was given were compared and analyzed statistically by means of the t-test.



Each hospital was compared to each other hospital and each assignment method in each hospital to all other assignment methods in each hospital. This comprehensive type of statistical analysis was done to show whether the assignment methods were significantly influencing the level of satisfaction.

### Conclusions

1. The hypothesis that significant differences would occur between satisfaction levels expressed by nurses in two different patient assignment methods is supported by the fact that in four out of ten cases, significant differences did occur between group methods and individual methods. An occurrence of significance in as few as one out of ten comparisons would have been considered significant.

2. Assignment methods do not influence the satisfaction levels of nurses as often as the individual hospital setting. The differences which were noted among assignment methods indicated that few existed between group methods in different hospitals and individual methods in different hospitals. Still more differences existed between group and individual methods. The highest number of significant differences occurred between hospitals.

3. In the majority of the significant differences, the individual method of patient assignment showed a higher score, or higher level of satisfaction than the group method.

### Recommendations for Further Study

1. A study carried out in an identical manner, with more careful control of and knowledge about the independent variables would show with more validity the effect of the type of patient assignment method upon satisfaction.

2. An analysis of the mean scores of individual wards would reveal the effect of the ward situation upon the level of job satisfaction. This could be done with the data collected in this study.

3. Some measure of satisfaction with the patient assignment method itself, included in the analysis of satisfaction with nursing care would point up whether differences are due to the assignment method itself, or the nursing care, which conceivably could be influenced by many factors. That is to say, whether dissatisfactions with the method occur along with dissatisfaction with nursing care or vice versa.

4. A study of the characteristics of the nurses who might be involved in a study of this kind would be interesting. To test differences between scores of nurses who differ in age, amount of experience, or amount of experience in team nursing would add to the depth of this study.

5. To study the satisfactions of others involved in nursing care, with the same dependent variable would increase the scope of the study. These might include nursing aides, students, doctors, and even patients.

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## APPENDICES

APPENDIX A  
QUESTIONNAIRE

Instructions to personnel

Today, I am making a study to find out some of the factors which influence the care given to patients. Your responses to this questionnaire shall be anonymous. On the following pages, I have listed things which may have happened to one or more of the patients on the ward during the last seven days. Please help the study by checking these items. Please fill out the form on the day that you receive it, if possible.

1. Read each item carefully
2. If something did happen today, put a check in the box under the column headed "This Happened Today". If it did not happen today, but did happen some other time during the last seven days, put a check in the column under the "This Happened Some Other Day" heading. You may have to check both boxes in some cases. If it did not happen at all in the last seven days, then check the column headed "This Did Not Happen".
3. Do not sign your name
4. Do put the name of the hospital in the space provided.
5. Put your completed form in the envelope and mail it at your

earliest convenience to:

Mrs. Virginia Massman  
11550 S. W. Greenburg Rd.  
Tigard, Oregon 97223

Please be frank. Your answers added to those of all other personnel will help make the study more meaningful.

PLACE CHECK MARKS IN APPROPRIATE BOXES  
FOR ALL STATEMENTS

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	THIS HAPPENED		THIS DID NOT HAPPEN
	TODAY	ANOTHER DAY	
1. Patient's room too cluttered--interfered with work			
2. Patient not informed about treatment or medication.			
3. Patient did not get help to bathroom when needed.			
4. Immediate supervisor ignored report of patient's difficulties.			
5. Aide had too much cleaning to do.			
6. Patient did not get medication on time.			
7. Patient had to wait too long for bath.			
8. Nurse was assigned too much clerical or desk work.			
9. Patient got out of bed against orders.			
10. Dressing not changed at proper times.			
II: Patient did not receive adequate mouth care.			
12. Patient went too long without urinating or bowel movement.			
13. Patient not given needed treatment.			
14. Patient did not have needed drinking glass or straw.			
15. Side rails left down on bed of patient who needed them up.			
16. Patient did not receive food on time.			
17. Patient given cold bedpan.			
18. Patient making noise disturbed other patients.			
19. Bedpan not brought to patient promptly.			
20. Patient placed in wheelchair without sufficient support.			

PLACE CHECK MARKS IN APPROPRIATE BOXES  
FOR ALL STATEMENTS

	THIS HAPPENED		THIS DID NOT HAPPEN
	TODAY	ANOTHER DAY	
21. Patient unable to reach drinking water.			
22. Patient complained about being awakened too early.			
23. Patient rolled up too long before trays arrived.			
24. Patient not screened during medication, rounds, or treatment.			
25. Patient did not get enough attention from nurse.			
26. Bed not made comfortable for a patient.			
27. Patient not properly prepared for special treatment.			
28. Post-op or critical patient left unattended for a long time.			
29. Student nurse or aide assigned duties beyond capabilities.			
30. Patient had to wait too long to have light answered.			
31. Personnel talked too loudly--disturbed patients.			
32. Patient did not get fresh drinking water.			
33. Patient did not receive needed medication.			
34. Equipment for patient not working properly.			
35. Patient with communicable disease not properly isolated.			
36. Cold food served to patient.			
37. Patient not positioned correctly in bed.			
38. Patient left without signal cord within reach.			
39. Patient's room too chilly or too warm.			
40. Intake and out put sheets were not completed.			



PLACE CHECK MARKS IN APPROPRIATE BOXES  
FOR ALL STATEMENTS

	THIS HAPPENED		THIS DID NOT HAPPEN
	TODAY	ANOTHER DAY	
41. Soiled bed not changed promptly.			
42. Patient not given needed help with tray, urinal, etc.			
43. Nurse was unfriendly to patient.			
44. Patient's fluid intake and output were inadequate.			
45. Nurse given too much work to do.			
46. Insufficient information given about the patient's condition.			
47. Patient had to wait too long for treatment or surgery.			
48. Visitors interfered with treatments or medications.			
49. Could not find medication or equipment needed.			
50. Patient not given A.M. or P.M. care.			

## APPENDIX B

## LETTER TO DIRECTOR OF NURSING SERVICE

Dear Madam,

As a candidate for a master's degree in nursing at the University of Oregon School of Nursing, I am pursuing a thesis topic on satisfactions with nursing care as expressed by graduate nurses. The questionnaire to be used will be the same one used by Faye Abdellah and Ernest Levine in their extensive studies in 1956, with which you may be familiar. Your hospital is one of a group of general, short-term hospitals being considered for this study because of their similarity of ownership and size. A self-addressed card is enclosed for your convenience in indicating your willingness to assist.

In the event you are willing to participate, and your hospital is selected for study, a group of postcards will be sent to the head nurses in your hospital. Each head nurse in a patient care area (excluding the emergency room, operating room, obstetrics, and pediatrics, under the age of six years) will be asked to fill out a card, giving certain information about her clinical area. If the majority of the head nurses in your hospital indicate that they are willing, the nurse satisfaction questionnaires will be mailed for distribution to the full time staff nurses on the day shift. They will fill them out on their own time and mail them to the researcher in the envelopes provided. Copies of all of the forms

to be used in this study are included for your perusal.

Upon completion of the study, copies of the report will be placed in the library at the University of Oregon Medical School. Thank you for your consideration of this matter.

Sincerely yours,

Virginia Massman, R.N.

Mrs. Massman is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Mrs. Massman will be greatly appreciated.

---

Lucile Gregerson, Adviser

APPENDIX C  
POSTCARD COMPLETED BY DIRECTOR  
OF NURSING SERVICE

Hospital \_\_\_\_\_

No. of head nurses in areas to be used \_\_\_\_\_

Beginning salary for a staff nurse \_\_\_\_\_/mo.

Inservice education program carried out? Yes \_\_\_\_\_

No \_\_\_\_\_

Length of orientation for a staff nurse \_\_\_\_\_/days

I am \_\_\_\_\_ am not \_\_\_\_\_ willing to have my hospital  
participate in this study.

Name \_\_\_\_\_

## APPENDIX D

## LETTER TO THE HEAD NURSE

Dear Madam,

As a candidate for a master's degree in nursing at the University of Oregon School of Nursing, I am pursuing a thesis topic on satisfactions with nursing care as expressed by graduate nurses. I would be very pleased if you would allow me to study this particular aspect of nursing on your ward. If you are willing, and your hospital is selected on the basis of the information you will be asked to supply, your full-time staff nurses will be asked to fill out a simple checklist and return it to me.

The checklist is one which was widely used by Faye Abdellah and Ernest Levine in their extensive studies in 1956. You may be familiar with the questionnaire already. I would like to have as many of your staff nurses fill out the questionnaire as possible. Only those working on the day shift will be asked to participate, and their participation is entirely voluntary. They may complete the checklist on their own time, and envelopes and postage for the return mail will be supplied.

The enclosed card is for your convenience in indicating your willingness to participate, and for the provision of certain information which is of great importance in the selection of the hospitals for the study. Please fill it out as accurately as possible. The most important item is the type of patient assignment used. Please consider the follow-



ing definitions when giving your answer.

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1. Individual patient assignment method. Each nursing worker receives a definite and separate assignment from that of another worker. She completes the assignment without having to plan, work, or share responsibility with other workers. Each one is responsible directly to you for nursing care.

2. Group assignment method. Workers are assigned to patient care in conjunction with a group of nursing personnel, with whom they plan, carry out, and share responsibility. The group leader (team leader) is responsible to you for patient care.

If your hospital is selected for study and the majority of your fellow head nurses have indicated a willingness to participate, you will receive a number of questionnaires for distribution to your staff nurses. The greater the percentage of replies, the more valuable the study, of course.

Your interest and help with this matter is sincerely appreciated. Upon completion of the study, copies will be placed in the library at the University of Oregon Medical School.

Very truly yours,

Virginia Massmen, R.N.

-----  
Mrs. Massman is a regularly enrolled graduate student at the University of Oregon School of Nursing. Any assistance you can offer Mrs. Massman will be greatly appreciated.

---

Lucile Gregerson, Adviser

## APPENDIX E

POSTCARD COMPLETED BY  
HEAD NURSE

Hospital \_\_\_\_\_

Type of Ward - Surgical etc. \_\_\_\_\_

No. of beds \_\_\_\_\_

Age of the building in which located \_\_\_\_\_ yrs.

No. of full time staff nurses on day shift \_\_\_\_\_

Type of patient assignment method used  
Group \_\_\_\_\_ Individual \_\_\_\_\_

I will \_\_\_\_\_ will not \_\_\_\_\_ be willing for my staff nurses to  
participate.

Name \_\_\_\_\_

## APPENDIX F

## THE FORMULA FOR THE t-TEST

$$t = \frac{\bar{x}_1 - \bar{x}_2}{\sqrt{\frac{\sum x_1^2 - \frac{(\sum x_1)^2}{n_1} + \sum x_2^2 - \frac{(\sum x_2)^2}{n_2}}{n_1 + n_2 - 2}} \left( \frac{1}{n_1} + \frac{1}{n_2} \right)}$$

## APPENDIX G

THE TABLE OF  $t^*$ 

df	P	.10	.05	.02	.01
1		6.314	12.706	31.821	63.657
2		2.902	4.303	6.965	9.925
3		2.353	3.185	4.541	5.841
4		2.132	2.776	3.757	4.604
5		2.015	2.571	3.365	4.032
6		1.943	2.447	3.143	3.707
7		1.895	2.365	2.998	3.499
8		1.860	2.306	2.896	3.335
9		1.833	2.262	2.821	3.250
10		1.812	2.228	2.764	3.169
11		1.796	2.201	2.719	3.106
12		1.782	2.179	2.681	3.055
13		1.771	2.160	2.650	3.012
14		1.761	2.145	2.624	2.977
15		1.753	2.131	2.602	2.947
16		1.746	2.120	2.583	2.921
17		1.740	2.110	2.567	2.898
18		1.734	2.101	2.552	2.878
19		1.729	2.093	2.539	2.861
20		1.725	2.086	2.528	2.845
21		1.721	2.080	2.518	2.831
22		1.717	2.074	2.508	2.819
23		1.714	2.069	2.500	2.807
24		1.711	2.064	2.492	2.797
25		1.708	2.060	2.485	2.787
26		1.706	2.056	2.479	2.779
27		1.702	2.052	2.473	2.771
28		1.701	2.048	2.467	2.763
29		1.669	2.045	2.462	2.756
30		1.697	2.042	2.457	2.750
35			2.030		2.724
40			2.021		2.704
45			2.014		2.690
50			2.008		2.678
55			2.004		2.669
60			2.000		2.660
70			1.994		2.648

\*from unpublished materials furnished by Dr. Jean Phillips,  
University of Oregon Medical School, 1963.

## APPENDIX H

AN ITEMIZED TABLE OF GENERAL INFORMATION ABOUT THE WARDS  
BEING USED IN THE STUDY

NUMBER	TYPE	NUMBER OF BEDS	AGE IN YEARS	ASSIGN- MENT METHOD	NUMBER OF NURSES
HOSPITAL NUMBER 1					
1	Medicine	27	8	Group	3
2	Medicine	28	10	Group	3
3	Thoracic Surgery	29	10	Group	5
4	Surgical Spec- ialties	31	12	Group	3-4
5	Clinical Medicine	29	13	Group	7
6	Infectious Disease	34	8	Group	5
7	Surgical Spec- ialties	30	11	Group	3
8	Neurosurgery	31	10	Group	6
9	Medicine	27	11	Group	2
10	Clinical Surgery	31	13	Individual	3
11	Surgery	31	-	Group	5
12	Clinical Surgery	29	13	Group	4
13	Surgery	31	13	Group	3-4
14	Endocrine	27	10	Group	4
HOSPITAL NUMBER 2					
1	Urology	50	9	Group	4
2	Surgery-Gynecology	50	8	Group	5
3	Medicine-Surgery	49	51	Group	3
4	Medicine-Surgery	37	52	Individual	3
5	Medicine-Surgery	30	52	Group	2
6	Medicine-Surgery	31	52	Group	3
7	Medicine-Surgery	32	52	Group	2
8	Intensive Care	15	52	Individual	7
9	Medicine-Surgery	70	52	Group	4
10	Medicine-Surgery	50	9	Group	9
11	Neurosurgery	50	9	Group	3
HOSPITAL NUMBER 3					
1	Surgery	12	16	Individual	1
2	Surgery	30	16	Group	3
3	Medicine	45	60	Group	3
4	Surgery	24	35	Group	2
5	Medicine	40	60	Group	3
6	Surgery	40	60	Group	3
7	Neurosurgery	18	45	Group	3
8	Surgery-Orthopedic	23	40	Individual	2
9	Surgery-Orthopedic	36	60	Group	3



NUM- BER	TYPE	NUMBER OF BEDS	AGE IN YEARS	ASSIGNMENT METHOD	NUMBER OF NURSES
HOSPITAL NUMBER 3 (continued)					
7	Neurosurgery	18	45	Group	3
8	Surgery-Orthopedic	23	40	Individual	2
9	Surgery- Orthopedic	36	60	Group	3
HOSPITAL NUMBER 4					
1	Medicine	37	15 beds-5 22 beds-15	Individual	3
2	Advanced Surgery	42	10	Individual	1
3	Medicine	37	7	Individual	2
4	Orthopedic	29	7	Individual	1
7	Medicine	37	15 beds-6 22 beds-17		
8	Orthopedic	29	7	Individual	2
9	Surgery	36	25	Individual	2
10	Surgery	28	6	Individual	1
11	Surgery	26	10	Individual	2
HOSPITAL NUMBER 5					
1	Surgery	48	1	Individual	2
2	Surgery	46	1	Individual	2
3	Pediatrics	49	1	Individual	4
4	Surgery	37	1	Individual	2
5	Medicine	48	1½	Individual	2
6	Infectious Disease	24	50	Group	1
HOSPITAL NUMBER 6					
1	Medicine	97	3	Group	3
2	Intensive Care	14	4	Individual	5
3	Medicine	43	3	Group	3
4	Infectious Disease	9	27	Individual	1
5	Surgery	35	27	Group	3
6	Tuberculosis	70	2½	Individual	3
7	Pediatrics	34	6	Individual	3
8	Intensive Care	14	3	Individual	3
9	Rehabilitation	48	6	Individual	1
10	Tuberculosis-Med- icine-Surgery	28	3	Individual	1
11	Convelescent	48	6	Group	1
12	Medicine	45	5	Group	3
HOSPITAL NUMBER 7					
1	Medicine	35	40	Individual	3
2	Surgery	31	42	Individual	1
3	Surgical Special- ties	35	40	Individual	2
4	Orthopedics	35	75	Individual	2
5	Surgery	32	34	Individual	3
6	Surgery	32		Individual	2

(concluded on next page)

## APPENDIX H (concluded)

NUM- BER	TYPE	NUMBER OF BEDS	AGE IN YEARS	ASSIGNMENT METHOD	NUMBER OF NURSES
HOSPITAL NUMBER 8					
1	Pediatrics	23	8	Individual	7
2	Pediatrics	29	10	Individual	3-4
3	Medicine	32	7	Group	7
4	Surgery	29	8	Group	7
5	Surgical Specialties	34	8	Group	5
6	Surgical Specialties	28	8	Group	5

APPENDIX I  
SCORES ON THE CHECK LIST BY HOSPITAL AND WARD

Hospital	Ward	This Happened Today	This Happened Another Day	This Did Not Happen
1	1	20	30	14
	2	19	20	13
	2	17	39	8
	2	0	32	18
	3	16	38	12
	3	32	42	7
	4	11	24	26
	4	9	22	28
	4	17	28	22
	5	15	11	24
	5	3	19	28
	5	4	18	28
	6	9	32	17
	6	10	11	29
	6	8	28	20
	7	10	21	25
	7	5	16	29
	7	6	23	27
	8	8	17	26
	8	12	30	18
	9	2	21	27
	10	9	21	29
	10	12	16	28
	11	No replies		
	12	7	18	30
	12	9	26	24
	12	19	37	12
	12	16	30	4
	13	15	23	11
	13	9	11	30
	13	17	38	8
	13	11	22	16
	14	5	14	31
	14	30	38	12
2	1	10	24	19
	1	0	29	21
	1	5	29	16
	1	3	22	25
	2	1	16	32
	3	2	22	27
	3	15	24	25
	3	20	48	2
	4	11	23	25
		(to be continued)		

## APPENDIX I (continued)

Hospital	Ward	This Happened Today	This Happened Another Day	This Did Not Happen
2	4	13	15	22
	4	14	6	30
	5	15	47	0
	6	6	21	28
	7	10	5	35
	7	10	5	35
	8	2	8	39
	8	4	10	36
	8	2	7	42
	8	9	31	19
	8	2	16	32
	8	0	32	18
	8	1	4	44
	9	4	30	16
	9	3	18	29
	9	9	42	7
	9	6	18	32
	10	1	21	28
	10	4	22	24
	10	1	31	18
	10	5	18	27
	10	15	24	11
	10	4	45	0
	10	22	27	19
	10	20	20	10
	11	5	2	43
	11	3	18	29
3	1	5	5	40
	2	No replies		
	3	3	21	29
	3	6	18	30
	3	2	18	32
	4	5	34	10
	4	4	32	14
	5	3	27	22
	5	10	15	32
	6	4	15	29
	6	4	19	27
	7	2	10	38
	7	0	20	28
	7	14	11	33
	8	15	21	14

(to be concluded)

## APPENDIX I (continued)

Hospital	Ward	This Happened Today	This Happened Another Day	This Did Not Happen
3 (continued)	8	5	16	29
	9	3	14	36
	9	3	12	38
	9	8	23	27
4	1	3	9	37
	1	4	21	25
	2	no replies		
	3	5	22	23
	3	5	16	29
	4	no replies		
	5	no replies		
	6	0	12	38
	6	3	10	36
	7	5	21	28
	8	9	12	35
	9	no replies		
5	1	8	27	23
	1	26	23	0
	2	1	34	14
	2	16	25	23
	3	no replies		
	4	8	16	24
	4	7	18	23
	5	23	28	19
	6	no replies		
6	1	7	15	25
	2	2	19	31
	2	4	22	28
	2	0	18	32
	2	1	15	34
	3	13	32	24
	3	10	21	27
	4	no replies		
	5	2	19	31
	5	9	23	27
	5	0	21	29
	6	0	4	46
	6	5	9	39
	7	2	4	44
	7	3	18	30
	8	11	16	30
	9	4	10	36
	10	2	9	40
	11	no replies		
	12	5	19	28
	12	7	14	31
		(to be concluded)		



## APPENDIX I (concluded)

Hospital	Ward	This Happened Today	This Happened Another Day	This Did Not Happen
7	1	21	31	19
	1	26	48	2
	1	14	4	32
	2	8	29	20
	2	2	36	14
	2	6	22	26
	3	3	15	34
	4	11	26	23
	4	3	16	34
	5	0	16	33
	5	4	26	20
	6	4	9	40
	6	16	20	13
8	1	7	20	25
	1	4	13	37
	1	6	21	28
	1	6	21	27
	1	8	10	39
	2	5	27	22
	2	5	9	35
	2	4	15	31
	3	9	23	26
	3	24	1	25
	3	2	18	30
	3	6	17	30
	3	4	24	24
	4	10	23	22
	4	6	29	14
	4	5	27	18
	4	10	5	38
	4	6	42	8
	5	0	25	25
	5	6	22	24
	6	5	19	26
	6	3	21	29
	6	9	21	24

Typed by

Jovita Montgomery

Florence Lambert

Fay Doctor

AN ABSTRACT OF THE THESIS OF .

Virginia Z. Massman

for the Master of Science in Nursing Education

Date of receiving this degree:

June 10, 1965

TITLE

A STUDY OF THE SATISFACTIONS WITH NURSING CARE  
EXPRESSED BY GRADUATE NURSES EMPLOYED ON UNITS  
USING INDIVIDUAL PATIENT ASSIGNMENT METHODS  
AND GROUP PATIENT ASSIGNMENT METHODS

Approved: 

(Professor in Charge of Thesis)

## THE PROBLEM

Nursing service has as its chief aim the provision of therapeutic patient care. While this is the foremost and ultimate aim, it cannot be ignored that this care depends on a satisfied and interested body of nursing personnel. The success of organizing and maintaining good nursing care lies in good assignment of the work to be done. This study attempted to investigate the currently used methods of patient assignment with the purpose being to ascertain whether nurses express satisfaction with their nursing care more with one philosophy, or method, than with another. Two philosophies have been identified from current nursing literature. One is the individual assignment in which one worker receives as a work assignment a separate, independent task, patient, or number of tasks or patients which she does, or cares for, without the assistance of another worker expected. The group method of making patient care assignments is in contrast to patient assignments made on an individual basis. Workers are assigned to patient care or a part of it by the team leader who is a professional nurse. The nursing care plan is evolved in the group by a pooling of information and ideas about the patient's needs. The team plan stresses cooperation and interaction, with the ultimate responsibility for the care of the patient going through the team leader to the head nurse.

Nursing service administrators, head nurses, and staff nurses are all involved in the improvement of patient care. Realizing the interdependence of the satisfaction of the nurse with her work

and the satisfaction of the patient with his care, research of the factors influencing nurse satisfaction may help to guide administrators and others in encouraging those factors which are shown to improve the satisfaction of nurses with their jobs.

### Hypothesis

There will be a significant difference in the satisfaction scores expressed by registered professional nurses between those working in individual patient assignment situations and those working in group patient assignment situations.

### Description of Procedure

An evaluation of level of satisfaction for nurses was selected. This was a checklist developed and validated by Faye Abdellah and Ernest Levine for the U.S. Public Health Service. General hospitals were contacted and six agreed to participate. Two other hospitals were included on the basis of their participation of the pilot study done for validation of the procedure. Factors which were identified in the literature as having an effect on nurse satisfaction were investigated in these hospitals, on a very limited scale. The questionnaire was administered, by mail, to all participating staff nurses. The staff nurses were grouped into those working in group patient assignment method situations and those working in individual patient assignment method situations. A mean score obtained from each group was tested with the mean score from every other group with the t-test. A total mean score from each hospital was also tested against that of every other hospital.



### Conclusions

1. The hypothesis that significant differences would occur between satisfaction levels expressed by nurses in two different patient assignment methods is supported by the fact that in four out of ten comparisons, significant differences did occur between group and individual methods. An occurrence of significance in as few as one out of ten comparisons would have been considered significant.

2. Assignment methods do not influence the satisfaction levels of nurses as often as the individual hospital setting. The differences which were noted among assignment methods indicated that few existed between individual methods in different hospitals and still more between group and individual methods. The highest number of significant differences occurred between hospitals.

3. In the majority of the significant differences, the individual method of patient assignment showed a higher score, or higher level of satisfaction than the group method.

### Recommendations for Further Study

1. A study carried out in an identical manner, with more careful control of and knowledge about the independent variables would show with more validity the effect of the type of patient assignment method upon satisfaction.

2. An analysis of the mean scores of individual wards would reveal the effect of the ward situation upon the level of job satisfaction. This could be done with the data collected in this study.

3. Some measure of satisfaction with the patient assignment method itself, included in the analysis of satisfaction with

nursing care would point up whether differences are due to the assignment method itself, or the nursing care, which conceivably could be influenced by many factors. That is to say, whether dissatisfactions with the method occur along with dissatisfaction with nursing care or vice versa.

4. A study of the characteristics of the nurses who might be involved in a study of this kind would be interesting. To test differences between scores of nurses who differ in age, amount of experience, or amount of experience in nursing, or amount of experience in team nursing would add to the depth of this study.

5. To study the satisfactions of others involved in nursing care, with the same dependent variable would increase the scope of the study. These might include nursing aides, students, doctors, and even patients.